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Health Overview and Scrutiny Panel

Thursday, 8th February, 2024
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

Members

Councillor W Payne (Chair)
Councillor Houghton (Vice-Chair)
Councillor Allen
Councillor Kenny
Councillor Noon
Councillor Wood
Councillor Cox

Contacts

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PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules of the Constitution.

MOBILE TELEPHONES: - Please switch your mobile telephones to silent whilst in the meeting.

USE OF SOCIAL MEDIA: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public.

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Details of the Council's Guidance on the recording of meetings is available on the Council's website.

PUBLIC REPRESENTATIONS
At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

SMOKING POLICY – the Council operates a no-smoking policy in all civic buildings.

Southampton: Corporate Plan 2022-2030 sets out the four key goals:

- **Strong Foundations for Life.**- For people to access and maximise opportunities to truly thrive, Southampton will focus on ensuring residents of all ages and backgrounds have strong foundations for life.
- **A proud and resilient city** - Southampton's greatest assets are our people. Enriched lives lead to thriving communities, which in turn create places where people want to live, work and study.
- **A prosperous city** - Southampton will focus on growing our local economy and bringing investment into our city.
- **A successful, sustainable organisation** - The successful delivery of the outcomes in this plan will be rooted in the culture of our organisation and becoming an effective and efficient council.

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED
Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE
The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, ***both*** the existence ***and*** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

(a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

(b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

OTHER INTERESTS

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes

- Any body whose principal purpose includes the influence of public opinion or policy

PRINCIPLES OF DECISION MAKING

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

DATES OF MEETINGS: MUNICIPAL YEAR

2023	2024
29 June	8 February
17 August	4 April
19 October	
7 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING) (Pages 1 - 4)

To approve and sign as a correct record the minutes of the meeting held on 30 November 2023 and to deal with any matters arising, attached.

7 PRIMARY CARE UPDATE (Pages 5 - 18)

Report of the NHS Hampshire and Isle of Wight Integrated Care Board providing an update on primary care services in Southampton.

8 CONSULTATION ON PROPOSED CHANGES TO ACUTE HOSPITAL SERVICES IN HAMPSHIRE (Pages 19 - 68)

Report outlining proposals for changes to services provided by Hampshire Hospitals NHS Foundation Trust (HHFT).

9 MONITORING SCRUTINY RECOMMENDATIONS (Pages 69 - 72)

Report of the Scrutiny Manager enabling the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

Wednesday, 31 January 2024 Director – Legal and Governance

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SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING HELD ON 30 NOVEMBER 2023

Present: Councillors W Payne (Chair), Houghton (Vice-Chair), Finn, Kenny, Noon and Wood

Apologies: Councillor Allen

20. **APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)**

The apologies of Councillor Allen were noted.

21. **DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS**

Councillor Finn declared that she was employed as a Mental Health Social Worker for NHS Professionals at Southern Health NHS Foundation Trust and her husband was a Trustee of Solent Mental Health Service.

Councillor Kenny declared that she was a Member of Southern Health NHS Foundation Trust and her husband was a Governor of Southern Health NHS Foundation Trust.

Councillor Noon declared that he worked in Adult Social Care.

22. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Panel meeting on 19 October 2023 be approved and signed as a correct record.

23. **PROJECT FUSION UPDATE**

The Panel considered the report of the Scrutiny Manager which enabled the Panel to discuss developments relating to Project Fusion, the programme of work to create a single new NHS Trust to provide community, mental health and learning disability services across Hampshire and the Isle of Wight

Ron Shields, Chief Executive, Southern Health NHS Foundation Trust; and James House, Managing Director, Southampton Place, Hampshire & Isle of Wight Integrated Care Board; were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The new trust would be a large organisation that would benefit from improved economies of scale and an increased pool of resources that can be used to deliver services.

- There was a wide variation in service delivery across the footprint of the new organisation. There were good reasons for some variations in service delivery but there were instances where variation was not warranted or beneficial.
- The new trust would provide services designed to be delivered locally to meet the identified needs of residents in each community.
- Frontline delivery in areas where services were efficient and effective would remain the same. Changes would be focused on improving and developing services where performance was poor, services were inefficient, or where gaps in provision had been identified.

RESOLVED

1) That the Hampshire and Isle of Wight Healthcare NHS Foundation Trust would be invited to provide an update on the Trust's first three months of operation at the Panels meeting in June 2024.
2) That, reflecting the focus on reducing unwarranted variation across the wide footprint of the new organisation, assurance would be provided to the Panel that, when the newly formed NHS Foundation Trust is operating, the Southampton local operating system would have the flexibility and financial protections required to deliver high quality services that met the needs of the residents of Southampton.
3) That, the public communications planned to accompany the launch of the new NHS Trust would be shared with the Panel in advance to enable members to sense check the information.

24. **ADULT SOCIAL CARE - PERFORMANCE AND TRANSFORMATION**

The Panel considered the report of the Scrutiny Manager which recommended that the Panel considered and challenged the appended information from the Executive Director of Wellbeing and Housing.

Councillor Fielker, Cabinet Member for Adults, Health and Housing, and Clare Edgar, Executive Director Wellbeing and Housing were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The challenges associated with reporting the changes being planned and delivered across Adult Social Care services, through the transformation programme, at the appropriate level of detail for the Panel to consider.
- The financial pressures to close the funding gap had provided a focus for the transformation programme to be delivered at pace within agreed timescales.
- The performance information reported to the Panel needed to be reviewed to enable elected members to better understand how well Adult Social Care Services in Southampton were performing. This would enable the Panel to focus on areas of highest risk and poor performance.
- The customer management system was still presenting challenges to reporting accurate service performance.
- Information relating to the support provided to carers in Southampton was not included in the report.

RESOLVED

1) That, reflecting concerns about the Panel's ability to utilise the performance information currently provided to effectively hold decision makers to account, consideration would be given to the dataset to be presented to the Panel moving forward. The Panel's initial request was that they would be provided with the information presented to the Cabinet Member at Cabinet Member Briefings.
2) That the Panel would be kept informed and updated of the Adult Social Care budget proposals to enable the membership to scrutinise and comment on the measures.
3) That key performance information relating to the support provided to carers in Southampton would be circulated to the Panel.

25. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel received and noted the report of the Scrutiny Manager which enabled the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.

The Panel noted that the issue of delayed discharge, raised during the discussion on winter pressures, was scheduled for consideration at the February 2024 meeting.

The Panel also noted that the requested information on NHS Dentistry had been received and would be considered by the Panel at a future meeting.

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DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL
SUBJECT:	PRIMARY CARE UPDATE
DATE OF DECISION:	8 FEBRUARY 2024
REPORT OF:	NHS HAMPSHIRE & ISLE OF WIGHT INTEGRATED CARE BOARD

CONTACT DETAILS		
Executive Director	**Title**	Deputy Director – Primary Care
	Name	Josie Teather-Lovejoy

STATEMENT OF CONFIDENTIALITY		
N/A		
BRIEF SUMMARY		
This report provides an update on primary care services in Southampton, including national context, local developments, updates on local practices and Primary Care Networks (PCNs), and access to services.		
RECOMMENDATIONS:		
	(i)	That the Panel considers and notes the report.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To update the Panel on the current circumstances of primary care services locally.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	N/A	
DETAIL (Including consultation carried out)		
3.	In May 2022, Dr Claire Fuller, published her stocktake report of how primary care can best be supported within Integrated Care Systems (ICSs) to meet the health needs of people in their local areas. In our area progress has been made against the ICS recommendations set out in the Fuller Stocktake, as outlined in the attached appendix.	
4.	Workforce remains a significant challenge for primary care locally and nationally. Although GP numbers remain relatively stable, the number of partners has decreased and the increase in demand has put significant pressure on all clinicians. GP Practices and PCNs in Southampton have undertaken a good deal of work relating to the recruitment and retention of additional primary care roles. We have expanded our Additional Roles Reimbursement Scheme (ARRS) roles by recruiting an additional 107 people across Southampton since April 2023.	
5.	In response to increasing patient demand, GP Practices are offering more appointments year on the year; demand for these services continues to rise significantly due at least in part to the increasing complexity of our population's health.	

6.	In the face of significant pressure and increasing demand, local primary care services are committed to exploring new ways of working to improve access to services and deliver patient care. The attached paper provides examples of innovative working across the city, as well as information on recent contractual developments, estate developments, and data on patient satisfaction and number of appointments.
RESOURCE IMPLICATIONS	
Capital/Revenue	
7.	N/A
Property/Other	
8.	N/A
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
9.	N/A
Other Legal Implications:	
10.	N/A
RISK MANAGEMENT IMPLICATIONS	
11.	N/A
POLICY FRAMEWORK IMPLICATIONS	
12.	N/A

KEY DECISION?	**No**
WARDS/COMMUNITIES AFFECTED:	ALL
SUPPORTING DOCUMENTATION	
Appendices	
1.	Primary care update

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents **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)
1.	None	

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Health and Overview Scrutiny Panel – 8 February 2024

PRIMARY CARE UPDATE

1 National context

1.1 In May 2022, Dr Claire Fuller, published her stocktake report of how primary care can best be supported within the emergent integrated care systems (ICSs) to meet the health needs of people in their local areas. The vision for integrating primary care, improving access experience and outcomes for communities was centred around:

- Streamlining access to care and advice for people who get ill but only use health services infrequently: providing them with much more choice about how they access care and ensuring care is always available in their community when they need it
- Providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs, including, but not limited to, those with multiple long-term conditions
- Helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention.

1.2 In May 2023 the government published its recovery plan for primary care, launched by the Prime Minister during a visit to Southampton. The plan sets out four key areas to support recovery:

- Empower patients to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy.
- Implement modern general practice access to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
- Build capacity to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.
- Cut bureaucracy and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

1.3 This is steered by two central ambitions, set nationally:

- To tackle the 8am rush – meaning patients should be able to not only contact their practice easily but be able to book an appointment (not necessarily on the same day as when they ring) when they ask for it.
- For patients to know on the day they contact their practice how their request will be managed. If their need is clinically urgent it should be assessed on the same day by a telephone or face-to-face appointment. If the patient contacts their practice in the afternoon they may be assessed on the next day, where

clinically appropriate. If their need is not urgent, but it requires a telephone or face-to-face appointment, this should be scheduled within two weeks. Where appropriate, patients will be signposted to self-care or other local services.

2 Local Developments

2.1 Progress has been made against the ICS recommendations set out in the Fuller Stocktake including expanding dedicated Primary Care workforce training and support; establishing dedicated forums for Primary Care Network (PCN) Clinical Directors and Managers, and the completion of PCN Estates Toolkit to support estate planning.

2.2 We have been building on the already strong work our PCNs have started. In-line with the national ask they all submitted Capacity and Access Improvement Plans (which were subsequently signed off) during quarter 1 of 2023/24, examples of actions they had identified include:

- Reviewing data for telephone calls (total number of inbound calls and waiting times) to inform improvement work on call handling.
- Updating practice websites to include more information for patients on how and where they can access services, also helping to improve access to online booking.
- Increasing use of Patient Participation Groups (PPGs) and ensuring regular meetings are in place.
- Improving uptake of the Friends and Family Test (FFT) to inform future improvements.

2.3 We are currently supporting practices to apply for transition funding to support moving towards modern general practice models. Nine of the 25 practices across the city have already secured funding from this two year programme which was launched locally in November at an event hosted by the ICB. To date, over £146,000 has been awarded to Southampton practices.

2.4 Some of the initiatives that have been successful in gaining funding are:

- Reviewing and further developing triage models to ensure patients are allocated to the right appointment within the wider healthcare team
- Further upskilling of reception staff to deal with the 8am rush and direct patients to the most appropriate pathway
- Placing GPs within the reception to work with staff such as care navigators or receptionists to help them gain confidence in signposting patients to the most appropriate service and enable clinical triage at point of contact where appropriate.
- Clearing any backlogs to enable move to modern general practice model including by risk stratifying individual patients
- Investment in staff training and development
- Development of ‘team around the patient’ model to improve continuity of care

2.5 To support our clinicians to focus as much time as possible on frontline, senior clinicians across our ICS have agreed a set of principles to improve patient care and reduce bureaucracy. This includes improving the connections between GPs working in our local practices and consultants working in our acute hospitals. Last year, the NHS Hampshire & Isle of Wight Integrated Care Board (ICB) established a steering group focused on improving communication and reducing duplication across primary and secondary care.

3 Practices and Primary Care Networks (PCNs)

3.1 Locally, there have been a number of practice mergers with more scheduled as well as some planned changes to PCN configurations providing greater economies of scale and improved resilience:

- West End Surgery merged with the Living Well Partnership on the 1st January 2023
- Woolston Lodge Surgery and Chartwell Surgery merged on the 1st October 2023 to become the Woolston and Chartwell Partnership
- St Marys Surgery and Mulberry Surgery are planning to merge on the 1st April 2024
- St Marys and Victor Street Surgery are joining together to form a new PCN in central Southampton from 1st April 2024 called Southampton Sea City PCN. Alma Road and Solent Surgeries will remain as the existing Central PCN.

3.2 It is likely we will see further mergers as national contracts and guidance supports more at-scale delivery models. This should result in increased resilience of our practices and will not automatically lead to a reduction in the number of sites general practice is delivered from, any reductions in sites would be considered separately through formal application process.

3.3 In September 2023, the ICB approved an application to formally close the Peartree Practice branch site based at Bitterne Health Centre with effect from 1st October 2023. The decision was made following extensive engagement work with patients and stakeholders throughout July 2023 which included:

- A patient survey sent out via text, letter and also available in paper form at their sites
- Involvement with the practice's Patient Participation Group (PPG)
- Letters sent to local stakeholders including local MPs and Councillors,
- Two patient drop-in sessions at local venues to allow opportunities for feedback.

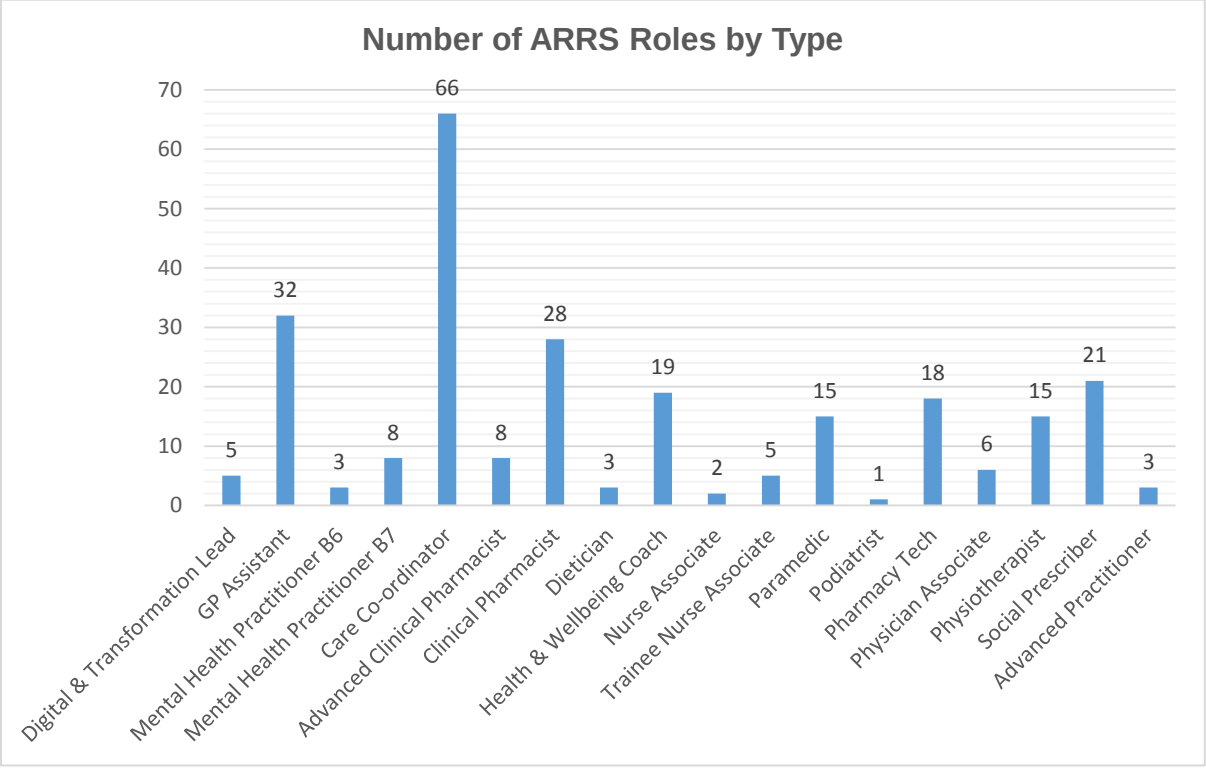
No specific patient concerns were raised via any of these routes. An Equality Impact Assessment was also completed for the proposed closure with the outcome supporting closure of the site. Since the closure, there has been no notable negative impact and no formal complaints received by the ICB.

The Peartree Practice vacant space in the Health Centre has been used by Solent NHS Trust since April 2022 to deliver musculoskeletal (MSK) services with agreement from the ICB and the practice. Solent have now formally taken over the space and will continue to offer front line patient services from the site.

3.4 Following an item presented to Health & Overview Scrutiny Panel in June 2021, we can confirm that the development of the former Lidl site on Shirley Road has progressed and Shirley Health Partnership is planning to move from their existing premises in Grove Road to a modern, functional health centre based on the former Lidl site in Spring 2024. The new building will provide an increased number of clinical rooms and administrative space for staff, as well as spacious waiting areas, improved toilet facilities and more car parking spaces for patients. The additional space means a wider range of services and clinics can be offered to patients.

3.5 Workforce remains a significant challenge for primary care locally and nationally. Although GP numbers remain relatively stable, the number of partners has decreased and the increase in demand has put significant pressure on all clinicians. GP Practices and PCNs in Southampton have undertaken a good deal of work relating to the recruitment and retention of additional primary care roles.

3.6 We have expanded our Additional Roles Reimbursement Scheme (ARRS) roles by recruiting an additional 107 people across Southampton since April 2023 which takes the total number of staff recruited through the scheme in the city to 258. Roles include health and wellbeing coaches, pharmacists, pharmacy technicians, paramedics and first contact physiotherapists, all working in GP practices to help people get support from the most appropriate professional first time round.

