

Summary of listening exercise independent analysis report

Prepared for MoHHS Options Development Group and Steering Group

Introduction

This paper summarises a draft version of a report prepared by ASV, a research and analysis company, on the recent listening phase activity of the Hampshire Together Modernising our Hospital and Health Services (MoHHS) programme.

The ASV report is still in development, and a final version is expected shortly. The purpose of this paper is to give the MoHHS Options Development Group and the Programme Steering Group an overview of the listening phase activity and the key themes that have emerged. This is so they can start to take on board the public and stakeholder feedback emerging from the listening exercise as they continue to deliberate and work on the design of proposals and options for change.

It is important to note that the draft report currently contains very little analysis on what proportion of participants from the listening phase events expressed a particular view, which makes it difficult to judge the strength of feeling around the key themes identified. That said, the themes that emerge in the report are, in our experience, fairly common when discussing proposed changes to health services with staff, stakeholders, patients, carers, and local communities.

Overview of the listening phase methodology

The listening phase ran from June 2020 through to the first week in August 2020. The MoHHS team engaged with local people, staff, and stakeholders. The exercise was designed as an opportunity for all to provide their opinions on a very broad discussion of the challenges, opportunities and the choices faced by the healthcare system in Hampshire.

Because of the Covid-19 pandemic, the listening phase events had to use a range of no-contact methods of engagement. These included:

- contact forms available on the Hampshire Together website and in hard copy for postal return
- virtual deliberative events and focus groups with the public, staff, and stakeholders
- direct contact with stakeholders (email, letter, phone calls).

In total **1,718** people or organisations participated during the listening period. A summary of the numbers participating is set out in the table below.

Response method	Number of responses/participants
Contact forms (Hampshire Together website and hard copy)	539
Virtual deliberative events and focus groups with the public, staff, and stakeholders.	1,137
Direct contact with stakeholders (email, letter, phone calls).	42
Total responses	1,718

The full current draft ASV report provides a detailed breakdown of the responses by demographic characteristics.

Responders to the contact form, and the stakeholders contacted directly, were asked to respond to the following questions:

- What are your views on the challenges faced by the local health system?
- What are your views on the opportunities that Hampshire Together offers for the area?
- What are your views on how we should go about meeting the challenges and making the most of the opportunities?
- Is there anything else you would like to tell us in relation to the programme?

The virtual deliberative events were also structured around these questions.

Key themes emerging from the listening phase

The draft report from ASV presents the key themes from each of the three types of engagement activities separately, however, as all the activities generated very similar themes they are presented together in this paper. It is important to note that the deliberative events, unsurprisingly, generated comments on a wider range of issues than the more structured forms and contact with stakeholders, although these can still be categorised within the broad themes.

A summary of the key themes is set out below.

Population challenges – including an ageing and growing population and health inequalities

Responders from all the activities acknowledged the challenges for health and care of the growing and changing population across north and mid Hampshire, and that these population changes mean health services need to change to provide different types of care. The most commonly raised issues included:

- As well as considering the increase in older people and general growth in the population, the NHS needs to factor in the growing number of young families and students (both of these particularly in Winchester) in the design of new services
- The importance of public health and prevention services in the context of population growth and an ageing population
- The need to do more to reduce health inequalities and to ensure any service changes take inequalities and deprivation into account.

The need for integration across health (including mental health), public health and prevention, social care, third and voluntary sector services

This theme came across very strongly from all the listening phase activities, with a clear acknowledgement of the need for better join up not only between health, social care and voluntary or third sector organisations, but also between different parts of the NHS in Hampshire (and neighbouring systems). Key points included:

- A clear recognition of the value of integration and the benefits it will bring for staff and patients
- Some scepticism that integration is achievable and criticism of current disjointed services

- The need for better integration of mental health services, and a need for more resources and improvements in mental health services
- The need for better, and more joined up social care. Respondents commented on how the social care system is under-resourced (which can have an impact on the NHS) and is confusing to navigate.

Support for more local and community care, including enhanced services in community hospitals

Linked to the integration theme, comments about improving both local (out of hospital) care and community services – including community hospital provision – came across strongly in the feedback. Some of the most common points include d:

- An understanding of how increasing and improving services provided by local/primary care and community care could offer better patient experience and reduce the pressure on acute hospitals
- An openness to services traditionally provided in hospital being provided more locally (there was some mention of the role Covid-19 has played in making this more acceptable)
- A clear recognition of the important role that community services play and a desire for more services to be provided in community hospitals, closer to where people live
- Those living in Andover and Alton are concerned for the future of their community hospitals and want these services to be protected and enhanced
- The need for greater inpatient community hospital provision. This was described a few times as providing places for people to ‘convalesce’.