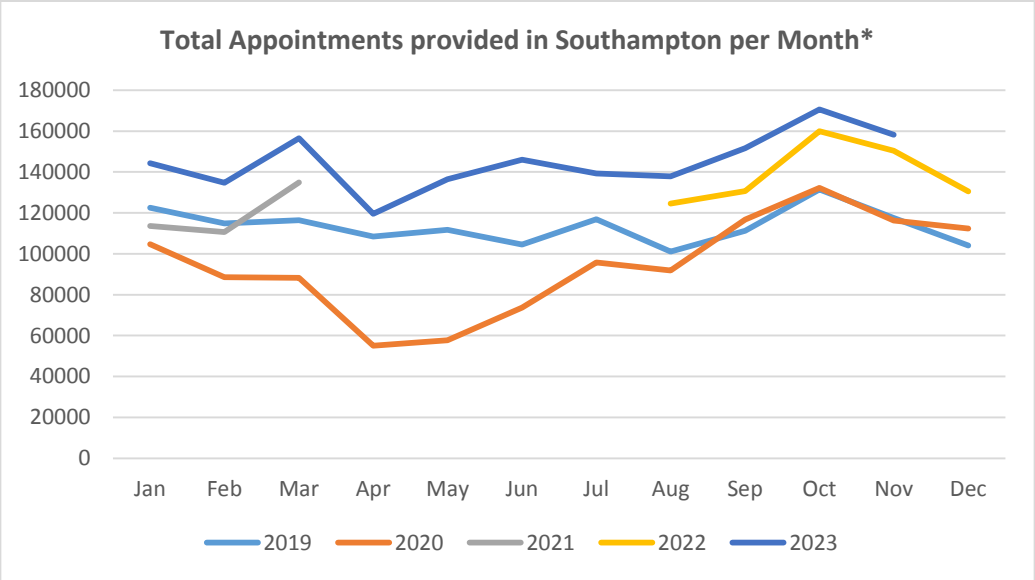


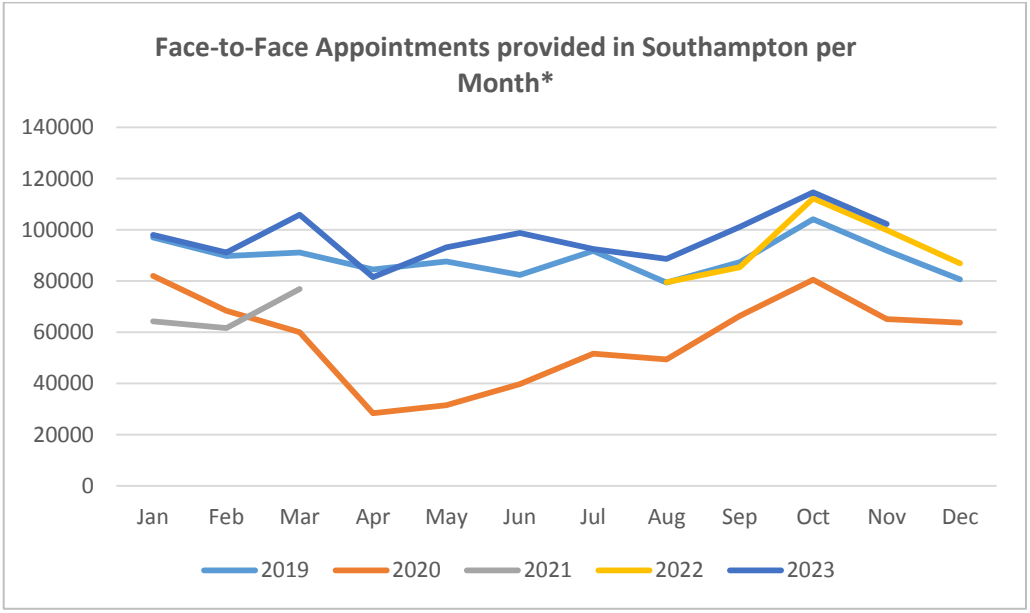
3.7 Staff working in GP Practices and PCNs have been offered care navigation training by NHS England as part of the delivery plan to recovering access to primary care. The training is designed to support staff in directing patients to the best support to meet their needs.

4 Access to appointments and patient satisfaction

4.1 In response to increasing patient demand, GP Practices are offering more appointments year on the year; demand for these services continues to rise significantly due at least in part to the increasing complexity of our population's health. The data below shows the number of GP appointments, and appointment type, from January 2019 to November 2023 for all Southampton GP practices.

* Data missing from April 2021 to July 2022 as data unavailable at Southampton level during this time period



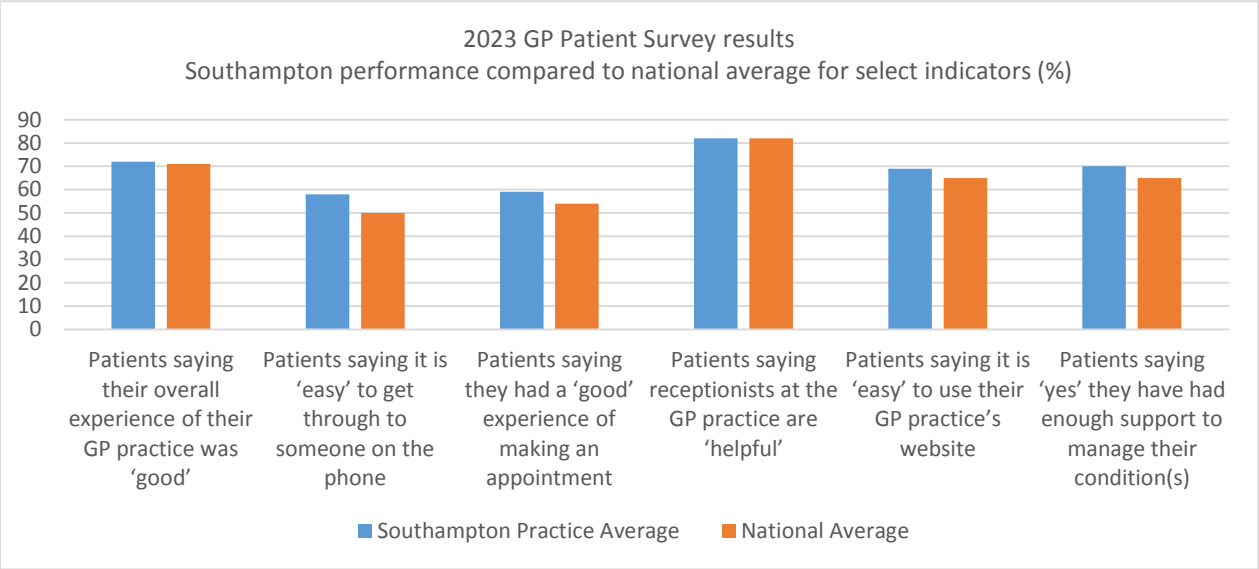


Source: NHS Digital, General Practice Appointments Data

4.2 The data shows stabilisation in primary care across the year. In October 2023 we saw the highest number of appointments for one single month, with over 170,000 appointments, supporting an overall registered population of c.390,000 people. Throughout the year approximately 67% of appointments have been face to face, and around 44% of all appointments being on the same day. The data also shows GP practices utilising a wide range of clinical professionals to support as many patients as possible.

4.3 The GP Patient Survey results for 2023 show that:

- 72% of patients registered with a GP Practice in Southampton said their overall experience of their GP practice was 'good'.
- 58% of patients said it was 'easy' to get through to someone on the phone
- 59% stated they had a 'good' experience
- 70% of responding patients replied 'Yes' when asked if they had enough support to manage their conditions



4.4 In-line with national results an area of concern expressed by patients in Southampton is difficulties in getting through to their GP practice by telephone. GP practices, as small enterprises, have faced challenges in providing a telephone system which can handle the increased number of people requiring support. Following this, all practices now offer cloud-based telephony which has improved patient experience when waiting to speak to their clinician. A programme of updating systems for some of our early adopter sites next year will further improve patient experience.

4.5 111 non-clinical direct booking has been implemented across Southampton with General Practice enabling direct booking into their triage arrangements via non-clinicians within 111. Data analytic software (APEX) has been rolled out to all GP practices which complements the practices' clinical systems to provide information on data patterns and inform demand management. Practices are using the data to review frequent attenders and implement proactive care plans to reduce this type of demand as well as looking at ways to better align capacity to demand across the week.

4.6 GP practices have played a key part in supporting our patients to be 'winter strong', delivering COVID-19 and flu vaccination in addition to providing urgent and routine appointments. In Southampton, over 50,000 COVID vaccinations have been given since the autumn/winter programme began in September 2023. This includes the work by GP practices, PCNs and other primary and community care providers to vaccinate local care home residents.

4.7 We are working to ensure the NHS locally is maximising the opportunities that the NHS App and online access provides. By doing so, we are freeing up capacity for those patients who cannot access online services, who are often the most vulnerable in our population.

5 Examples of innovative working

5.1 In the face of significant pressure and increasing demand, local primary care services are committed to exploring new ways of working to improve access to services and deliver patient care. Below are a few examples of how changes have been made to benefit patients across the city:

Case study 1: Improving patient access - Triage Co-ordinator, St Mary's Surgery

Changes implemented:

- Senior member of GP team undertakes an oversight and supervisory function within the practice in a Triage Coordinator capacity
- GP provides clinical advice to reception, supervision for ANP and other non-medical workforce, initial review of patient and general overseeing of the 'front end' of surgery
- Stationed at a desk just behind reception
- Triage Coordinator sessions are split by morning session and for afternoon sessions
- Due to intensive nature of the role, Triage Coordinators are limited to 2 sessions per week for each participating doctor

Outcomes:

- Reception team have been highly trained and skilled in signposting patients, but since developing the Triage Coordinator these skills have been further strengthened
- Significantly contributed to demand management and ensured access for patients who need more urgent support
- Improved patient experience and increased confidence in reception advice and decisions knowing this has been supported by a doctor

Case study 2: Utilising digital technologies – Online systems, University Health Service

Changes implemented:

- Increasing number of online services for patients, e.g. booking of appointments through NHS app
- Performing holistic view of website content to ensure it is accurate and easy for patients to use and understand
- Emphasis on using IT equipment effectively including upgrading of equipment

Outcomes:

- Reducing pressure on admin staff and telephones, therefore can use time effectively to support patients who cannot use online services
- Change in more staff using the IT, occasionally from home, has allowed practice to host more staff of varying specialism from ARRS
- Online registration form which simplifies the registration process for patients and frees phone lines for individuals who need urgent attention
- A new documents team created to screen and code documents based on priority - some will need no action so therefore saved time for GPs to undertake additional appointments

Case study 3: Teams around the Patient - Continuity Teams, Victor Street Surgery

Changes implemented:

- Inspired by Fuller Stocktake to develop a new clinical model to enable continuity of care back to patients
- A GP Assistant looks after 4000 patients and is aligned to a named list holding GP and supported by additional staff including sessional GPs and AHPs
- RAG rating patients to support 'right person, first time' approach:
  - Green – Any issues can be dealt with by any team
  - Amber – Issues where continuity is more important; e.g. multiple comorbidities, cancer, dementia or on multiple medications. These patients will be prioritised to see a member of their team for appointments
  - Red – Patients with more complex needs and that will benefit from more experienced GP support – this makes up less than 1% of each list

Outcomes:

- Improved significant quality of life
- Incredibly positive feedback
- Improved job satisfaction
- GP Assistants have been pivotal in reducing the administrative burden on GPs
- More successful in recruiting sessional staff and allied health professionals

6 Next steps

6.1 A more modern general practice model will improve patient experience and access to GP services as well as expand access to additional services and roles across primary care. Over the coming months we will continue working towards this, improving continuity of care and doing more to release GP time to focus on frontline care and managing the most complex.

6.2 A key area of focus is further integration of services in the form of integrated neighbourhood teams which will focus on continuity of care as well as having preventative elements of delivery. We will keep the Panel updated on our progress.

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		CONSULTATION ON PROPOSED CHANGES TO ACUTE HOSPITAL SERVICES IN HAMPSHIRE		
DATE OF DECISION:		8 FEBRUARY 2024		
REPORT OF:		SCRUTINY MANAGER		
CONTACT DETAILS				
Executive Director	**Title**	**Executive Director – Corporate Resources**		
	Name:	**Mel Creighton**	**Tel:**	**023 8083 3528**
	E-mail	**Mel.creighton@southampton.gov.uk**		
Author:	**Title**	**Scrutiny Manager**		
	Name:	**Mark Pirnie**	**Tel:**	**023 8083 3886**
	E-mail	**Mark.pirnie@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

Hampshire and Isle of Wight Integrated Care Board is consulting on proposals for changes to services provided by Hampshire Hospitals NHS Foundation Trust (HHFT).

The Integrated Care Board are now undertaking a public consultation on the proposed options. The consultation began on 11 December 2023 and will run for 14 weeks until midnight 17 March 2024.

A Joint Health Overview and Scrutiny Committee, comprising elected members from Hampshire County Council and Southampton City Council, has been formed to provide independent scrutiny to the Hampshire Together – Modernising our Hospitals and Health Services Programme.

RECOMMENDATIONS:

	(i)	That the Panel discuss the proposals for changes to services provided by Hampshire Hospitals NHS Foundation Trust and consider responding to the consultation being led by the Integrated Care Board.

REASONS FOR REPORT RECOMMENDATIONS

1.	To enable the Panel to scrutinise the options proposed.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2.	To not discuss the options being considered to change services provided by Hampshire Hospitals NHS Foundation Trust (HHFT). This was rejected because the proposals could impact health services provided to Southampton residents.

DETAIL (Including consultation carried out)

3.	Attached as Appendix 1 is an introduction to the Modernising our Hospitals and Health Services Programme. Also attached, as Appendices 2 and 3, are

	the summary and full consultation documents, produced by the Integrated Care Board that provide more detail on the proposals.
4.	The HOSP, at a meeting in October 2020, determined that the changes being proposed within the Hampshire Together - Modernising our Hospitals and Health Services programme, represented a substantial change/variation in service. Hampshire County Council's Health Overview and Scrutiny Committee also reached the same decision.
5.	A joint committee, comprising 8 Members, with 7 being appointed by Hampshire County Council and 1 being appointed by Southampton City Council, was subsequently appointed in December 2020 for the purposes of providing independent scrutiny to the Hampshire Together – Modernising our Hospitals and Health Services Programme. The Committee has met on 5 occasions and is the lead committee scrutinising the proposals and the consultation programme.
6.	The Integrated Care Board are now undertaking a public consultation on the proposed options. The consultation began on 11 December 2023 and will run for 14 weeks until midnight 17 March 2024.
7.	Given the potential impact of the proposed options on health services in Southampton, the Chair has requested that the Panel are consulted on the options being considered. The Panel are therefore asked to discuss the proposals, outlined within the appendices, with the invited representatives and to consider providing feedback to the ongoing consultation.
RESOURCE IMPLICATIONS	
Capital/Revenue	
8.	Details are included in the attached appendices.
Property/Other	
9.	Details are included in the attached appendices.
LEGAL IMPLICATIONS	
Statutory power to undertake proposals in the report:	
10.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006. The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.
Other Legal Implications:	
11.	None
RISK MANAGEMENT IMPLICATIONS	
12.	Details are included in the attached appendices.
POLICY FRAMEWORK IMPLICATIONS	
13.	None
KEY DECISION	No
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report

SUPPORTING DOCUMENTATION		
Appendices		
1.	Consultation on proposed changes to acute hospital services in Hampshire: Update for Southampton Health Overview and Scrutiny Panel	
2.	Consultation report	
3.	Consultation summary	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?		No
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?		No
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)	
1.	None	

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Consultation on proposed changes to acute hospital services in Hampshire: Update for Southampton Health Overview and Scrutiny Panel

1 Introduction

Hampshire and Isle of Wight Integrated Care Board is consulting on proposals for changes to services provided by Hampshire Hospitals NHS Foundation Trust (HHFT).

We are delighted to be included in the government's national New Hospital Programme. It is a once-in-a-generation opportunity to invest between £700 million and £900 million to improve hospital facilities and hospital services for decades to come.

The money will help transform the care and treatment patients receive. It will enable us to meet the changing needs of our growing and ageing population, attract and retain the best staff, provide better and more consistent care, help people stay healthy for longer, and – crucially – provide safe, sustainable, high-quality services for the future.

We want to do this by creating two excellent acute hospitals; with significant investment in refurbishing the Royal Hampshire County Hospital in Winchester, and by building a brand-new specialist acute hospital on either the existing Basingstoke and North Hampshire Hospital site, or at a new location near Junction 7 of the M3.

We have worked together with patients, local communities, and health and care staff to develop proposals for how we might best use this significant investment.

We are now undertaking a public consultation on the proposed options. The consultation began on 11 December 2023 and will run for 14 weeks until midnight 17 March 2024.

Accompanying this paper is the summary and full consultation document, providing more detail on the proposals.

2 Rationale for change

There are four key reasons why we are proposing changes to services, rather than simply building a new hospital and continuing to provide services in the same way as now:

- our population is growing and getting older, meaning healthcare needs are changing.
- duplicating services across two acute hospital sites means we can't always consistently deliver great care, because resources – particularly specialist staff – are spread too thinly. This isn't sustainable.
- many of our hospital buildings are approaching the end of their usable lives.
- we are facing a worsening financial position. Money spent on duplicating services and patching up old buildings is money that can't be spent on improving patient care.

Pages 10 to 13 of the full consultation document provide more detail on the case for change.

3 The options for consultation

We are consulting on three options for the future of acute hospital services in Basingstoke and Winchester.

In all options there would be:

- a **new specialist acute hospital** that would provide specialist and emergency care, such as strokes, heart attacks, trauma (treating life and limb threatening injuries), emergency surgery, obstetrician-led (specialist doctor) maternity care and a separate children's emergency department. Depending on the option, this would be located either on the site of the current Basingstoke hospital (Option 1) or near to Junction 7 of the M3 (Options 2 and 3)
- **significant investment in Winchester hospital** which would focus on planned operations and procedures and provide a 24/7 doctor-led urgent treatment centre that would see and treat around 60% of the patients who currently go to Winchester A&E, same day emergency care services, doctor-led inpatient beds for care of the elderly and general medicine, and a midwife-led maternity services and birthing unit
- **day-to-day hospital services** for example, clinic appointments, tests, x-rays, scans, and appointments with physiotherapists, occupational therapists or other members of the healthcare team provided at Winchester hospital and the current Basingstoke hospital site, as well as at the site near to Junction 7 of the M3 if either Option 2 or Option 3 is chosen.

Under Option 3, there would also be some nurse-led step-down reablement and rehabilitation beds at the current Basingstoke hospital site.

The options are set out in detail on pages 26 to 29 of the full consultation document.

4 Potential impact on other providers

In developing our proposals for consultation, we have considered the potential impact on other providers. While we know that the decision about which hospital to go to is not based solely on which is nearest (for example ambulance services consider journey times as well as distance to hospital, waiting times in emergency departments and the specialist services available at particular hospitals), our proposals could increase the number of patients going to other hospitals.

The potential impact on University Hospitals Southampton (UHS) varies by option. We have been, and will continue to, work with UHS (and the ambulance services and other nearby providers of acute hospital services) to understand the potential impact our proposals could have on them and if this would be manageable in the long term. We have received letters of support to consult on our proposals from UHS.

We look forward to discussing the potential impact on UHS in more detail when we meet with scrutiny colleagues at the HOSP meeting on 8 February 2024.

ENDS

Hampshire Together

NHS
Hampshire and Isle of Wight

A new hospital for Hampshire: proposed changes to acute hospital services in and around Basingstoke and Winchester

Our proposals for consultation

11 December 2023 to 17 March 2024

About Hampshire and Isle of Wight Integrated Care Board

This consultation document has been published by Hampshire and Isle of Wight Integrated Care Board. The Integrated Care Board is the statutory NHS organisation responsible for setting the health and care strategy for this area. It allocates NHS resources and works across Hampshire and Isle of Wight to make sure services meet the needs of local people.

As part of our statutory duties, we are consulting on proposals to build a new hospital for Hampshire, invest in our hospital at Winchester, and change the way acute hospital services are organised. We have been given delegated authority by NHS England to consult on their behalf on proposed changes to the specialised services that they commission from Hampshire Hospitals NHS Foundation Trust, such as neonatal care and some cancer services.

Modernising our Hospitals and Health Services programme

This consultation is part of the Hampshire Together: Modernising our Hospitals and Health Services programme of work. The programme is a collaboration of NHS and care organisations in Hampshire, working together to improve NHS services for local people. This work has had input from and involved patients, families, carers, members of the public, local stakeholders, and health and care staff at every stage.

For more details about the range of activities that will be taking place during the consultation, go to ‘Giving Your Views’ on page 50.

In this document we do refer to further information that is available online. However, if you don’t have access to the internet, please call us on **0300 561 0905** and we will arrange for printed versions to be sent to you.

We have tried to use plain English as much as possible in this document. There is a glossary on page 53 which explains some of the terms we use that you may not be familiar with.

Contents

Have your say and help shape tomorrow's hospitals

To find out more visit
www.hampshiretogether.nhs.uk
or scan the QR code

You can also email
hiowicb-hsi.mohhs@nhs.net
call **0300 561 0905**
or write to us at **Freepost HAMPSHIRE TOGETHER**

The location of Hampshire Hospitals NHS Foundation Trust's acute hospitals

Foreword

On behalf of the Hampshire and Isle of Wight Integrated Care Board, we are pleased to set out proposals to build a new hospital for Hampshire, invest in Winchester Hospital and make changes to acute hospital services that would help us deliver the best possible care.

We are delighted to be part of the government's national New Hospital Programme which gives us an amazing once-in-a-generation opportunity to improve our hospital facilities and services for decades to come.

The investment will help transform the care and treatment patients receive. It will enable our NHS to meet the changing needs of our growing and ageing population. It will help us to attract and retain the best staff, provide better and more consistent care, help people stay healthy for longer, and – crucially – provide safe, sustainable, high-quality services for the future. This is part of our ambition to improve health and care across Hampshire and Isle of Wight.

The proposals set out here are part of a longer term vision that would take place alongside wider changes and improvements in health and care services for Hampshire and Isle of Wight over the coming years. These would see organisations working together more closely with the aim of providing seamless care that meets the needs of local people.

Our proposals have patients, their families and staff at their heart and would benefit everyone in our area. Naturally though, there will be many different views about which of our proposed options is the best.

Please tell us what you like and dislike about the proposals, what you think could improve them, and what we could do to reduce any negative impacts you think an option might have. We approach this consultation with an open mind – if there are alternative options you think we should also consider please let us know.

We will only make the final decision once we have considered all the feedback we have received from this public consultation, alongside other evidence and information on clinical best practice, staffing numbers, finances, and our buildings.

We are determined that patients, their families, staff and wider communities benefit from this major opportunity to invest in and redesign services so they can be truly world-class and delivered from new and improved hospital buildings. We look forward to hearing from you.

Lena Samuels
Chair

Maggie MacIsaac
Chief Executive

Dr Lara Alloway
Chief Medical Officer

Hampshire and Isle of Wight Integrated Care Board

At Hampshire Hospitals NHS Foundation Trust, we are delighted to support this consultation about a new hospital for Hampshire, investment in our hospital at Winchester, and proposals to change the way we provide services in the future.

There is widespread support and excitement at our Trust about the potential of this significant investment to upgrade our outdated hospital buildings and transform acute hospital care for local people.

We look forward to hearing the views of our patients, their families and carers and our staff on the proposals set out in this document.

Steve Erskine
Chair

Alex Whitfield
Chief Executive

Dr Nick Ward
Interim Chief Medical Officer

Hampshire Hospitals NHS Foundation Trust

What is this consultation about?

This consultation is about proposed changes to two acute hospitals in Hampshire run by Hampshire Hospitals NHS Foundation Trust – the Royal Hampshire County Hospital in Winchester and Basingstoke and North Hampshire Hospital in Basingstoke.

At the moment these two hospitals provide a range of services, which are summarised below (see our glossary from page 53 for an explanation of these terms).

Current services at Basingstoke and North Hampshire Hospital

- Accident and emergency department with trauma care (e.g., serious injuries following an accident)
- General medical inpatient care, including care of the elderly
- Specialist inpatient care - cardiology
- General and specialist surgery (emergency, planned inpatient and planned day surgery)
- Obstetrician-led birthing unit
- ‘Level 1 plus’ neonatal care
- Children’s inpatient and outpatient care
- Cancer services (including radiotherapy)
- Outpatients, diagnostics and therapies

Current services at Royal Hampshire County Hospital

- Accident and emergency department
- General medical inpatient care, including care of the elderly
- Specialist inpatient care - stroke
- General and specialist surgery (emergency, planned inpatient and planned day surgery)
- Obstetrician-led birthing unit
- ‘Level 1 plus’ neonatal care
- Children’s inpatient and outpatient care
- Cancer servcies
- Outpatients, diagnostics and therapies

Would the proposals mean changes to our community hospitals, health centres and GP services?

This consultation is only about proposed changes to hospital services provided at Basingstoke and North Hampshire Hospital, Basingstoke, and Royal Hampshire County Hospital, Winchester. The proposals do not include any changes to services at Andover Hospital or any other acute or community hospitals in Hampshire and Isle of Wight. Nor do the proposals impact on community, mental health, learning disability and autism services, GP services, or health centres in our area.

In this document we refer to **Basingstoke and North Hampshire Hospital** as **Basingstoke hospital** and the **Royal Hampshire County Hospital** as **Winchester hospital**.

What specialised services are commissioned by NHS England?

NHS England commissions Hampshire Hospitals NHS Foundation Trust to provide a number of specialised services for a small number of people across a large geographical area.

For more information about these services please visit our website at **www.hampshiretogether.nhs.uk** or call us on **0300 561 0905**.

What are ‘acute’ hospitals?

Acute hospitals provide emergency and specialist support and treatment which cannot be provided outside of a hospital setting. This can include complex surgery, care after an accident or during an episode of illness.

Our proposals impact on how these services could be organised in the future.

We are consulting on three options for delivering services in new ways across two main hospitals. We would love to hear your views on these options, or other options you think would help us address the challenges we describe in this document.

An overview of our proposals

Under each of the three options we are consulting on there would be two excellent hospitals for Hampshire. A new specialist acute hospital, and investment to refurbish Winchester hospital and create a planned surgery centre there. A summary of the options is shown here and we give more details under **'The options for this consultation'**, on page 26.

The opportunities of a new hospital for Hampshire

While a new hospital would not be ready until the early 2030s, once built it would:

- provide a fit for purpose building designed for modern healthcare, helping to improve patient outcomes
- offer patients, staff, and visitors environments designed to support recovery and wellbeing, as well as meeting the needs of those with disabilities and additional needs
- help make the most of new technology and reduce carbon emissions to help get to 'net zero'
- offer flexibility for the future giving us space to build further if needed.

We are committed to making sure that our hospitals provide training for the next generation of doctors, nurses, and health professionals, and the right environment for research and innovation. We believe our new hospital building would also help attract health innovators and entrepreneurs, especially in the medical technology and life science sectors. This would be a unique opportunity to create a dynamic and vibrant health and care, wellbeing and life sciences hub that would generate jobs and economic benefits for our area and beyond. We want Hampshire to be at the forefront of developing the health and care of tomorrow, as well as delivering excellence today.

Option 1	Option 2 (preferred option)	Option 3
New specialist acute hospital on the **current Basingstoke hospital site** and refurbishment at Winchester hospital	New specialist acute hospital near **Junction 7 of the M3** and refurbishment at Winchester hospital	New specialist acute hospital near **Junction 7 of the M3** and refurbishment at Winchester hospital

Services at Winchester hospital in all options:

- 24/7 doctor-led urgent treatment centre and same day emergency care
- Step-up and step-down inpatient beds for general medicine and care of the elderly
- Dedicated planned surgery centre
- Freestanding midwife-led birthing unit
- Outpatients, diagnostics and therapies

Services at the new specialist acute hospital in all options:

- Emergency department with trauma unit, children's emergency department, 24/7 doctor-led urgent treatment centre and same day emergency care
- Specialist inpatient care e.g. stroke and heart attack and inpatient beds, including for general medicine and care of the elderly
- Complex planned and emergency surgery
- Obstetrician-led birthing unit and alongside midwife-led unit
- Conditions for a level 2 neonatal care unit
- Cancer treatment centre
- Outpatients, diagnostics and therapies

	Services at the current Basingstoke hospital site:	**Services at the current Basingstoke hospital site:**
	Outpatients, diagnostics and therapies Planned day-case surgery	Outpatients, diagnostics and therapies Planned day-case surgery Nurse-led step-down reablement and rehabilitation beds

We will consider all the feedback we receive about our proposals, alongside other evidence, before deciding how to proceed.

Why do we need to make changes?

There are four main reasons why we must change the way we deliver NHS services in Hampshire. This section gives a summary of our case for change, but there is a lot more detailed information available on our website at **www.hampshiretogether.nhs.uk** or by calling us on **0300 561 0905**.

Population changes

Our population is growing and getting older, meaning health and care needs are changing too. Our health, care and hospital services will have to adapt so they can care for a larger and older population that is likely to have different and more complex health needs in the future compared to now.

The population of Basingstoke **has increased by 60%** since Basingstoke hospital was built[1], and estimates show that the overall population of Basingstoke and Deane, Test Valley, and Winchester will **grow by around 5% over the next 20 years**, which equates to around **23,000 more people.**

While there will be a reduction in people under 18 over the next 20 years, the number of **people over 75 will increase by around 53%** across Basingstoke and Deane, Test Valley, and Winchester. That's around **24,000 more people aged over 75**, compared to now.[2]

The trend in an ageing population is particularly noticeable in Basingstoke. The town expanded rapidly in the 1960s and 70s, so the young families who moved there are now reaching older age. The over 75 population is forecast to increase in Basingstoke and Deane and Test Valley by **over 30%** between 2020 and 2027 alone.[3]

Over **285,000 people** across Hampshire and Isle of Wight have two or more long-term conditions,[4] and in Basingstoke and Deane, Test Valley, and Winchester we have higher than the national average rates of cancer, cardiovascular disease, osteoporosis and depression.[5]

[1] Historical population data for Basingstoke and Deane (Vision of Britain)

[2] Population estimates for the UK, England and Wales, Scotland, and Northern Ireland: mid-2018 (ONS, 2019)

[3] Hampshire Joint Strategic Needs Assessment demography 2021 (Hampshire County Council, 2021)

[4] Hampshire and Isle of Wight ICS JSNA Rapid population health summary analysis (April 2022)

[5] Quality and Outcomes Framework achievement prevalence and exceptions data 2020-21 (NHS Digital)

Quality of care and specialist workforce

Some of our services do not consistently deliver best practice care, despite the efforts of our hard-working staff. Like the rest of the NHS, we face staffing shortages, not because we can't afford to recruit, but because there simply aren't enough specialist doctors, nurses, and health professionals available to employ. Duplicating services across two main hospital sites impacts on the quality of care we provide because our resources – particularly specialist staff – are spread too thinly.

For example:

We are not able to provide a dedicated children's emergency department because of a **lack of staff and space** – this means children have to wait and be cared for close to adult patients in A&E.

Good practice standards for maternity services say there should ideally be 98 hours a week of on-site consultant cover, with a minimum of 60 hours. We currently provide the minimum of 60 hours a week at each of our two sites. If we centralised maternity services we would be able to provide more hours of on-site consultant cover.

As a temporary measure our neonatal units are operating as 'level 1 plus' units (see glossary on page 55) because not enough babies are born in each hospital for staff to maintain the specialist skills needed for a level 2 neonatal unit. This means very sick or premature babies may have to go to hospitals further away.

While we have specialist children's doctors on site, we often **don't have enough specialist neonatal doctors** available, especially at the weekends.

In critical care (ITU or ICU) we only have enough doctors with advanced airway skills to provide dedicated on site cover 12 hours a day, rather than 24 hours a day as recommended by national guidelines.

Following the COVID pandemic, waiting lists for planned operations are growing. In March 2019, there was just one person waiting more than a year for an operation; as of September 2023, this had grown to over **3,600 patients.**

In addition, planned operations are often **cancelled at short notice** because beds, operating theatres and staff are needed to deal with emergency admissions.

In many services, specialist teams need to see enough of certain illnesses or conditions to maintain their expertise. Splitting these services across two sites means that specialists do not always reach the recommended numbers of cases to ensure they can provide the outstanding care we aspire to.

Buildings

Some of our hospital buildings, while much loved, are tired and approaching the end of their usable lives. Parts of the Winchester hospital date back to the 19th century, and almost 50% of the buildings were constructed between 1985 and 1994. At Basingstoke hospital, 80% of the buildings were constructed between 1965 and 1974.

Looking forward, it would cost millions of pounds each year to patch up our buildings, for example it would cost **over £170 million** to bring Basingstoke and Winchester hospitals up to an acceptable standard today, and **over £625 million** in maintenance spend to keep these buildings functioning over the course of the next 15 years. Some examples of the improvements needed include all the operating theatres at Basingstoke hospital require a full refurbishment, and the majority of wards do not have modern medical oxygen pipeline systems. At Winchester hospital, wards are overcrowded, with not enough space between beds.

We want our buildings to be able to make the most of modern technology. We have already made good progress in this area – for example, offering more video and telephone appointments and establishing virtual wards allowing patients to go home more quickly – but new and refurbished buildings will help us do even more and improve the way we deliver services in the future.

Our current estate is inflexible and unable to support the delivery of outstanding patient care and a zero-carbon footprint. For these reasons, a significant and exciting part of our proposals for change include an investment of **between £700 million and £900 million** from the government's New Hospital Programme for a brand new hospital in Hampshire.

Finances

We need to be able to run our hospitals and other health and care services with the money we have available. Not adapting our services to meet a growing and changing population, paying more for locums and agency staff because we need two sets of specialist staff to work at our two hospital sites, and having to maintain old hospital buildings, all contribute to a worsening financial position for the local health and care system.

By the end of the 2022/23 financial year, the NHS in Hampshire and Isle of Wight was **overspent by £83.2 million**

Addressing the challenges

We can provide services safely now, but need to make changes so they are sustainable for the future. Keeping things as they are is not a realistic option. Without changing how we organise care we would not be able to meet the needs of our changing population, provide services that are in line with evidence-based best practice standards and staffing guidelines, provide care in suitable buildings or run our hospitals within the budget we have.

Organising care in different ways in the future and taking the opportunity of government funding to invest in our buildings would allow us to continue to provide safe and excellent care for patients, and to offer staff a fulfilling place to work.

Listening to staff and the public

Throughout the process of developing potential options for the future of local hospital services, we have been listening to the expertise, experience and views of our staff, patients, their families and carers, and communities. What we have heard has influenced the proposals set out in this document.

We have heard from hundreds of people and taken on board their feedback as we have developed our proposals.

Key engagement activities include:

- a public and staff survey
- **10** visioning sessions with clinicians
- **37** clinical service reviews and **10** non-clinical service user reviews
- a number of public listening events and focus groups.

As a result:

- **937** members of the public and **693** members of staff responded to the survey
- **1,718** people from across **323** groups in the community took part in the other engagement activities.

What we heard from patients and the public

- A strong desire to see the different parts of the NHS and social care working together and an overwhelming acknowledgement that changes need to be made
- Specific feedback on clinical services, with a particular focus on A&E, maternity, cancer, and mental health services
- Some people think it is most important to organise services to get the best clinical outcomes, while some people think it is most important to make sure people can access services close to where they live
- Both the public and staff responses showed that some people think services must be invested in, maintained, and developed at Winchester, and some people think there should be a major hospital in or close to Basingstoke.

What we heard from staff

- Our old buildings do not help our teams do their jobs to the standard they would like
- They support the idea of specialist services being brought together on to one site to reduce duplication and waste and to support more workable staffing rotas
- They want as much routine, day-to-day care as possible to be available locally, close to where people live
- Separating planned surgery from emergency surgery would help to organise care more efficiently and reduce cancelled operations

- Making better use of modern technology would improve care
- They would like more opportunities for research, innovative working, training, and education
- There is a strong commitment to improving patient care, ensuring services are delivered in line with best practice standards, getting the best clinical outcomes and on improving the staff experience at work.

What we'd like to hear from you

What we've heard so far has influenced the proposals set out in this document. Over the next few pages we set these out in more detail. Once you've had a chance to consider them, we would welcome hearing your thoughts on:

- Whether you think there are clear reasons to make changes to hospital services in Hampshire
- What you think of our proposed model of care
- Which of the potential locations you think would be best – if either of them – for the new hospital for Hampshire
- What you think about the options we are consulting on
- What you think the advantages and disadvantages could be and how we could reduce any negative impact
- If there are any other options, solutions, evidence, or information we should consider before making our final decision.

How will we continue to engage with local people?

We are committed to continuing to share information and engage with patients, the public, staff, and other stakeholders throughout this consultation. You can find out more about ways to get involved and share your views on page 50 of this document and there is lots more information on our website at **www.hampshiretogether.nhs.uk** or by calling us on **0300 561 0905**.

Our vision and a new model of care

A new clinical model of care for local people

Through our conversations with staff and local people, new potential ways of working have been identified. We refer to this as our 'clinical model of care' because it sets out how services could be organised and delivered, but does not specify where services would be located.

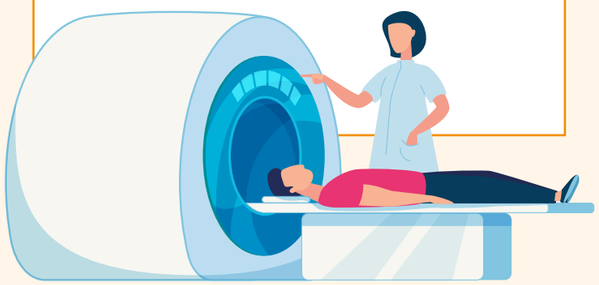
Our proposed new clinical model of care is shown below. It sets out how services should be grouped together and how they could be organised in the future to improve outcomes for patients.

One hospital providing specialist and emergency care - referred to as the specialist acute hospital

- emergency department with trauma unit and children's emergency department, 24/7 doctor-led urgent treatment centre, and same day emergency care
- specialist emergency and inpatient care, e.g. for strokes and heart attacks (as well as other inpatient care),
- emergency and complex planned surgery
- obstetrician-led maternity care, with alongside midwife-led birthing unit
- conditions to retain a level 2 neonatal unit
- inpatient children's services
- a cancer treatment centre
- outpatients, diagnostics and therapies

One hospital with a dedicated planned surgery centre

- 24/7 doctor-led urgent treatment centre, and same day emergency care
- dedicated planned surgery centre providing lower risk planned operations and procedures
- step-up and step-down inpatient beds for general medicine and care of the elderly
- a midwife-led birthing unit
- outpatients, diagnostics and therapies



The key benefits of our proposed new clinical model of care are:

- **Bringing together specialist services for the most seriously ill patients on to one hospital site** would mean patients have better health outcomes and a more positive experience of care as a result of bringing services in line with best practice standards and national clinical guidelines. Doing this would also reduce duplication and make the best use of our specialist staff, equipment and other resources
- **Separating emergency and planned surgery as far as possible** by establishing a planned surgery centre with dedicated surgical staff for lower risk planned surgery and procedures would reduce the number of planned operations and procedures that are cancelled at short notice, it would also improve care and outcomes for patients
- **Doctor-led urgent treatment centres open 24 hours a day, seven days a week** with same day emergency care at both hospitals would be able to deal with most urgent care needs, in addition to an emergency department with a trauma unit at the specialist acute hospital for the most serious conditions
- **Providing holistic maternity care that puts pregnant women and people at the heart of services**, including developing a new alongside midwife-led birthing unit (i.e., one that is next to an obstetrician-led birthing unit) and a new freestanding midwife-led unit to give pregnant women and people more choice about how and where they give birth
- **Creating the conditions to retain a level 2 neonatal unit** (see page 19) that would see enough babies each year to meet national guidelines and have a dedicated rota of specialist neonatal staff, meaning fewer babies would need to go to hospitals outside of our area for care
- **Bringing a dedicated children's service to our area** including a separate children's emergency department, giving children and their families improved quality of care and outcomes, in line with Royal College of Paediatrics and Child Health standards
- **Creating step-up and step-down hospital beds and facilities** to care for people who do not need a specialist hospital environment but who need medical support overnight with a view to getting them well enough to get back home as soon as possible
- **Creating a cancer treatment centre** to provide a fully joined up and multidisciplinary service ensuring equity of care for local people, providing chemotherapy and radiotherapy
- **Providing outpatients, diagnostics and therapies as close to people's homes as possible,** ensuring that people have easy access to the most commonly used, day-to-day hospital services.