A desire to make the most of this opportunity to improve care and services (and some scepticism)

Although there were specific concerns raised, many participants saw the MoHHS programme as a positive opportunity. Key points from the feedback included:

- There are many positive opportunities ranging from ‘starting from scratch’ with service design, improving patient pathways and designing services that truly meet patients’ needs rather than organisational needs, through to specific opportunities such as better access to diagnostics, reduced waiting times and better working environments for staff leading to improved morale etc.
- A new build offers the opportunity to deliver care and services in line with modern standards
- Any new buildings should make the most of opportunities presented by new technology to improve patient care and experience, and the sharing of information, as well as using green technology to reduce the environmental impact of a new hospital
- The Covid-19 pandemic has demonstrated that the NHS can work in new and innovative ways, and that patients can access services in different ways. This positive attitude should be retained by the NHS, along with any changes that have been successful (e.g. video consultations etc)
- There was some scepticism about whether the changes can be delivered, with some participants referencing previous programmes of work that have not come to fruition and

some being unconvinced that the NHS can achieve the right culture of integration and joined up working.

General support for a new hospital in Basingstoke...

Unsurprisingly, participants from Basingstoke were very supportive of a potential new hospital in the area:

- There was acknowledgement that a new hospital would have better facilities, in line with modern standards
- Some people mentioned the centralisation of services, but this does not come across very strongly in the feedback. Where it is mentioned, it is not necessarily seen as positive (see Winchester summary feedback below)
- There were some concerns about accessing a potential new site on public transport, but also there were some responses in support of a central location for a new hospital in the area and some people specifically mentioned J7 of the M3 as a good location.

...But also strong support for retaining services in Winchester

There was very clear concern from Winchester residents about the potential loss of services, in particular A&E and maternity, from Winchester, with many comments asking for services to remain in the city, including:

- Concerns about traveling to Basingstoke, especially in an emergency, but also concerns about the cost and complexity of journeys by car and public transport for patients and visitors
- The growth of the population in Winchester needs to be taken into account, particularly of families with young children. This is seen as a reason to maintain A&E and maternity services at the hospital there
- Access to the hospital by public transport is perceived as better in Winchester (although others commented that it is not as accessible as Basingstoke).

Concerns and suggestions about travel and access

Concerns about travel and access to services, both existing and future, came across strongly in the feedback. Key points included:

- People are concerned about public transport links to a potential new site in Basingstoke and there is a clear call for any new build to be accessible by reliable, affordable public transport
- Car parking issues are mentioned frequently, with people worried about the availability and cost of parking
- As mentioned above, people are worried about traveling to Basingstoke from Winchester should services move
- The need to ensure people from more deprived populations, and those with additional needs or disabilities, are able to access services easily
- The importance of having green and ethical transport to hospital sites.

Concerns and suggestions about staffing

Respondents clearly recognised that there are current challenges with staffing across the two acute hospital sites, with lots of comments about there not being enough staff, and staff being overworked. Specific themes in the feedback included:

- There will still need to be the same number of staff as (it was perceived) services will have to be retained on two sites
- A new hospital will not necessarily attract new staff to the area, and some staff could be put off by moving to a new site
- Improving the working environment and offering better on-site facilities (for example staff gym, childcare, free parking etc) would attract people to work in the area
- Improving the working environment would improve staff morale .

Comments about specific services, including mental health, cancer, maternity and paediatric care

There were some general comments about specific services in the full report. In particular participants commented on:

- The desire to see a dedicated cancer centre in the area – some people mentioned this has previously been considered but not come to fruition
- The need to improve mental health care services in the community in general, in particular finding an alternative to A&E for people in crisis
- In addition to a desire to retain maternity services in Winchester, people spoke of a need to improve maternity provision in communities so pregnant women do not have to travel to hospital for routine care
- Some participants called for a separate paediatric hospital and/or a dedicated paediatric A&E.

An acknowledgement of estate challenges

While most of the feedback focused on issues around the way services are organised and delivered, participants did generally recognise that the current estate in both Winchester and Basingstoke is not able to meet the needs of the local population, nor enable the NHS to deliver care in line with modern standards.

Ask for ongoing engagement and collaborative working

There was a clear ask in the feedback for ongoing engagement and collaborative working with local people, patients, staff, and stakeholders as the plans develop:

- Some participants were positive about the engagement so far and want to ensure lines of communication remain open
- Some others referred to the listening phase as the consultation, and felt the engagement was not sufficient and it was not sensible to be 'consulting' during the pandemic.

Conclusion

As referenced in the introduction to this summary paper, the current draft ASV report does not give a sense of the strength of feeling on the themes identified, beyond the number of comments on a specific topic included in the report. However, the themes that do emerge are, in our experience, commonly heard in change programmes of this nature. Acknowledgement of the challenges faced by the NHS are weighed understandably against concerns about what changes could mean for individuals and their families.

It is evident, however, that there is a clear willingness and desire from local people, staff, and stakeholders to be involved in the MoHHS programme as it develops.

This summary report has been commissioned from and authored by Hood & Woolf to act as an 'executive summary' for MoHHS programme colleagues. It has been drawn from information in the much longer draft ASV report which pulls together feedback from a range of engagement exercises with local people in north and mid Hampshire during the summer of 2020.

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