The trade-off of these benefits would be that some people would need to travel further for care. Some staff may also have a longer journey to work.

What medical evidence did you consider when developing the model of care?

Senior doctors and other health professionals looked at a wide range of evidence and information to develop our clinical model of care. We considered national clinical best practice guidelines which make evidence-based recommendations on what works best for the treatment of conditions and which services need to be located together in order to run safely and effectively.

What is an urgent treatment centre?

Urgent treatment centres can provide a wide range of care for all but the most serious illness and injury, to people of all ages including babies. This includes, serious but not life-threatening emergencies and injuries, suspected broken bones, cuts, stomach pains, rashes, high temperatures in children and adults, and urgent mental health concerns. Our urgent treatment centres would be run by doctors working with advanced nurse practitioners and other health professionals to provide quick diagnosis and treatment. We estimate that around two thirds of the cases we currently see at our A&E in Winchester could be safely dealt with at an urgent treatment centre.

What is 'same day emergency care'?

Under same day emergency care, patients with relevant conditions, who would otherwise be admitted to hospital can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

What level of neonatal intensive care would be provided under this model of care?

There are three levels of neonatal care ranging from level 1 for the least unwell babies to level 3 for the most premature or unwell. Our level 2 neonatal units were temporarily changed in November 2023 because they do not see enough babies for staff to maintain the specialist skills needed for a level 2 unit.

If there was just one neonatal unit for our area, it would create the right conditions to retain a level 2 neonatal unit, something we want to be able to offer parents and newborn babies.

What is the wider vision for health and care in Hampshire and Isle of Wight?

Our vision is to improve the health and wellbeing of all our population, throughout their life journey. We believe we have a unique opportunity to ensure that we can meet the needs of our population – both now and for future generations.

Health and care partners have developed a five-year strategy for health, social care, and voluntary services in Hampshire and Isle of Wight to support better health and wellbeing and provide outstanding care for everyone.

You can find out more about this plan at **www.hantsiowhealthandcare.org.uk.**

The wider context

The proposed new clinical model of care would be implemented alongside wider changes to health and care services in Hampshire. These changes would support and enable changes to hospital services but are outside the scope of our consultation. They include:

- **Developing joined-up health and social care services** that will improve the way physical health, mental health and social care services work together. This will allow us to provide seamless care that will help people stay as well as possible for as long as possible and be treated and cared for in the most appropriate place for their needs. In the long term this will mean providing more and better services outside of hospitals. We predict that helping people to stay well, delivering more care out of hospital, and providing world-class hospital-based care will mean we will need the same number of hospital beds in the 2030s as we have today, despite the changing levels of demand

- **Improving the health of our local population** by using data and information to target health care where it is most needed (for example, providing stop smoking services in areas we know have high numbers of smokers), helping to reduce avoidable illness and improve the health of everyone in our area

- **Providing easy access to a range of urgent and emergency care services**, in and out of hospital, 24 hours a day, seven days a week, so that you can get high quality treatment quickly, in the most appropriate place for your needs.

How will you provide more care in local communities?

Work is already underway to increase the amount of care people can have closer to where they live and to help people avoid needing to go into hospital. For example, Hampshire Hospitals NHS Foundation Trust provides a bespoke telemedicine service to support people in care homes when they experience sudden or worsening ill-health. Experienced health professionals can assess patients virtually to reduce visits to A&E for vulnerable residents. The healthcare professionals work closely with the care home staff to monitor patients and can prescribe medicines as needed.

In the twelve months between October 2020 and October 2021 this service completed 1,124 consultations and was able to prevent:

- **131 unnecessary A&E visits**
- **103 unnecessary hospital admissions**
- **191 unnecessary ambulance journeys to care homes**

Have your say and help shape tomorrow's hospitals

To find out more visit
www.hampshiretogether.nhs.uk
or scan the QR code

You can also email
hiowicb-hsi.mohhs@nhs.net
call **0300 561 0905**
or write to us at **Freepost HAMPSHIRE TOGETHER**

You can complete the consultation questionnaire on our website or call us for a paper copy

Developing the proposals for consultation

We have followed a robust and thorough process for developing, considering, and evaluating the proposals we are putting forward for consultation. The process for identifying and evaluating the options was led by senior doctors and involved a wide range of other health professionals and patient representatives.

Having identified a clinical model of care, we looked at possible ways we could organise services in the future.

We concluded that the new hospital should be the specialist acute hospital because we would not have enough money to build a new planned surgery centre and bring our existing hospital buildings up to the required standard for a specialist acute hospital.

The potential locations for a new hospital

Work to identify potential sites for a new specialist acute hospital began in October 2019 and was further refreshed in 2021. A comprehensive search for sites across Alton, Andover, Basingstoke, Eastleigh, Winchester, and the surrounding areas was carried out. Pieces of land that were large enough to house a hospital were assessed for their availability, price, and the current owners' willingness to sell.

The process identified two viable sites. One is located between Basingstoke and Winchester, near to Junction 7 of the M3, near North Waltham and Dummer. The other is based on the current Basingstoke Hospital site with some adjacent land.

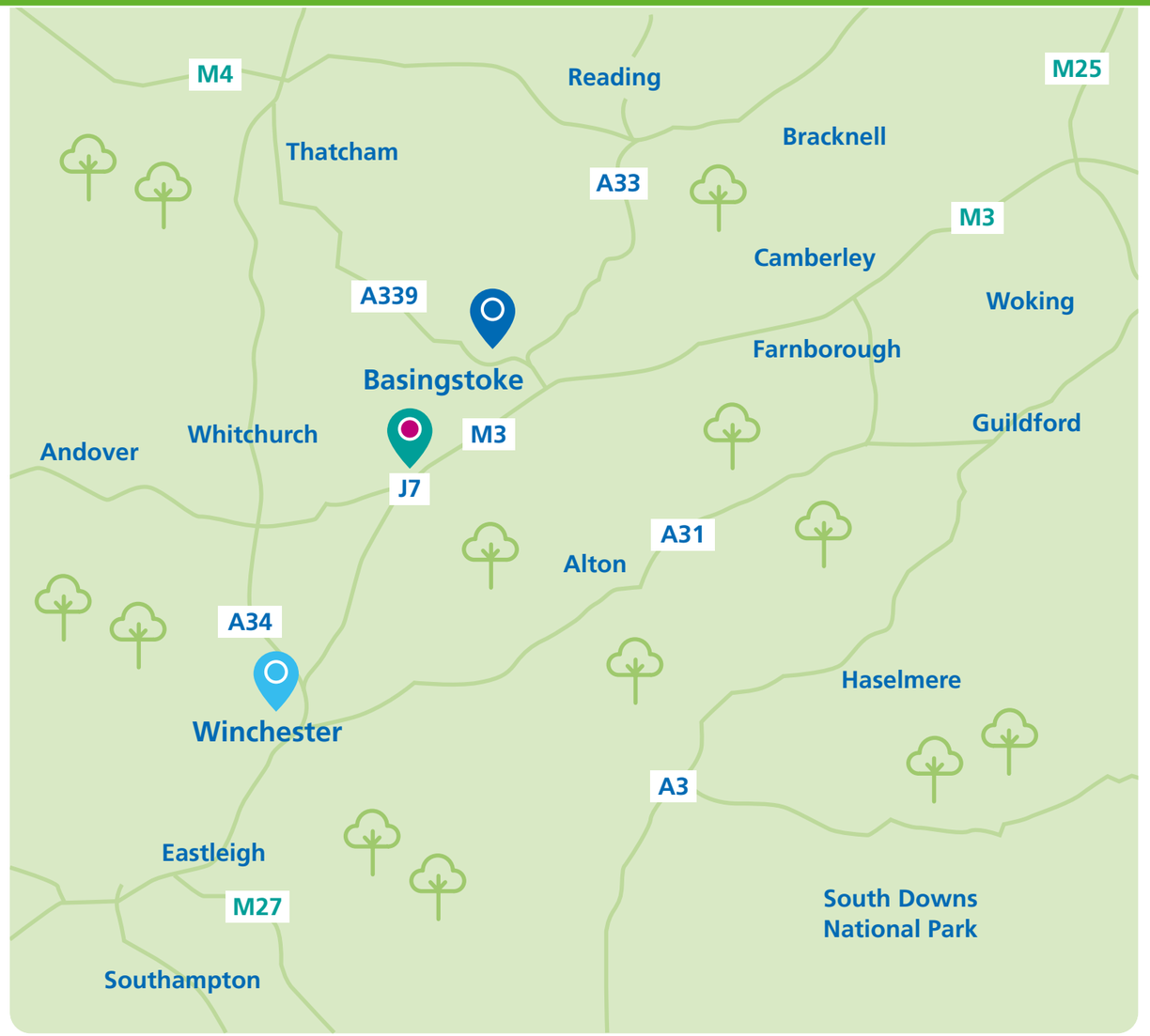
Therefore, we concluded that:

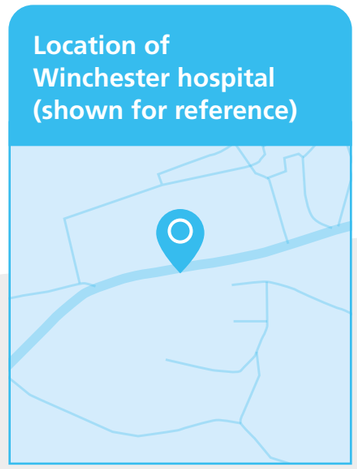
- Winchester hospital would be the best location for the planned surgery centre, along with a 24/7 doctor-led urgent treatment centre and same day emergency care, step-up and step-down inpatient beds, a midwife-led birthing unit and outpatients, diagnostics and therapies
- in any option where the new hospital would be at the site near Junction 7 of the M3, outpatients, diagnostics and therapies would also be provided at the current Basingstoke hospital site, to keep routine care as close to home as possible
- we should evaluate options that included step-down inpatient beds at the current Basingstoke hospital site.

Why can't a new hospital be built in Winchester?

The main reason we cannot build a new hospital on the existing Winchester hospital site is because it is too small to accommodate all the services that would be needed for a specialist acute hospital and there is no adjacent land that we could buy to expand into. We will, however, be investing in our buildings at Winchester hospital to make sure we can deliver services from fit-for-purpose hospital estate in the future.

As part of our search for suitable sites for a new hospital, we assessed multiple potential sites near Winchester, but we discovered that these were either too small or were unavailable for purchase.





The criteria we used to evaluate the options

Having identified how our new clinical model of care could be implemented and potential sites for a new hospital, we had a long list of potential options for further evaluation. We also evaluated an option referred to as 'business as usual', where there would be minimal changes to services and buildings.

We used a number of criteria to evaluate the long list of options which were developed based on national guidance with input from clinicians and patient and public representatives. You can find a full description of the criteria in Factsheet A, but in summary, we considered how well each option would:

- improve patient outcomes, patient experience, and accessibility, by future proofing services for the local population by 2030*
- enhance the clinical sustainability of services provided by Hampshire Hospitals NHS Foundation Trust by 2030*
- provide fit-for-purpose infrastructure that supports the delivery of acute health and care services by 2030*
- contribute to the achievement of long-term financial sustainability by 2030*

We also looked at whether the options would meet business needs, affordability, deliverability, and value for money.

This process showed that 'business as usual' was not a viable option, but we identified a shortlist of three options to take forward for consultation.

*Since the evaluation was done the national timeline has changed and we are now expecting to have a new hospital for Hampshire in the early 2030s

In all options, we would:

- invest in services outside of hospitals and in services to prevent ill-health, to reduce the need for people to go to hospital and provide care nearer to, or in, the home
- invest in digital technology and innovation to support the delivery of modern healthcare, improve record keeping, information sharing and data analysis, allowing more people to access health services remotely
- invest in our workforce to help them develop their skills and expertise, helping to improve staff satisfaction and attract people to work in our hospitals.

The next section of this document explores and explains the options in more detail.

Why haven't you proposed keeping an A&E or emergency department at Winchester?

We have exhaustively explored potential options to keep an A&E at Winchester hospital. Local doctors strongly and collectively believe that an emergency department at both hospitals would not be clinically safe or sustainable because:

- we would have to spread our consultant emergency doctors across two sites, meaning that we would only be able to have consultants on site for 14.5 hours a day during the week and 14 hours a day at weekend, instead of 16 hours a day as we could with one emergency department
- we would not have enough junior doctors to provide sufficient cover at both sites, adding further pressure to stretched consultant resources
- under our new model of care Winchester hospital would not have the support services that are needed for an emergency department, for example critical care and emergency surgery, so patients needing these services would have to be transferred to the new specialist acute hospital. We would not have enough staff to sustainably provide, on both sites, these essential services that need to be located together
- the South East Clinical Senate, an independent panel of senior doctors that quality assure proposed changes to services, expressed "significant concerns" about keeping an A&E at Winchester under our proposed options, and said they were "not confident" it would be safe to do so.

Why haven't you proposed keeping obstetrician-led maternity services at Winchester?

As part of the options development process, we considered options that included obstetrician-led maternity services at Winchester. However, there were a number of factors that meant these options were not taken forward for consultation, including:

- obstetrician-led maternity services need to be located at a hospital that can provide emergency surgery and critical care, which would only be provided at the new specialist acute hospital
- obstetrician-led maternity services also need to be located with neonatal care. As described above, the current neonatal units don't see enough babies a year to meet the requirements for level 2 care, and consolidating services would create the conditions for this, meaning fewer babies need to be transferred out of our area for neonatal care
- the Ockenden report[1] set out a series of recommendations for maternity services, following a review of failing services in Shrewsbury and Telford. While we do currently meet the minimum recommendations for safe staffing levels, if we centralised maternity services we would be able to meet the best-practice recommendations.

[1] www.gov.uk/government/publications/final-report-of-the-ockenden-review

The options for consultation

We have shortlisted three options for consultation, one of which – Option 2 – is our preferred option for the future. This is an overview of the options.

Option 1	Option 2 (preferred option)	Option 3
New specialist acute hospital on the **current Basingstoke hospital site** and refurbishment at Winchester hospital	New specialist acute hospital near **Junction 7 of the M3** and refurbishment at Winchester hospital	New specialist acute hospital near **Junction 7 of the M3** and refurbishment at Winchester hospital

Services at Winchester hospital in all options:

- 24/7 doctor-led urgent treatment centre and same day emergency care
- Step-up and step-down inpatient beds for general medicine and care of the elderly
- Dedicated planned surgery centre
- Freestanding midwife-led birthing unit
- Outpatients, diagnostics and therapies

Services at the new specialist acute hospital in all options:

- Emergency department with trauma unit, children's emergency department, 24/7 doctor-led urgent treatment centre and same day emergency care
- Specialist inpatient care e.g. stroke and heart attack and inpatient beds, including for general medicine and care of the elderly
- Complex planned and emergency surgery
- Obstetrician-led birthing unit and alongside midwife-led unit
- Conditions for a level 2 neonatal care unit
- Cancer treatment centre
- Outpatients, diagnostics and therapies

Services at the current Basingstoke hospital site:	Services at the current Basingstoke hospital site:
Outpatients, diagnostics and therapies Planned day-case surgery	Outpatients, diagnostics and therapies Planned day-case surgery Nurse-led step-down reablement and rehabilitation beds

While our proposals would not be implemented for some years, they would mean that:

- A&E would no longer be available at Winchester, although there would be a 24/7 doctor-led urgent treatment centre
- obstetrician-led maternity services would no longer be available at Winchester, but there would be a midwife-led birthing unit and antenatal and postnatal care
- there would be changes to where planned surgery would be provided, with the majority of planned surgery only being available at Winchester
- there would be changes to where some cancer treatment would be provided, with radiotherapy and some types of chemotherapy only available at the cancer treatment centre at the new hospital, but with other cancer care remaining local.

Why is Option 2 the preferred option?

We believe that, while all three options are viable and implementable, Option 2 has significant advantages, and fewer disadvantages than the other two options. Under Option 1 it would be much more complicated and expensive to build a new hospital on the current Basingstoke site, rather than at a new location. Option 1 would also have a higher risk of more people going to other hospitals outside our area putting additional pressure on those hospitals.

Option 3 includes some nurse-led step-down rehabilitation and reablement beds at the current Basingstoke hospital site for patients medically suitable for nurse-led care. While these beds would mean some patients could recover closer to home, which we know is important to people, it would mean we would need more nursing staff, or would have to split our current nursing staff across an additional site, which is more challenging to deliver.

Are these the only options you will consider?

We are open-minded about the potential for there to be other options that we could explore that would address our challenges. We hope that you will share any other suggestions or ideas you have when you respond to the consultation, including possible new options or variations on the options set out here.

Advantages and disadvantages of the options

In addition to the benefits of the model of care shown on page 17, our proposals would mean we could maintain day-to-day hospital services such as outpatients, diagnostics and therapies at Winchester and the current Basingstoke hospital site, as well as near Junction 7 of the M3 under Options 2 and 3, keeping the most frequently used services close to home. All the options would also help to give us a resilient workforce and fewer vacancies and improve the working environment for staff.

Each option has its own advantages and disadvantages that you may want to consider when responding to the consultation. These are summarised here.

Option 1

New specialist acute hospital on the **current Basingstoke hospital site** and refurbishment at Winchester hospital

Advantages

- The NHS does not need to purchase new land to deliver this option
- There are established public transport links to the current Basingstoke hospital site
- There would be less impact on travel times for people living in deprived areas because these areas tend to be in and around Basingstoke

Disadvantages

- Because the new hospital would be less centrally located in our catchment area there is a greater impact on average travel times compared to Options 2 and 3
- Because the new hospital would be less centrally located there is a higher likelihood of people going to closer neighbouring hospitals putting additional pressure on those hospitals, compared to Options 2 and 3
- Building the new hospital at the existing Basingstoke hospital would be more complex and take longer because of the need to deliver existing services on the same site during the build process, which would take several years
- There would be disruption to current services during the build
- There would be less space for further expansion in the future compared to the site near Junction 7 of the M3
- This option has the most expensive capital cost of all three options

Option 2 (preferred option)

New specialist acute hospital near **Junction 7 of the M3** and refurbishment at Winchester hospital

Advantages

- Because the new hospital would be more centrally located in our catchment area, there is less impact on travel times by car under this option, compared to Option 1
- Because the new hospital would be more centrally located, there is less likelihood of people going to other closer neighbouring hospitals, meaning less impact on those hospitals
- Building a new hospital near Junction 7 of the M3 would not disrupt current care at the existing Basingstoke hospital site during the years of construction
- The potential new site is larger than the current Basingstoke hospital site so offers greater flexibility and opportunity to expand services in the future if needed
- This option has the lowest capital cost of all three options

Disadvantages

- The NHS does not currently own the proposed site near Junction 7 of the M3
- New public transport routes would be needed to enable easy access to the hospital site
- This option has a greater impact on travel times for some people living in deprived areas

Option 3

New specialist acute hospital near **Junction 7 of the M3** and refurbishment at Winchester hospital

Advantages Same as Option 2 plus:

- Offers nurse-led step-down reablement and rehabilitation beds at the current Basingstoke site for patients medically suitable for nurse led care. This would provide additional access for people near Basingstoke who have been in hospital and still need inpatient care, but do not need the full range of specialist services

Disadvantages Same as Option 2 plus:

- This option splits our nursing staff across an additional site because there would be nurse-led rehabilitation and reablement beds at the current Basingstoke hospital site
- To implement the beds we would need to refurbish additional space at the current Basingstoke hospital site, which would increase the cost of this option

Things to think about when responding to the consultation

This section looks in more detail at the impact of the options, what they might mean for you and your family, the impact on travel and access for local people and the impact on other parts of the health and care system in our area. We also address some of the common concerns we've already heard as we have developed our proposals. We hope this information, along with the descriptions of the options on the previous pages, will help you to form your response to our consultation.

How have you considered what the impact of the changes could be?

To help us understand the impact of our proposals on local communities an interim 'integrated impact assessment' was undertaken by an independent organisation on behalf of the Modernising our Hospitals and Healthcare programme. The interim integrated impact assessment looked at the impact of our proposals on:

- clinical outcomes
- health inequalities
- service accessibility and travel times for all patients and specifically protected groups under the equalities legislation
- other service providers
- sustainability and the environment.

Some of the findings from the interim integrated impact assessment are included in this section. The full report is available at **www.hampshiretogether.nhs.uk** or by phone on **0300 561 0905**.

What could this mean for me and my family?

Over the next few pages, we have a series of patient stories which set out where key aspects of care for a range of conditions would be provided in the future for each option. You can use these to see what our proposals might mean for you or your family. Please note, these stories are examples designed to help you understand more about what the impact of the changes could be. They are not describing real people, and they are not intended to set out every step in a patient journey. The exact care each individual patient would receive may be different to what is described here, depending on their clinical circumstances.

There are several other patient stories in Factsheet B covering the following:

- cancer care
- children's planned inpatient care
- trauma care
- a higher-risk pregnancy
- emergency surgery
- urgent and emergency care
- step-up and step-down care

Planned surgery

Amir is 67, he's generally healthy and active. He has had pain in his knee for some time and his GP referred him to the orthopaedic team at the hospital for further investigation. Amir and the orthopaedic consultant agreed that a knee replacement operation would be the best solution and he is booked in for planned surgery.

Now	Future
After his appointment with the consultant, Amir receives a letter with a date for surgery	At his appointment with the consultant, Amir is booked in for surgery at the planned surgery centre
He goes to his nearest hospital before surgery for his pre-operation checks	He goes to his nearest hospital before surgery for his pre-operation checks
Unfortunately, the day before surgery he is told the hospital has had a lot of emergency admissions and his operation is being put back	Because the planned surgery centre is not impacted by emergency cases, Amir's surgery can go ahead on the scheduled date
He receives a letter with the new date for the surgery	On the day of surgery he is asked to arrive at 8am
He goes to the hospital before surgery for his pre-operation checks	He has some final pre-operation checks and goes to theatre at 9:30am
On the day of surgery he is asked to arrive at hospital at 8am	After surgery Amir spends a night in hospital. The following morning the physiotherapist helps Amir to get up and practise walking
At hospital he waits until almost 2pm to go to theatre because of an emergency case	He is able to go home at 3pm that day where he makes a good recovery
After surgery Amir ends up spending two nights in hospital because of the initial delay to his operation, but goes home on day three and makes a good recovery	

Children's urgent care

Claire, aged 8, lives with her parents and younger brother. Claire injures her ankle while playing football for her local team one Saturday morning. She has no obvious signs of serious injury but is unable to walk. Her dad takes her to the nearest hospital to get checked over. An X-ray at hospital shows that Claire has broken her ankle and needs surgery to repair it. She is admitted to the children's surgical ward and has the operation the next day. She goes home the day after and has some follow up appointments and physiotherapy as she recovers.

	Now	Option 1	Option 2 and Option 3
Urgent care	Claire would go to the A&E department at her nearest hospital (e.g., Basingstoke hospital or Winchester hospital)	Claire would be seen at the urgent treatment centre at either the new hospital on the current Basingstoke site or Winchester hospital – whichever was closest	Claire would be seen at the urgent treatment centre at either the new hospital near Junction 7 of the M3 or Winchester hospital – whichever was closest
Surgery and hospital stay	Claire would have her surgery and hospital stay at Basingstoke hospital	Claire's surgery and hospital stay would be at the new hospital on the current Basingstoke site	Claire's surgery and hospital stay would be at the new hospital near Junction 7 of the M3
Follow up appointments	Follow up appointments would be at Claire's nearest hospital (e.g., Basingstoke hospital or Winchester hospital)	Claire's follow up appointments would be at her nearest acute hospital (e.g., the new hospital on the current Basingstoke site or Winchester hospital), or a community clinic, or by phone or video call	Claire's follow up appointments would be at her nearest acute hospital (e.g., the new hospital near Junction 7 of the M3 or Winchester hospital), or a community clinic, or by phone or video call
Physiotherapy	Physiotherapy would be provided at the acute hospital or by local community services	Physiotherapy would be provided at the nearest acute hospital or by local community services	Physiotherapy would be provided at the nearest acute hospital or by local community services

Life threatening emergency

Mike, aged 57, is an engineer. There is a history of heart disease in the family, as his dad died of a heart attack. Mike develops chest pain in the middle of the night. He feels really unwell and his wife calls 999. The paramedics attend and an ECG shows Mike is having a heart attack. Mike needs to be taken by blue light ambulance to a hospital for an angiogram and for an immediate procedure to open up a blocked artery, known as a primary percutaneous coronary intervention or PPCI. Afterwards he spends some time recovering in hospital before going home. He then has some follow up appointments with his consultant.

	Now	Option 1	Option 2 and Option 3
PPCI centre	Mike would be taken by ambulance to Basingstoke hospital	Mike would be taken by ambulance to the new hospital on the current Basingstoke site	Mike would be taken by ambulance to the new hospital near Junction 7 of the M3
Recovery in hospital	Mike's initial recovery would be at Basingstoke hospital	Mike's initial recovery would be at the new hospital on the current Basingstoke hospital site	Mike's initial recovery would be at the new hospital near Junction 7 of the M3
Step-down care (if needed)	Mike could go to Alton or Andover hospitals for step-down care if needed	Step-down care would be available at Alton, Andover or Winchester hospitals if needed	Under Option 2 step-down care would be available at Alton, Andover or Winchester hospitals, if needed. Under Option 3 Mike could also go to the current Basingstoke hospital site if his needs were suitable for nurse-led step-down care
Follow up appointments	Follow up appointments would be at Mike's nearest acute hospital (i.e., Basingstoke or Winchester, whichever was closest)	Mike would go to his nearest acute hospital (e.g., the new hospital on the current Basingstoke site or Winchester hospital), or to a community clinic, or have appointments by phone or video call	Mike would go to his nearest acute hospital (e.g., the new hospital near Junction 7 of the M3 or Winchester hospital), or to a community clinic, or have appointments by phone or video call

Maternity care: lower risk pregnancy

Jo, aged 28, is expecting her second baby. She has been healthy during pregnancy and had no complications in her previous pregnancy and birth and is assessed as low-risk. During her pregnancy Jo receives care from her community midwife. Jo considered a home birth, but has chosen to give birth in a freestanding or alongside midwife-led unit. After having her baby, Jo would like to receive postnatal care from her community midwife at home. If Jo did go to a freestanding midwife-led birthing unit and difficulties arose during labour she would be transferred by blue light ambulance to an obstetrician-led birthing unit. If her baby needed neonatal care, it would be admitted to the nearest appropriate neonatal unit. Her baby would be transferred by ambulance if the right level of neonatal care wasn't available where Jo gave birth.

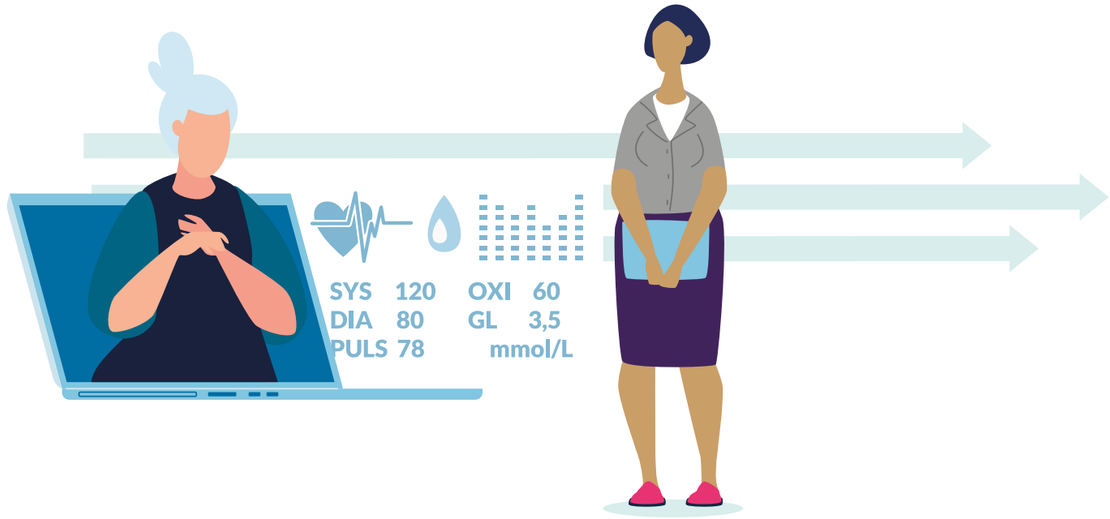
	Now	Option 1	Option 2 and Option 3
Routine antenatal care	Jo would go to her GP practice, community clinic or receive care at home	Jo would go to her GP practice, community clinic, or receive care at home or virtually	Jo would go to her GP practice, community clinic, or receive care at home or virtually
Hospital appointments	Jo would go to her nearest acute hospital (e.g., Basingstoke hospital or Winchester hospital)	Jo would go to the new hospital on the current Basingstoke site or Winchester hospital – whichever was closest	Jo would go to at the new hospital near Junction 7 of the M3, the current Basingstoke hospital site or Winchester hospital – whichever was closest
Midwife-led birthing unit	If Jo wanted to give birth at a midwife-led unit she would go to Andover Birth Centre	Jo could choose the freestanding midwife-led units at Winchester or Andover, or the alongside midwife-led unit at the new hospital	Jo could choose the freestanding midwife-led units at Winchester or Andover, or the alongside midwife-led unit at the new hospital
Obstetrician-led birthing unit	If Jo wanted or needed to give birth at an obstetrician-led unit she would go to Basingstoke or Winchester hospital, whichever is closest	If Jo wanted or needed to give birth at an obstetrician-led unit she would go to the new hospital on the current Basingstoke hospital site	If Jo wanted or needed to give birth at an obstetrician-led unit she would go to the new hospital near Junction 7 of the M3
Neonatal care* (if needed)	Jo's baby would go to Basingstoke or Winchester hospital for level 1 plus neonatal care, or Southampton, Reading or Frimley hospitals for level 2 neonatal care	There would be level 1 neonatal care and the conditions for a level 2 neonatal unit at the new hospital at the current Basingstoke hospital site	There would be level 1 neonatal care and the conditions for a level 2 neonatal unit at the new hospital near Junction 7 of the M3
Postnatal care	Jo and her baby would receive postnatal care at home, GP practice or community clinic	Jo and her baby would receive postnatal care at home, GP practice or community clinic, or virtually	Jo and her baby would receive postnatal care at home, GP practice or community clinic, or virtually

*See glossary on page 55 for a description of neonatal care

Care for a long-term condition

Mary is 78 and has severe heart failure. She has a pacemaker to protect her against life-threatening heart rhythms, and takes a number of different tablets each day.

Mary has home monitoring through her pacemaker so that if she does have any abnormal heart rhythms, even if they don't cause symptoms, the cardiac team will be notified via the internet and will contact her to help. Mary can also contact a specialist heart function team directly Monday to Friday. This team comprises of doctors, nurses, pharmacists and allied health professionals, and she can see the most appropriate person for her needs at her local acute hospital. Her consultant appointments are also at her local acute hospital. Occasionally Mary needs to go into hospital for procedures such as to have the battery changed in her pacemaker.



	Now	Option 1	Option 2 and Option 3
Hospital-based appointments, tests, scans, biopsies	Mary would go to her nearest acute hospital (e.g., Basingstoke hospital or Winchester hospital) or have appointments by phone or video call	Mary would go to go to her nearest acute hospital (e.g., the new hospital on the current Basingstoke site or Winchester hospital)	Mary would go to her nearest acute hospital (e.g., the new hospital near Junction 7 of the M3, or Winchester hospital)
Appointments with nurse, pharmacist or allied health professional	Mary would go to her nearest acute hospital (e.g., Basingstoke hospital or Winchester hospital) or have appointments by phone or video call	Mary would go to go to her nearest acute hospital (e.g., the new hospital on the current Basingstoke site or Winchester hospital), or to a community clinic, or have appointments by phone or video call	Mary would go to go to her nearest acute hospital (e.g., the new hospital near Junction 7 of the M3 or Winchester hospital), or to a community clinic, or have appointments by phone or video call
Appointments with consultant	Mary would go to her nearest acute hospital (e.g., Basingstoke hospital or Winchester hospital) or have appointments by phone or video call	Mary would go to go to her nearest acute hospital (e.g., the new hospital on the current Basingstoke site or Winchester hospital), or to a community clinic, or have appointments by phone or video call	Mary would go to go to her nearest acute hospital (e.g., the new hospital near Junction 7 of the M3 or Winchester hospital), or to a community clinic, or have appointments by phone or video call
Procedures (not surgery)*	Mary would go to Basingstoke hospital	Mary would go to the new hospital on the current Basingstoke hospital site	Mary would go to the new hospital near Junction 7 of the M3

*Cardiac surgery takes place at University Hospitals Southampton or at The Royal Brompton Hospital in London

Travel and access

We know that travel times and access to services is likely to a be an important issue for people when considering their response to this consultation.

Access to services

Our proposals would improve access to many services and provide access to some new services.

Under all three options, outpatient appointments, diagnostic tests, and therapies would continue to be provided at the Basingstoke and Winchester hospital sites. Under Options 2 and 3 these services would be at three locations compared to two now.

Our proposals would reduce waiting times for emergency and urgent care because consultants would be available on site to give a senior clinical opinion for more hours than they are currently, speeding up diagnosis and treatment.

There would be access to some services that are not currently provided locally, for example:

- two 24-hour, seven day a week doctor-led urgent treatment centres and more same day emergency care
- a dedicated planned surgery centre
- a dedicated children's emergency department
- midwife-led birthing units.

The 24/7 doctor-led urgent treatment centre at Winchester would be able to see and treat around three out of five of the current types of patient cases that attend the A&E in Winchester now.

Our proposals would also create the conditions to retain a level 2 neonatal care unit.

The planned surgery centre would provide dedicated operating theatre capacity meaning fewer cancellations because of emergencies, helping to shorten waiting lists. The most complex planned surgery would take place at the specialist acute hospital, with access to critical care facilities, if needed. Outpatient appointments and pre- and post-operative care would be provided in Basingstoke, Winchester, the new hospital, on-line or in GP surgeries.

Refurbishing existing hospital buildings and building a new hospital would improve physical access to services, particularly for people with disabilities and with sensory and information processing differences. We would be able to improve layout, signage and use of digital technology to support people to access and find their way around our hospitals.

Travel times

While our proposals would impact on travel times for some people, It is important to recognise that longer journeys for some people do not mean they no longer have access to services, but that access may take longer or be more costly.

Evidence shows that where there are longer journey times, these would be more than offset by shorter waits to see a senior doctor and for diagnostics on arrival at hospital, more consistent high-quality care, improved outcomes, shorter hospital stays, and services that are sustainable for the long term.

We have, of course, looked at what safe journey times are for life or limb threatening emergencies and have involved South Central Ambulance Service in our discussions about these proposals.

How did you calculate the impact on travel times?

To work out the impact of the options on average travel times, we have assumed that everyone who currently uses hospital services at the current Basingstoke and Winchester sites would continue to do so. For example, we have assumed that someone who lives south of Winchester would travel to the new hospital at either the current Basingstoke site or at Junction 7 of the M3, rather than going to Southampton. This approach means that we are making sure that we consider the impact on people who may choose to travel further or may be directed to the new hospital. Travel times for people who go to another, nearer hospital, would be shorter.

Many of the most specialist services such as stroke, heart attack and trauma care are already only provided from one of our hospital sites, and this would continue to be the case. The impact on travel times for these services would be small. For example, we have looked at the potential impact of moving emergency stroke services from Winchester (where they are currently provided) to the new specialist acute hospital. Everyone in our catchment can currently reach emergency stroke services within 45 minutes by blue light ambulance and would continue to be able to do so, although for some this would mean going to closer neighbouring hospitals.

In addition, we are looking at ways we could reduce the impact of increased journey times for those who may be affected, for example by reviewing our patient transport provision, car parking and staff travel.

Impact on travel times to access specialist and emergency care

Currently many of our most specialist services such as stroke, heart attack and trauma services are already only provided at one of our hospitals. The impact on travel times for those services would be minimal (see page 41). For the services that are currently provided on both sites, all three options would have an impact on travel times for some people in the future, compared to now. There would also be an impact on the travel time and cost for some family and friends visiting patients, and for some staff. Some local people are already travelling up to around 45 minutes by car during off-peak times of the day to reach our current hospitals in Basingstoke and Winchester. Under our proposals, around 90% of people would be able to reach the new specialist acute hospital within 45 minutes by car during off-peak times, and everyone within an hour. The table below shows travel times by car during off-peak times, which is similar to travel time by blue-light ambulance.

	Current	Option 1	Option 2 and 3
Average (approximate)	20 minutes	30 minutes	30 minutes
Maximum (approximate)	45 minutes	60 minutes	50 minutes
Percentage of people who can reach the specialist acute hospital within...*			
0-15 minutes	26%	14%	5%
15-30 minutes	50%	25%	60%
30-45 minutes	23%	51%	31%
45-60 minutes	0%	10%	4%
60+ minutes	0%	0%	0%

*Care for the most serious life and limb threatening emergencies is already only provided at one of our hospitals

Have you considered travel times by public transport to access specialist and emergency care?

Currently, getting public transport to local hospitals is very difficult or impossible from many areas in Hampshire. There is also not currently any public transport to the proposed site near Junction 7 of the M3 as there is currently little reason for people to need to travel there. We have therefore not done detailed calculations about the potential impact of our proposals on access to specialist and emergency services by public transport.

Instead, we have been focussing on discussions with relevant partners about what public transport solutions would be needed, if services were to be provided from a different site in the future.

Impact on travel times to access lower risk planned surgery

Currently people can access planned surgery services by car within around 30 minutes (at off-peak travel times) to around 50 minutes (at peak travel times). Under our proposals, people would be able to reach the planned surgery centre at Winchester for lower risk surgery, and some day case surgery (day case would also be provided at the current Basingstoke site in all options and at the site near Junction 7 of the M3 in Options 2 and 3) within about 70 minutes at off-peak travel times and within about 80 minutes at peak travel time by car. Outpatient appointments and pre- and post-operative care would be provided in Basingstoke, Winchester, the new hospital, on-line or in GP surgeries.
The table below shows these travel times by car.

	Current (off-peak)	All options (off-peak)	Current (peak)	All options (peak)
Average (approximate)	20 minutes	40 minutes	25 minutes	40 minutes
Maximum (approximate)	30 minutes	70 minutes	49 minutes	81 minutes
Percentage of people who can reach the planned surgery centre within...				
0-15 minutes	26%	11%	19%	10%
15-30 minutes	50%	26%	47%	22%
30-45 minutes	24%	45%	29%	32%
45-60 minutes	0%	16%	5%	25%
60+ minutes	0%	2%	0%	11%

Have you considered public transport times to access planned surgery?

We have looked at travel times by public transport to Winchester, which show an increase in average travel times (looking at the total catchment population) from around 45 minutes to around 80 minutes.

The people towards the north of the area would potentially be impacted by longer travel times to the planned surgery centre at Winchester and we are exploring ideas to support these populations, including looking at models in place elsewhere, such as volunteer transport schemes and demand response vehicles.

More information about travel times is available in Factsheet C. Factsheets can be accessed at **www.hampshiretogether.nhs.uk** or requested by phone on **0300 561 0905**.

Impact on average travel times for people living in deprived communities and groups protected under equalities law

We recognise that there is the potential for some of our proposals to disproportionately impact people living in deprived areas and/or those who are from groups protected under equalities law (often referred to as protected characteristic groups).

We have looked at the impact on average travel times under each option for the different groups protected under equalities law and people living in deprived communities.

We have also undertaken a detailed analysis of some of the local areas which may be more vulnerable to the potential impact of our proposals. These areas are Andover Newbury Road, Basingstoke Popley, Alton Westbrooke and Eastbrooke, Eastleigh West and Winchester Stanmore.

Our integrated impact assessment gives a lot more detail about the potential impact of our proposals on these groups, and what we would do to try and minimise these impacts.

The integrated impact assessment is available on our website at **www.hampshiretogether.nhs.uk.**

Potential impact on other hospitals

While we know that the decision about which hospital to go to is not based solely on which is nearest (for example, ambulance services consider journey times as well as distance, waiting times in emergency departments and the specialist services available at particular hospitals), our proposals could increase the number of patients going to other closer neighbouring hospitals.

We are working closely with these hospitals to understand the potential impact our proposals could have on them and if this would be manageable in the long term. We have received letters of support to consult on our proposals from the hospital trusts that could experience an increase in patients because of our proposed changes.

South Central Ambulance Service

The proposed changes also have the potential to impact on the South Central Ambulance Service because of longer journeys for some to the specialist acute hospital. There may also be some patients who would need to be transferred between hospitals by ambulance, for example people who need to go from Winchester hospital to the specialist acute hospital for more specialist care.

We are considering how the impact on the ambulance service could be mitigated, working with colleagues at South Central Ambulance Service.

We have received a letter of support for our proposals and options for consultation from South Central Ambulance Service.

Changes to people's nearest hospital

In most cases people who currently use services at Basingstoke and Winchester hospitals would probably access care at either the new hospital or at Winchester hospital. However, all the options we are consulting on might mean a change in some people's nearest hospital for some emergency care. For people going to hospital by ambulance, the paramedics would decide which hospital with appropriate services to take the patient to.

The table below gives more information on the potential changes to people's nearest hospital.

	Option 1	Option 2 and Option 3
	New hospital at existing Basingstoke hospital site	New hospital at site near J7 of the M3
Some emergency and specialist care* (except stroke - see below) and obstetrician-led maternity care and neonatal care	Southampton General Hospital may become the nearest hospital for some people living to the south of Winchester	Southampton General Hospital may become the nearest hospital for some people living to the south of Winchester, but for fewer people than Option 1. The Royal Berkshire Hospital in Reading may become the closest hospital for some people living to the north of Basingstoke. The Great Western Hospital in Swindon may become the nearest hospital for some people living to the north west of Basingstoke
Acute stroke services (currently at Winchester hospital, but not at Basingstoke)	Southampton General Hospital may become the nearest hospital for some people living to the south of Winchester. The new hospital (at either the site near to Junction 7 of the M3 or the current Basingstoke site) may become the closest hospital for people living in north Hampshire, who currently go to Frimley Park Hospital as their closest hospital	

*Care for the most serious life and limb threatening emergencies is already only provided at one of our hospital sites

When you respond to the consultation please let us know what you think we could do to reduce the impact of increased journey times and costs for some patients, visitors and staff.

Financial impact

We have a responsibility to ensure we are spending taxpayers' money wisely and getting the best value for every pound we have. So, in developing our proposals we have considered their overall cost, affordability, and value for money. You may also want to consider some of these factors in your response to the consultation.

Expected cost of each option

The table below shows the expected upfront capital cost of each option. We have been told by the government's New Hospital Programme that the likely allocated budget for us to build a new hospital either near to Junction 7 of the M3 or at the current Basingstoke hospital site, and to carry out refurbishment work at the Royal Hampshire County Hospital at Winchester is between £700 million and £900 million. There is the expectation that each of the options would need to fall within, or close to, this range.

	Capital cost in £millions
Option 1	£948
Option 2	£807
Option 3	£860

While the costs for Option 1 are above the budget range, they are considered to be within an acceptable range, especially as costs are likely to change as the New Hospital Programme develops its approaches to construction and procurement.

It is also important to note that these are indicative costs, based on the best information we have available to us at this time. It is possible the cost may change as final and more detailed plans are developed.

Value for money

While some options would cost less than others to implement, we also need to think about the long-term value for money of each option. We did this by looking at the costs versus the benefits. We looked at two types of benefit:

- 'cash-releasing' benefits such as reductions in energy use for the new hospital and reduction or improved staff retention and recruitment through more attractive work rotas and working environment, reducing the need for agency staff to cover vacancies
- 'non-cash releasing' benefits which contribute to overall societal gain and have a financial value, but do not directly free up money. Examples include more productive ways of working in operating theatres or new facilities reducing the risk of hospital acquired infections.

The cash releasing benefits for all options are around £43 million per year and the non-cash releasing benefits are around £38 million per year.

Concerns we have heard

As set out on pages 14 and 15, we have already listened carefully to what local people have told us and used this feedback to inform our developing plans. We have discussed opportunities and benefits, and concerns, with a wide range of people. This has helpfully informed our thinking. This section of our document describes some concerns about our proposals that have already been raised and our response to those concerns. We are committed to continuing to listen to the views of local people, staff, and partner organisations as part of this consultation.

Balancing the need for improved quality with access to services

People have told us they understand the reasons why consolidating some services on to one site improves the quality and safety of care we can provide. However, they have also told us they are worried about changes to the location of services. In particular people have expressed concerns about potential changes to A&E and maternity services at Winchester.

We are absolutely clear that we are committed to having two excellent acute hospitals for our whole catchment population – one hospital in Winchester and one on the existing Basingstoke site or the site near Junction 7 of the M3. We are also committed to maintaining services at both hospitals.

Under all the options, outpatient care remains at Winchester as well the new hospital site. Under Options 2 and 3 outpatient services would also be provided at the current Basingstoke hospital site so people would be able to receive outpatient care as close to home as possible.

Under all the options, Winchester hospital would have a 24-hour, seven day a week doctor-led urgent treatment centre able to meet all urgent care needs, and a same day emergency care service. Only the sickest patients, with the most serious conditions, would go to the new hospital, with many taken straight there by blue light ambulance.

Consolidating obstetrician-led maternity services and neonatal care, means we are more likely to keep them in this part of Hampshire for the longer term. Leaving them split across two sites could mean we see level 2 neonatal care move out of our area permanently to neighbouring larger hospitals. This ultimately puts some services even further away from our local communities.

Travel times and costs

People have told us they are worried that increases in travel times for some people would be unsafe for critically ill patients in ambulances as well as inconvenient and costly for patients and visitors travelling by car or public transport.

Medical evidence tells us it is better to travel further to the right place if you need very specialist care. Ambulance crews have the skills and equipment to stabilise patients whilst they take them to the most appropriate emergency centre with the right specialist team for their needs. For many years now, some services have been centralised at one or other of our hospitals – including trauma, stroke, and specialist treatment for serious heart attacks – and we have seen benefits to patients of doing this.

Under all the options people would still be able to access doctor-led urgent care 24 hours a day, seven days a week. Urgent care covers a very wide range of illnesses and injuries that are not life or limb threatening but do need same day attention.

We acknowledge that under some options for some services travel may be longer than now and less convenient for some people coming to hospital by car or public transport. We are already working with partners to look at public transport solutions, particularly for the potential site near Junction 7 of the M3, were we to choose that option.

Impact on staff

We recognise that our proposals would have an impact on some staff, potentially changing where they work. Wherever the location, it will be some years before the new hospital opens. We will involve staff in our detailed implementation planning, consult with individuals as needed and support staff through change.

People have also told us they are worried that there are not enough doctors and nurses both in hospital services and in general practice and other community services to cope with these changes.

Centralising some of our specialist services would help to address staffing shortages by bringing staff together onto one site. This would make work rotas more attractive to both current and potential employees, helping us to recruit and retain staff.

We also know health professionals prefer to work in teams where they can provide high quality care to patients, share knowledge and expertise, and undertake research.

Having two excellent acute hospitals in our area would help attract students to the health and care courses run jointly by universities and Hampshire Hospitals NHS Foundation Trust, bringing future health professionals to the area. We know that doctors, nurses, and other health professionals often settle in the area they train in.

When you respond to the consultation please tell us what you think we can do to reduce the impact of these and any other concerns you may have about our proposals.

You can write some notes here before you complete the questionnaire

Giving your views

We would like to know what you think about these proposals before we decide how to proceed. Our consultation runs from 11 December 2023 for 14 weeks, and you can share your views with us until midnight on **17 March 2024**.

Have your say and help shape tomorrow's hospitals

To find out more visit
www.hampshiretogether.nhs.uk
or scan the QR code

You can also email
hiowicb-hsi.mohhs@nhs.net
call **0300 561 0905**
or write to us at **Freepost HAMPSHIRE TOGETHER**

We understand that our views may be different to yours. We need to ensure we are fully aware of the views of local people, that we are not making people who are already living in the more deprived areas of our county worse off in terms of their health outcomes, and that we understand how we can address and reduce any concerns.

We want to hear from a wide range of people who may be impacted by our proposals. We have a wide range of consultation activity planned over 14 weeks that will offer a number of ways to find out more and share your views. Full details can be found on our website or by contacting us on the details above.

Attend a meeting – virtual and face-to-face

We are hosting a series of online and face-to-face meetings and events where you can learn more, speak to the programme's leaders and let us know what you think. All events are listed on our website and will be publicised through the local media, community groups, social media, and in places such as GP surgeries, libraries, and high footfall areas in local communities.

If you cannot access the website, please phone the consultation team for details on the number opposite. These will be open meetings, and anyone can attend to give their views, although please note you will need to register to reserve your place.

Invite us to your group

We are happy to come to talk to local community groups about our proposals, either in person or virtually. Please contact the consultation team using the contact details opposite as soon as possible to discuss options.

Read our more detailed documents

As well as a series of straightforward factsheets on particular topics, there are several more detailed documents about our proposals on our website at **www.hampshiretogether.nhs.uk**. These are technical documents with more clinical and financial language, but if you do want to know more, we would encourage you to look at them.

Complete the questionnaire or write a letter

Once you have read or heard enough information to give your opinion you can formally respond to the consultation questionnaire or send a letter or email. We welcome responses from individuals and from organisations.

- Complete the consultation questionnaire on our website **www.hampshiretogether.nhs.uk**, or
- Return a paper copy to our freepost address

Email us or post a letter using the contact details opposite.

Call the consultation team

If you don't have access to the internet and would like more information about the proposals, copies of the consultation document, summary or factsheets, or have any questions you can call us on **0300 561 0905**. We can also arrange for you to complete the consultation questionnaire over the phone if you are not able to complete it online or on paper.

Online, in the news and in your community

Read regular updates on our website, Facebook, X (formerly known as Twitter) and in the local media. Printed information will also be available at GP surgeries, hospitals, libraries, community centres and other high footfall areas in local communities.

Next steps

After the consultation closes at midnight on **17 March 2024** all the feedback we have received will be analysed by an independent research organisation. They will prepare a report for us setting out what people think about the proposals.

We, together with NHS England in relation to specialised services, will consider the feedback from the consultation, along with a wide range of other evidence, information and data to develop a decision making business case and use that to decide which option to implement.

We will continue to share information with staff, patients, local people, and wider stakeholders, including publishing the consultation report and papers that will inform the decision-making. Our final decision-making meeting will be held in public to allow those who are interested to hear the discussion and how the decision is made. We will publish the details of this meeting when they are available.

As we move into the implementation phase we will regularly involve and engage patients, staff and local people to ensure their views continue to inform our work.

The expected timeline is set out below.

11 December 2023
Consultation starts

17 March 2024
Consultation closes

Spring 2024
Analysis of feedback and development of consultation report

Spring/summer 2024
Development of decision making business case

Summer 2024
Decision making meeting of Hampshire and Isle of Wight Integrated Care Board and NHS England

From late 2024
Detailed implementation planning

From mid 2020s
Construction of a new hospital and refurbishment of existing buildings

Early 2030s
New hospital opens

When would a new hospital be ready?

Once a decision has been made on the future of acute hospital services in Hampshire, detailed implementation planning will begin. Subject to planning permission, we expect to be able to open the doors to our new hospital in the early 2030s.

Appendix A

List of factsheets for further information

We have developed a series of factsheets which provide more detailed information about key topics in the consultation document. These can be accessed via our website at **www.hampshiretogether.nhs.uk**. If you don't have internet access and would like the factsheets posted to you, please phone **0300 561 0905**.

- Factsheet A: Detailed overview of the options development process
- Factsheet B: Patient stories
- Factsheet C: Travel time analysis

Appendix B

Glossary

Term	Description
24/7	24 hours a day, seven days a week
Accident and emergency (A&E)	Hospital-based service providing treatment for serious injuries and life or limb threatening emergencies
Acute care	Acute care refers to short term treatment, usually in a hospital, for patients with any kind of illness or injury
Acute hospitals	Hospitals providing acute care
Allied health professionals	A wide range of professions that work with doctors and nurses to provide care and treatment. Examples include dieticians, occupational therapists, physiotherapists, radiographers, speech and language therapists
Cardiology	Care and treatment for conditions that affect the heart and circulatory system
Centralising or consolidating	Bringing the same service/services together on to one hospital site (rather than them being spread over two or more hospital sites)
Commissioning	Commissioning is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health for a population
Community services	A wide range of services provided outside of acute hospitals, in or close to home, for example district nursing and health visitors (see also 'local care' below)

Term	Description
Consultant	A senior doctor that has completed full medical training in a specialised area of medicine
Consultant-led service	The consultant will be always available to deliver that service with their clinical team but may not be present in the hospital at all times to do so (i.e., they may be on-call from home)
Deprivation	Deprivation refers to the level of poverty in a particular area. It is measured by the 'Index of Multiple Deprivation' which looks at seven domains to calculate the level of deprivation, these are employment; income; education, skills, and training; health and disability; crime; barriers to housing and services; living environment/conditions
Diagnostics	Tests or procedures used to identify a patient's disease or condition, such as scans, X-rays, ultrasounds, blood tests, biopsies, ECGs (electrocardiogram), etc
Emergency care	Emergency care involves life or limb threatening illnesses or accidents which require immediate treatment from the ambulance service (via 999) and an emergency department
Emergency department	Hospital-based service providing the full range of care and treatment for serious injuries and life or limb threatening emergencies only. This term is increasingly used rather than 'A&E'
Foundation trust	NHS foundation trusts are non-profit making public sector organisations. They are part of the NHS but have greater freedom to decide their own plans and the way services are run. Foundation Trusts have members and a council of governors
General medicine	The care and treatment of patients with a wide range of acute and long-term medical conditions
Inpatient	A patient who is admitted to a hospital for treatment or an operation
Integrated care	Care which is coordinated around the patient, making sure all parts of the NHS and social services work more closely and effectively together
Integrated care system (ICS)	Partnerships of health and social care organisations that work together to plan and deliver joined up health and care services, to improve the lives of people their area
Intensive care unit (ICU)/critical care unit (CCU)/ intensive treatment unit (ITU)	Specialist hospital wards providing care for patients after complex surgery, or patients needing multiple organ support such as ventilation and dialysis
Local authority	A local government organisation, most commonly a local council, made up of councillors elected by the public. They are usually responsible for providing local services such as social care, schools, housing, transport, planning, and waste collection

Term	Description
Local care	Care provided outside of a main (acute) hospital in people's homes, local communities, and in mental health hospitals. It includes services provided by GPs, community nursing, community hospitals, therapies (see glossary), and mental health services, social care, health improvement services and services provided by voluntary and community groups
Long-term condition	A medical condition that cannot be cured but can be managed by medication or other therapies. Examples include diabetes, heart disease, chronic lung disease (COPD), asthma, arthritis, and dementia. People live with long-term conditions every day, as opposed to an acute illness which may start suddenly and will go away following treatment and/or care
Maternity	Relating to pregnancy, childbirth and the time immediately following childbirth
Midwife-led care	Maternity care provided by a midwife or team of midwives
Models of care	The way in which care is provided to a population. A model of care sets out how services should be organised and delivered, and what services need to be grouped together
Multi-disciplinary team (MDT)	A team of health and social care professionals including doctors, nurses, therapists, pharmacists and social workers, working together to plan and provide a patient's care. Sometimes MDTs are made up of professionals from different health and care organisations such as primary, community, mental health, hospital and social care
Neonatal care	The care of new-born babies who need additional support after birth. There are different levels of neonatal care: ▸ Level 1 (known as special care baby units or SCBU): typically for babies born after 32 weeks of pregnancy with the least complex conditions ▸ Level 2 (known as a local neonatal unit or LNU): typically for babies born between 28 and 32 weeks, and those who need more intensive care and support ▸ Level 3 (known as neonatal intensive care or NICU): typically for babies born before 28 weeks, or babies born after 28 weeks with very complex health needs Level 1 plus is not a long-term designation but is being used to reflect the current level of activity in our neonatal units, but with an expectation that there would be a level 2 unit in the future. In this case, level 1 plus provides care for babies at more than 30 weeks' gestation, twins at more than 31 weeks' gestation and only babies born at 1kg and above

Term	Description
New Hospital Programme	The government's New Hospital Programme was set up in 2020 to build 40 new hospitals in England by 2030.The Programme is also intended to transform how NHS hospitals are built, including by standardising hospital design. See: engage.dhsc.gov.uk/nhs-recovery/40-new-hospitals/
NHS England	An executive non-departmental public body of the Department of Health and Social Care. It oversees the budget, planning and delivery of the NHS in England
Obstetrician-led care	Maternity care delivered by a specialist doctor – for example caesarean sections – as opposed to midwife-led care
Outcomes	Health outcomes are the result or impact of care or treatment (for example knee replacement surgery or cancer treatment) or other intervention (for example stop smoking support or a healthy eating awareness campaign) on an individual or population
Outpatient/ outpatient care	A patient who attends an appointment to receive treatment without needing to be admitted to hospital (unlike an inpatient). Outpatient care can be provided by hospitals, GPs and community providers and is often used to agree a course of specialist treatment or follow up after treatment
Paediatric services	Healthcare services for babies, children, and adolescents
Planned surgery (also called planned care)	A planned operation, procedure or medical care. This can include routine investigations such as colonoscopies and operations ranging from relatively simple and low-risk to highly complex. Some planned care does not require a stay in hospital and some more complex care means patients stay in hospital while they recover
Primary care	The first point of contact for health services, mainly provided by GP practice teams. Primary care can also include services provided by dentists, pharmacists, and optometrists
Provider	An individual or an organisation that delivers an NHS or social care health service in return for payment from commissioners
Same day emergency care	Same day care for emergency patients who would otherwise be admitted to hospital. Patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided
Specialised care	Specialised services support people with a range of rare and complex conditions. These services are not available in every local hospital because they have to be delivered by specialist teams who have the necessary skills and experience.

Term	Description
Specialised commissioning	Unlike most healthcare, which is commissioned (planned and arranged) locally, specialised services are commissioned nationally and regionally by NHS England. See: www.england.nhs.uk/commissioning/spec-services/
Specialist care	Care provided by a clinician that targets one area of medicine or surgery, or a particular group or type of patients
Stakeholder	Anyone with an interest in a business or organisation. Stakeholders are individuals, groups or organisations that are affected by the activity of the business or organisation
Step-down beds and facilities	Beds and facilities to help a patient recover when they no longer need the full range of services available in a more specialist setting, but cannot be supported at home
Step-up beds and facilities	Beds and facilities to help a patient recover when they cannot be supported at home but do not need to be under the full range of services available in a more specialist setting
Stroke	A serious medical emergency where the blood supply to the brain is cut off, either by a bleed or clot in the brain
Therapies	Therapies, in the context acute care, cover a wide range of services including physiotherapy, occupational therapy, speech and language therapy, dietetics, podiatry and prosthetics
Trauma/major trauma	Complex injury or injuries usually caused by accidents such as a car crash. Major trauma is where a patient has one very serious injury or a number of injuries which make managing these patients very challenging. They need expert care from a large number of different specialties to give them the best chance of survival and recovery
Trauma unit/major trauma centre	Trauma units are designated hospitals that treat patients who have trauma injuries. Major trauma centres are highly specialist services covering a large population area. There are 27 major trauma centres in England. Our nearest major trauma centre is at Southampton hospital

Do you need this document in an alternative format or language?

If you or someone you know needs this document in an alternative format or language, please contact us on **0300 561 0905** or **hiowicb-hsi.mohhs@nhs.net**

જો તમને અથવા તમે જાણો છો તેવી કોઈ પણ વ્યક્તિને આ દસ્તાવેજની વૈકલ્પિક ફોર્મેટ અથવા ભાષામાં જરૂર હોય, તો કૃપા કરીને **0300 561 0905** અથવા **hiowicb-hsi.mohhs@nhs.net** પર અમારો સંપર્ક કરો

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اگر آپ یا آپ کے کسی جاننے والے کو اس دستاویز کی متبادل شکل یا زبان میں ضرورت ہے تو براہ مہربانی ہم سے **0300 561 0905** پر رابطہ کریں یا **hiowicb-hsi.mohhs@nhs.net** پر ای میل کریں۔

Have your say and help shape tomorrow's hospitals

To find out more visit
www.hampshiretogether.nhs.uk
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You can also email
hiowicb-hsi.mohhs@nhs.net
call **0300 561 0905**
or write to us at
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Data protection

Any personal information we receive in response to this consultation will be protected and stored securely in line with data protection rules. This information will be kept confidential. There is more information about this on our website, see the consultation privacy notice at **www.hampshiretogether.nhs.uk/privacy.**

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Hampshire Together

NHS
Hampshire and Isle of Wight

A new hospital for Hampshire: proposed changes to acute hospital services in and around Basingstoke and Winchester

Our summary consultation document

11 December 2023 to 17 March 2024

About Hampshire and Isle of Wight Integrated Care Board

This summary consultation document has been published by Hampshire and Isle of Wight Integrated Care Board. We are the statutory NHS organisation responsible for setting the health and care strategy for this area. We allocate NHS resources and work across Hampshire and Isle of Wight to make sure services meet the needs of local people.

As part of our statutory duties, we are consulting on proposals to build a new hospital for Hampshire by the early 2030s, invest in our hospital in Winchester, and change the way acute hospital services are organised. We have been given delegated authority by NHS England to consult on their behalf on proposed changes to the specialised services that they commission from Hampshire Hospitals NHS Foundation Trust, such as neonatal care and some cancer services.

Our vision for health and care in Hampshire and the Isle of Wight

Our vision is to improve the health and wellbeing of all our population, throughout their life journey. We believe we have a unique opportunity to ensure that we can meet the needs of our population – both now and for future generations. The proposals set out here are part of this ambition.

Modernising our Hospitals and Health Services programme

This consultation is part of the Hampshire Together: Modernising our Hospitals and Health Services programme of work, which is a collaboration of NHS and care organisations in Hampshire, working together to improve NHS services for local people.

The development of our proposals has involved patients, families, carers, members of the public, local stakeholders, and health and care staff at every stage.

About this document

This is a summary of our full consultation document. It gives a short overview of how we developed our proposals for consultation, the options we are consulting on and differences between them.

If you would like to read the full consultation document or find more detailed information about this consultation please visit our website at www.hampshiretogether.nhs.uk or call us on 0300 561 0905.

In this document we refer to further information that is available online. However, if you don't have access to the internet, please call us on the number above and we will arrange for printed versions to be sent to you.

We have tried to use plain English as much as possible in this document. There is a glossary on our website at www.hampshiretogether.nhs.uk which explains some of the terms we use that you may not be familiar with.

Contents

What is this consultation about?

This consultation is about proposed changes to two acute hospitals in Hampshire run by Hampshire Hospitals NHS Foundation Trust – the Royal Hampshire County Hospital in Winchester and Basingstoke and North Hampshire Hospital in Basingstoke.

At the moment these two hospitals provide a range of services, which are summarised below (there is a glossary at www.hampshiretogether.nhs.uk for an explanation of these clinical terms).

Current services at Basingstoke and North Hampshire Hospital

- Accident and emergency department with trauma care (e.g., serious injuries following an accident)
- General medical inpatient care, including care of the elderly
- Specialist inpatient care - cardiology
- General and specialist surgery (emergency, planned inpatient and planned day surgery)
- Obstetrician-led birthing unit
- ‘Level 1 plus’ neonatal care
- Children’s inpatient and outpatient care
- Cancer services (including radiotherapy)
- Outpatients, diagnostics and therapies

Current services at Royal Hampshire County Hospital

- Accident and emergency department
- General medical inpatient care, including care of the elderly
- Specialist inpatient care - stroke
- General and specialist surgery (emergency, planned inpatient and planned day surgery)
- Obstetrician-led birthing unit
- ‘Level 1 plus’ neonatal care
- Children’s inpatient and outpatient care
- Cancer servcies
- Outpatients, diagnostics and therapies

Would the proposals mean changes to our community hospitals, health centres and GP services?

This consultation is only about proposed changes to hospital services provided at Basingstoke and North Hampshire Hospital, Basingstoke, and Royal Hampshire County Hospital, Winchester. The proposals do not include any changes to services at Andover Hospital or any other acute or community hospitals in Hampshire and Isle of Wight. Nor do the proposals impact on community, mental health, learning disability and autism services, GP services, or health centres in our area.

In this document we refer to **Basingstoke and North Hampshire Hospital** as **Basingstoke hospital** and the **Royal Hampshire County Hospital** as **Winchester hospital**.

Listening to staff and the public

Throughout the process of developing potential options for the future of local hospital services, we have been listening to the expertise, experience and views of our staff, patients, their families and carers, and communities. What we have heard has influenced the proposals set out in this document. You can find out more about how staff and local people have been involved in these proposals, and the feedback we heard, on our website at **www.hampshiretogether.nhs.uk** or by phone on **0300 561 0905**.

What are ‘acute’ hospitals?

Acute hospitals provide emergency and specialist support and treatment which cannot be provided outside of a hospital setting. This can include complex surgery, care after an accident or during an episode of illness.

Our proposals impact on how these services could be organised in the future.

We are consulting on three options for delivering services in new ways across two main hospitals. We would love to hear your views on these options, or other options you think would help us address the challenges we describe in this document.

Have your say and help shape tomorrow's hospitals

To read our full consultation document and find out more visit **www.hampshiretogether.nhs.uk** or scan the QR code

You can also email **hiowicb-hsi.mohhs@nhs.net** call **0300 561 0905** or write to us at **Freepost HAMPSHIRE TOGETHER**

Why do we need to make changes?

We are delighted to be part of the government's New Hospital Programme that has given us funding to build a brand new hospital for Hampshire by the early 2030s, and invest in Winchester hospital. To make the most of this once in a generation opportunity, we need to consider how best to organise services in the future to help address some of the challenges we face and improve care for local people.

Keeping things as they are is not an option. There are four main reasons why we must change the way we deliver hospital services. These are sumamrised below.

Population

Our population is growing and getting older, meaning health and care needs are changing. For example, the overall population of Basingstoke and Deane, Test Valley, and Winchester will grow by around 5% over the next 20 years and the number of people over 75 will increase by around 53%. As the population gets older the need for health care will increase and our hospital services will have to adapt to care for more people, and people with more complex health needs.

Buildings

Some of our hospital buildings, while much loved, are approaching the end of their usable lives. Parts of Winchester hospital date back to the 19th century, and almost 50% was constructed between 1985 and 1994. At Basingstoke hospital, 80% of the buildings were constructed between 1965 and 1974. It would cost over £625 million in maintenance alone to keep Basingstoke and Winchester hospitals functioning over the course of the next 15 years.

Quality

Duplicating services across two main hospital sites impacts on the quality of care we provide because our resources – particularly specialist staff – are spread too thinly. Despite the efforts of our hard working staff, we struggle to consistently meet national best practice standards for staffing in key areas of care including maternity services, neonatal care, and critical care. Our neonatal units were both temporarily changed from level 2 to 'level 1 plus' because they do not see enough babies each year. Operations are often cancelled at short notice because we need to deal with emergency admissions, increasing waiting lists.

Finances

We need to be able to run health and care services with the money we have available. The challenges we face all contribute to a worsening financial position. By the end of the 2022/23 financial year, the NHS in Hampshire and Isle of Wight was overspent by £83.2 million.

A new clinical model of care

To address the challenges we face, we need to make changes. Organising care in different ways in the future and taking the opportunity of government funding to invest in our buildings would help us deliver the improvements we want to see.

We have identified a new potential way of providing hospital services. We refer to this as our 'clinical model of care' because it sets out how services could be organised and delivered but does not specify where services would be located.

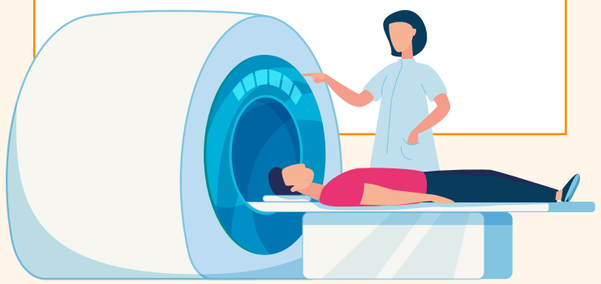
Our proposed new clinical model of care is shown below. It sets out how services should be grouped together and how they could be organised in the future to improve outcomes for patients.

One hospital providing specialist and emergency care - referred to as the specialist acute hospital

- emergency department with trauma unit and children's emergency department, 24/7 doctor-led urgent treatment centre, and same day emergency care
- specialist emergency and inpatient care, e.g. for strokes and heart attacks (as well as other inpatient care),
- emergency and complex planned surgery
- obstetrician-led maternity care, with alongside midwife-led birthing unit
- conditions to retain a level 2 neonatal unit
- inpatient children's services
- a cancer treatment centre
- outpatients, diagnostics and therapies

One hospital with a dedicated planned surgery centre

- 24/7 doctor-led urgent treatment centre, and same day emergency care
- dedicated planned surgery centre providing lower risk planned operations and procedures
- step-up and step-down inpatient beds for general medicine and care of the elderly
- a midwife-led birthing unit
- outpatients, diagnostics and therapies



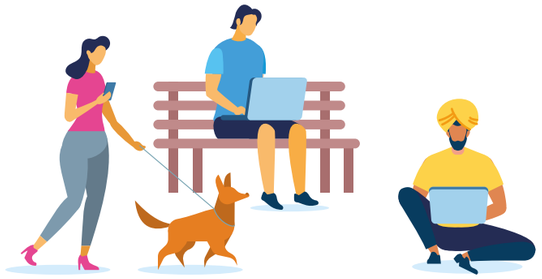
The key benefits of our proposed new clinical model of care are:

- **Bringing together specialist services for the most seriously ill patients on to one hospital site** would mean patients have better health outcomes and a more positive experience of care as a result of bringing services in line with best practice standards and national clinical guidelines. Doing this would also reduce duplication and make the best use of our specialist staff, equipment and other resources
- **Separating emergency and planned surgery as far as possible** by establishing a planned surgery centre with dedicated surgical staff for lower risk planned surgery and procedures would reduce the number of planned operations and procedures that are cancelled at short notice, it would also improve care and outcomes for patients
- **Doctor-led urgent treatment centres open 24 hours a day, seven days a week** with same day emergency care at both hospitals would be able to deal with most urgent care needs, in addition to an emergency department with a trauma unit at the specialist acute hospital for the most serious conditions
- **Providing holistic maternity care that puts pregnant women and people at the heart of services**, including developing a new alongside midwife-led birthing unit (i.e., one that is next to an obstetrician-led birthing unit) and a new freestanding midwife-led unit to give pregnant women and people more choice about how and where they give birth
- **Creating the conditions to retain a level 2 neonatal unit** that would see enough babies each year to meet national guidelines and have a dedicated rota of specialist neonatal staff, meaning fewer babies would need to go to hospitals outside of our area for care
- **Bringing a dedicated children's service to our area** including a separate children's emergency department, giving children and their families improved quality of care and outcomes, in line with Royal College of Paediatrics and Child Health standards
- **Creating step-up and step-down hospital beds and facilities** to care for people who do not need a specialist hospital environment but who need medical support overnight with a view to getting them well enough to get back home as soon as possible
- **Creating a cancer treatment centre** to provide a fully joined up and multidisciplinary service ensuring equity of care for local people, providing chemotherapy and radiotherapy
- **Providing outpatients, diagnostics and therapies as close to people's homes as possible,** ensuring that people have easy access to the most commonly used, day-to-day hospital services.

The trade-off of these benefits would be that some people would need to travel further for care. Some staff may also have a longer journey to work.

Developing the proposals for consultation

We followed a robust and thorough process for developing, considering, and evaluating the proposals we are putting forward for consultation. The process was led by senior doctors and involved a wide range of other health professionals and patient representatives.



Identifying the options

Having identified a proposed new clinical model of care, we looked at the possible ways we could organise services in the future. We looked at where services could be located on our current hospital sites, and the potential locations for a new hospital.

We concluded that the new hospital should be the specialist acute hospital because we would not have enough money to build a new planned surgery centre and bring our existing buildings up to the required standard for a specialist acute hospital.

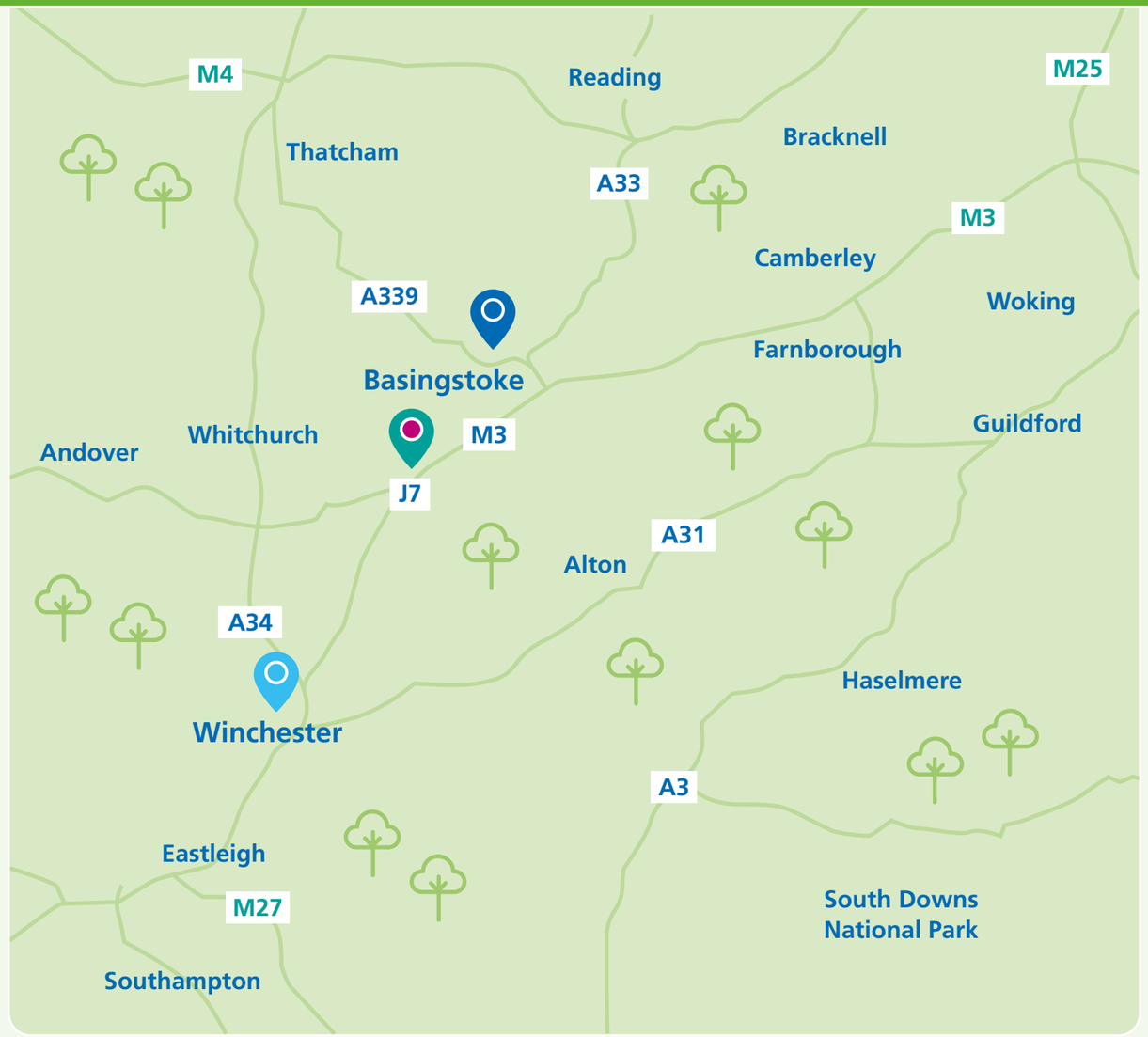
We extensively explored potential suitable locations for the new specialist acute hospital. Through this process, it became clear that the Winchester hospital site is not suitable because it is not big enough and there is no adjacent land to expand onto. There were also no suitable locations near Winchester to build the new hospital.

A more detailed overview of the options appraisal process is set out in a factsheet available at **www.hampshiretogether.nhs.uk** or by calling us on **0300 561 0905**.

We identified two viable sites for the location of a new hospital. One is located between Basingstoke and Winchester, near to Junction 7 of the M3, near North Waltham and Dummer. The other is the current site of Basingstoke and North Hampshire Hospital plus some adjacent land.

Therefore, we concluded that:

- Winchester hospital would be the best location for the planned surgery centre, along with a 24/7 doctor-led urgent treatment centre and same day emergency care, step-up and step-down inpatient beds, a midwife-led birthing unit and outpatients, diagnostics and therapies.
- in any option where the new hospital would be at the site near Junction 7 of the M3, outpatients, diagnostics and therapies would also be provided at the current Basingstoke hospital site, to keep routine care as close to home as possible.
- we should evaluate options that included step-down inpatient beds at the current Basingstoke hospital site.



Potential new hospital at current Basingstoke Hospital site

Potential new hospital near to Junction 7 of the M3

Location of Winchester hospital (shown for reference)

Evaluating potential options

Having identified how our new clinical model of care could be implemented, and sites for a new hospital, we had a list of potential options for further evaluation. We also evaluated an option referred to as 'business as usual', where there would be minimal change to services.

This process showed that 'business as usual' was not a viable option, but we identified a shortlist of three options to take forward for consultation.

The options for consultation

We have shortlisted three options for consultation, one of which – Option 2 – is our preferred option for the future. This is an overview of the options.

Option 1	Option 2 (preferred option)	Option 3
New specialist acute hospital on the **current Basingstoke hospital site** and refurbishment at Winchester hospital	New specialist acute hospital near **Junction 7 of the M3** and refurbishment at Winchester hospital	New specialist acute hospital near **Junction 7 of the M3** and refurbishment at Winchester hospital

Services at Winchester hospital in all options:

- 24/7 doctor-led urgent treatment centre and same day emergency care
- Step-up and step-down inpatient beds for general medicine and care of the elderly
- Dedicated planned surgery centre
- Freestanding midwife-led birthing unit
- Outpatients, diagnostics and therapies

Services at the new specialist acute hospital in all options:

- Emergency department with trauma unit, children's emergency department, 24/7 doctor-led urgent treatment centre and same day emergency care
- Specialist inpatient care e.g. stroke and heart attack and inpatient beds, including for general medicine and care of the elderly
- Complex planned and emergency surgery
- Obstetrician-led birthing unit and alongside midwife-led unit
- Conditions for a level 2 neonatal care unit
- Cancer treatment centre
- Outpatients, diagnostics and therapies

	Services at the current Basingstoke hospital site:	Services at the current Basingstoke hospital site:
	▸ Outpatients, diagnostics and therapies ▸ Planned day-case surgery	▸ Outpatients, diagnostics and therapies ▸ Planned day-case surgery ▸ Nurse-led step-down reablement and rehabilitation beds

While our proposals would not be implemented for some years, they would mean that:

- A&E would no longer be available at Winchester, although there would be a 24/7 doctor-led urgent treatment centre
- obstetrician-led maternity services would no longer be available at Winchester, but there would be a midwife-led birthing unit and antenatal and postnatal care
- there would be changes to where planned surgery would be provided, with the majority of planned surgery only being available at Winchester
- there would be changes to where some cancer treatment would be provided, with radiotherapy and some types of chemotherapy only available at the cancer treatment centre at the new hospital, but with other cancer care remaining local.

Why is Option 2 the preferred option?

We believe that, while all three options are viable and implementable, Option 2 has significant advantages, and fewer disadvantages than the other two options. Under Option 1 it would be much more complicated and expensive to build a new hospital on the current Basingstoke site, rather than at a new location. Option 1 would also have a higher risk of more people going to other hospitals outside our area putting additional pressure on those hospitals.

Option 3 includes some nurse-led step-down rehabilitation and reablement beds at the current Basingstoke hospital site for patients medically suitable for nurse-led care. While these beds would mean some patients could recover closer to home, which we know is important to people, it would mean we would need more nursing staff, or would have to split our current nursing staff across an additional site, which is more challenging to deliver.

Are these the only options you will consider?

We are open-minded about the potential for there to be other options that we could explore that would address our challenges. We hope that you will share any other suggestions or ideas you have when you respond to the consultation, including possible new options or variations on the options set out here.

Advantages and disadvantages of the options

In addition to the benefits of the model of care shown on page 7, our proposals would mean we could maintain day-to-day hospital services such as outpatients, diagnostics and therapies at Winchester and the current Basingstoke hospital site, as well as near Junction 7 of the M3 under Options 2 and 3, keeping the most frequently used services close to home. All the options would also help to give us a resilient workforce and fewer vacancies and improve the working environment for staff.

Each option has its own advantages and disadvantages that you may want to consider when responding to the consultation. These are summarised here.

Option 1

New specialist acute hospital on the **current Basingstoke hospital site** and refurbishment at Winchester hospital

Advantages

- The NHS does not need to purchase new land to deliver this option
- There are established public transport links to the current Basingstoke hospital site
- There would be less impact on travel times for people living in deprived areas because these areas tend to be in and around Basingstoke

Disadvantages

- Because the new hospital would be less centrally located in our catchment area there is a greater impact on average travel times compared to Options 2 and 3
- Because the new hospital would be less centrally located there is a higher likelihood of people going to closer neighbouring hospitals putting additional pressure on those hospitals, compared to Options 2 and 3
- Building the new hospital at the existing Basingstoke hospital would be more complex and take longer because of the need to deliver existing services on the same site during the build process which would take several years
- There would be disruption to current care during the build
- There would be less space for further expansion in the future compared to the site near Junction 7 of the M3
- This option has the most expensive capital cost of all three options

Option 2 (preferred option)

New specialist acute hospital near **Junction 7 of the M3** and refurbishment at Winchester hospital

Advantages

- Because the new hospital would be more centrally located in our catchment area, there is less impact on travel times by car under this option, compared to Option 1
- Because the new hospital would be more centrally located, there is less likelihood of people going to other closer neighbouring hospitals, meaning less impact on those hospitals
- Building a new hospital near Junction 7 of the M3 would not disrupt current care at the existing Basingstoke hospital site during the years of construction
- The potential new site is larger than the current Basingstoke hospital site so offers greater flexibility and opportunity to expand services in the future if needed
- This option has the lowest capital cost of all three options

Disadvantages

- The NHS does not currently own the proposed site near Junction 7 of the M3
- New public transport routes would be needed to enable easy access to the hospital site
- This option has a greater impact on travel times for some people living in deprived areas

Option 3

New specialist acute hospital near **Junction 7 of the M3** and refurbishment at Winchester hospital

Advantages Same as Option 2 plus:

- Offers nurse-led step-down reablement and rehabilitation beds at the current Basingstoke site for patients medically suitable for nurse led care. This would provide additional access for people near Basingstoke who have been in hospital and still need inpatient care, but do not need the full range of specialist services

Disadvantages Same as Option 2 plus:

- This option splits our nursing staff across an additional site because there would be nurse-led rehabilitation and reablement beds at the current Basingstoke hospital site
- To implement the beds we would need to refurbish additional space at the current Basingstoke hospital site, which would increase the cost of this option

Things to think about when responding to the consultation

This section gives a summary of the impact of the options and what our proposals might mean for you, your family, and the wider health and care system.

Access to services

We know that the impact of our proposals on travel times and access to services is likely to a be an important issue for people.

Our proposals would improve access to many services and provide access to some new services. Under all three options, outpatient appointments, diagnostic tests, and therapies would continue to be provided at the Basingstoke and Winchester hospital sites. Under Options 2 and 3 these services would be at three locations compared to two now.

Our proposals would reduce waiting times for emergency and urgent care because more consultants would be available on site for more hours than they are currently, speeding up diagnosis and treatment.

More information including patient stories and further detail on travel times is avaialble in our factsheets at **www.hampshiretogether.nhs.uk** or by calling us on **0300 561 0905**.

There would be access to some services not currently provided locally, for example:

- two 24-hour, seven day a week doctor-led urgent treatment centres and more same day emergency care
- a dedicated planned surgery centre
- a dedicated children's emergency department
- midwife-led birthing units.

In addition:

- A 24/7 doctor-led urgent treatment centre at Winchester would be able to treat around 60 percent of the patient cases that currently attend Winchester A&E.
- There would be the conditions to retain a level 2 neonatal unit.
- A planned surgery centre would mean fewer cancelled operations because of emergencies, helping to shorten waiting lists.
- Refurbishing existing hospital buildings and building a new hospital would improve physical access to services, particularly for people with disabilities and with sensory and information processing differences.

Travel times

Currently many of our most specialist services such as stroke, heart attack and trauma services are already only provided at one of our hospitals. The impact on travel times for those services would be minimal. For the services that are currently provided on both sites, all three options would have an impact on travel times for some people in the future, compared to now.

Evidence shows that where there are longer journey times, these would be more than offset by shorter waits to see a senior doctor on arrival at hospital, more consistent high-quality care, improved outcomes, shorter hospital stays, and services that are sustainable for the long term.

The table below shows average travel times to emergency and specialist care* by car during off-peak times, which is similar to travel time by blue-light ambulance.

	Current	Option 1	Option 2 and 3
Average (approximate)	20 minutes	30 minutes	30 minutes
Maximum (approximate)	45 minutes	60 minutes	50 minutes

*Care for the most serious life and limb threatening emergencies is already only provided at one of our hospital sites

The table below shows travel times to access planned surgery services by car during peak and off peak times.

	Current (off-peak)	All options (off-peak)	Current (peak)	All options (peak)
Average (approximate)	20 minutes	40 minutes	25 minutes	40 minutes
Maximum (approximate)	30 minutes	70 minutes	49 minutes	81 minutes

Travel times by public transport

We have not done detailed calculations about the potential impact of our proposals on access to **specialist and emergency services** by public transport because there is currently no public transport to the proposed site near Junction 7 of the M3. We have however, been discussing with relevant partners what public transport solutions would be needed if services change in the future.

We have looked at the impact on travel times by public transport to **access planned surgery services**. This shows an increase in average travel times from around 45 minutes to around 80 minutes. We are exploring ideas to minimise this impact, including volunteer transport schemes and demand response vehicles.

Changes to people's nearest hospital

In most cases people who currently use services at Basingstoke and Winchester hospitals would probably access care at either the new hospital or at Winchester hospital. However, all the options we are consulting on might mean a change in some people's nearest hospital for some care.

This could mean that some people access services at a new, and potentially unfamiliar hospital location. It could also put pressure on other neighbouring hospitals due to increased patient numbers and impact on South Central Ambulance Service because of longer journeys for some to the specialist acute hospital.

We are working closely with other hospitals and the ambulance service to understand the potential impact our proposals would have on them and if this would be manageable in the long term. We have received letters of support to consult on our proposals from hospital trusts that could be impacted and from South Central Ambulance Service.

When you respond to the consultation please let us know what you think we could do to reduce the impact of any concerns you may have about our proposals.

Expected cost of each option

We have been told by the government's New Hospital Programme that the likely budget for us to build a new hospital, and to refurbish Winchester Hospital is between £700 million and £900 million.

The table below gives the expected costs for each option. These are indicative costs, based on the best information we have available to us at this time.

	Capital cost in £millions
Option 1	£948
Option 2	£807
Option 3	£860

While the costs for Option 1 are above the budget, they are considered to be within an acceptable range, especially as costs are likely to change as the New Hospital Programme develops its approaches to construction and procurement and as more detailed plans are developed.

Giving your views and the next steps

We would like to know what you think about these proposals before we decide how to proceed. Our consultation runs from 11 December 2023 for 14 weeks, and you can share your views with us until midnight on **17 March 2024.**

You can read our full consultation document, find out more about our proposals and ways to get involved on our website at www.hampshiretogether.nhs.uk. There are lots of ways to share your views with us. In summary you can:

- email us at: **hiowicb-hsi.mohhs@nhs.net**
- write to us at: **Freepost HAMPSHIRE TOGETHER**
- call us on: **0300 561 0905**
- complete the consultation questionnaire on our website, or complete a paper copy and send it to: **Freepost HAMPSHIRE TOGETHER**
- come to a face to face or virtual public meeting
- invite us to come and speak to your community group

Next steps

After the consultation closes all the feedback we have received will be analysed by an independent research organisation. They will prepare a report for us setting out what people think about the proposals.

We, together with NHS England in relation to specialised services, will consider the feedback from the consultation, along with a wide range of other evidence, information and data to develop a decision making business case and use that to decide which option to implement.

We will continue to engage people and share information about our work, including publishing the consultation report and papers that will inform the decision-making. The final decision-making meeting will be held in public to allow those who are interested to hear the discussion and how the decision is made.

When would a new hospital be ready?

Once a decision has been made on the future of acute hospital services in Hampshire, detailed implementation planning will begin. Subject to planning permission, we expect to be able to open the doors to our new hospital in the early 2030s.

Do you need this document in an alternative format or language?

If you or someone you know needs this document in an alternative format or language, please contact us on **0300 561 0905** or **hiowicb-hsi.mohhs@nhs.net**

જો તમને અથવા તમે જાણો છો તેવી કોઇ પણ વ્યક્તિને આ દસ્તાવેજની વૈકલ્પિક ફોર્મેટ અથવા ભાષામાં જરૂર હોય, તો કૃપા કરીને **0300 561 0905** અથવા **hiowicb-hsi.mohhs@nhs.net** પર અમારો સંપર્ક કરો

यदि आपको या आपके किसी परिचित व्यक्ति को इस दस्तावेज़ की आवश्यकता अन्य प्रारूप या भाषा में है, तो कृपया हमसे **0300 561 0905** या **hiowicb-hsi.mohhs@nhs.net** पर संपर्क करें।

यदि तपाईं वा तपाईंले जान्ने कुनै व्यक्तिलाई यो कागजात वैकल्पिक स्वरूप वा भाषामा चाहिन्छ भने, कृपया **0300 561 0905** वा **hiowicb-hsi.mohhs@nhs.net** मा हामीलाई सम्पर्क गर्नुहोस्।

Jeśli Ty lub inna osoba potrzebuje otrzymać niniejszy dokument w innym formacie lub języku, prosimy o kontakt pod numerem **0300 561 0905** lub na adres **hiowicb-hsi.mohhs@nhs.net**

اگر آپ یا آپ کے کسی جاننے والے کو اس دستاویز کی متبادل شکل یا زبان میں ضرورت ہے تو براہ مہربانی ہم سے **0300 561 0905** پر رابطہ کریں یا **hiowicb-hsi.mohhs@nhs.net** پر ای میل کریں۔

Have your say and help shape tomorrow's hospitals

To find out more visit
www.hampshiretogether.nhs.uk
or scan the QR code

You can also email
hiowicb-hsi.mohhs@nhs.net
call **0300 561 0905**
or write to us at
Freepost HAMPSHIRE TOGETHER

Data protection

Any personal information we receive in response to this consultation will be protected and stored securely in line with data protection rules. This information will be kept confidential. There is more information about this on our website, see the consultation privacy notice at **www.hampshiretogether.nhs.uk/privacy.**

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DECISION-MAKER:		HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:		MONITORING SCRUTINY RECOMMENDATIONS		
DATE OF DECISION:		8 FEBRUARY 2024		
REPORT OF:		SCRUTINY MANAGER		
CONTACT DETAILS				
Executive Director	**Title**	**Executive Director – Corporate Resources**		
	Name:	**Mel Creighton**	**Tel:**	**023 8083 3528**
	E-mail	**Mel.creighton@southampton.gov.uk**		
Author:	**Title**	**Scrutiny Manager**		
	Name:	**Mark Pirnie**	**Tel:**	**023 8083 3886**
	E-mail	**Mark.pirnie@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY		
None		
BRIEF SUMMARY		
This item enables the Health Overview and Scrutiny Panel to monitor and track progress on recommendations made at previous meetings.		
RECOMMENDATIONS:		
	(i)	That the Panel considers the responses to recommendations from previous meetings and provides feedback.
REASONS FOR REPORT RECOMMENDATIONS		
1.	To assist the Panel in assessing the impact and consequence of recommendations made at previous meetings.	
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED		
2.	None.	
DETAIL (Including consultation carried out)		
3.	Appendix 1 of the report sets out the recommendations made at previous meetings of the Health Overview and Scrutiny Panel (HOSP). It also contains a summary of action taken in response to the recommendations.	
4.	The progress status for each recommendation is indicated and if the HOSP. confirms acceptance of the items marked as completed they will be removed from the list. In cases where action on the recommendation is outstanding or the Panel does not accept the matter has been adequately completed, it will be kept on the list and reported back to the next meeting. It will remain on the list until such time as the Panel accepts the recommendation as completed. Rejected recommendations will only be removed from the list after being reported to the HOSP.	
RESOURCE IMPLICATIONS		
Capital/Revenue		

5.	None.	
Property/Other		
6.	None.	
LEGAL IMPLICATIONS		
Statutory power to undertake proposals in the report:		
7.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.	
Other Legal Implications:		
8.	None	
RISK MANAGEMENT IMPLICATIONS		
9.	None.	
POLICY FRAMEWORK IMPLICATIONS		
10.	None	
KEY DECISION	No	
WARDS/COMMUNITIES AFFECTED:	None directly as a result of this report	
SUPPORTING DOCUMENTATION		
Appendices		
1.	Monitoring Scrutiny Recommendations – 8 February 2024	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?		No
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?		No
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)	
1.	None	

Health Overview and Scrutiny Panel (HOSP)

Scrutiny Monitoring – 8 February 2024

Date	Title	Action proposed	Action Taken	Progress Status
19/10/23	Dentistry commissioning	1) That, if available, data is provided to the Panel on children accessing NHS dentistry in Southampton.	The ICB has been provided with data upon its request, that outlines the percentage of children within Southampton City Council's boundaries that have attended an NHS dentist in the past 12 months (to October 2023). This shows that 49.5 per cent of children within Southampton, up to the age of 18, have attended an NHS dentist during this time.	
30/11/23	Project Fusion Update	1) That, at the 27 June 2024 meeting, the Panel invites Hampshire and Isle of Wight Healthcare NHS Foundation Trust to update the HOSP on the Trust's first 3 months of operation.	Subject to approval from the Chair, the item will be added to the agenda for the 27 June 2024 meeting of the HOSP.	
		2) That, reflecting the focus on reducing unwarranted variation across the wide footprint of the new organisation, assurance is provided to the Panel that, when the newly formed NHS Foundation Trust is operating, the Southampton local operating system will have the flexibility and financial protections required to deliver high quality services that meet the needs of the residents of Southampton.	A response will be provided to the Panel in advance of the 8 February HOSP meeting.	
		3) That, to enable members to sense check the information, the public communications planned to accompany the launch of the new NHS Trust is shared with the Panel in advance.	A response will be provided to the Panel in advance of the 8 February HOSP meeting.	
30/11/23	Adult Social Care - Performance & Transformation	1) That, reflecting concerns about the Panel's ability to utilise the performance information currently provided to effectively hold decision makers to account, consideration is given to the dataset to be presented to the Panel moving forward. The Panel's initial request is that they are provided with the information presented to the Cabinet Member at Cabinet Member Briefings.	Work is being undertaken across ASC to improve performance data. However, it is recognised that the current IT system, Care Director, which supports adult social care teams to record case files, is not fit for purpose and is therefore impacting on their ability to produce accurate reporting.	

Date	Title	Action proposed	Action Taken	Progress Status
			Further work is being done within service to develop the information provided and will be ready to present to the new Cabinet Member in March 2024.	
		2) That the Panel is kept informed and updated of the Adult Social Care budget proposals to enable the membership to scrutinise and comment on the measures.	Adult Social Care budget proposals will be presented to the new Cabinet Member in Feb 2024.	
		3) That key performance information relating to the support provided to carers in Southampton is circulated to the Panel.	Information relating to the numbers of carers accessing care and support is held by the provider. A request has been made to obtain this information and once received this will be shared with the Panel.	