

Hampshire Together

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Sent via email

Councillor Kathleen Becker
Cabinet Member for
Communities and Engagement
Winchester City Council
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16 August 2024

Dear Councillor Becker

Public consultation on proposed changes to hospital services in Hampshire

Thank you for responding to the public consultation on 'Hampshire Together' proposals for changes to acute hospital services in Hampshire, and for inviting us to Winchester City Council offices on 26 July to discuss the concerns that you had raised on behalf of Winchester residents.

Please also pass on our thanks to Councillor Tod, Laura Taylor and Dawn Adey for making the time to join the meeting. For Alex Whitfield, Isobel Wroe and me, it was a very useful opportunity to discuss each of the points that you had raised, to gain a fuller understanding of your concerns, and to explore together how best to proceed.

As agreed, I am writing to record the key points from our discussion about both the concerns that you had raised and the suggestions for how to proceed.

Consultation adequacy

In your letter of 15 March, you queried the adequacy of the consultation and whether attendance at the engagement events had been properly representative of the whole community, with particular concern expressed about residents in the most deprived areas.

We undertook a 14-week public consultation from December 2023 to March 2024. This was the biggest consultation of its kind to be run by NHS Hampshire and Isle of Wight, with 98,482 people from our local communities, staff and stakeholders actively and directly interacting with the consultation.

Recognising that attendance at public engagement events may not be representative of the whole community, we also undertook a wide range of other activities to give people different ways to find out about the proposals and to offer their feedback. This

included engaging with community groups, plus targeted focus groups and telephone surveys that were carried out by an independent agency.

We received 6,020 separate responses to the consultation, which is well over twice the target that we had set for ourselves prior to consultation. Independent analysis of these responses has confirmed that we reached a wide range of people, including those from deprived areas. All the feedback in these responses has also been independently analysed and it is being used to shape and inform the final proposals and to help us identify mitigating actions for concerns that were raised.

As discussed, the Hampshire Together consultation was assessed by The Consultation Institute (TCI) under its quality assurance scheme. We are delighted that they awarded us a 'best practice' certificate, the highest award that can be made.

The Joint Health Overview and Scrutiny Committee is convened by the local councils and has reviewed the adequacy of the consultation. At the panel on 22 July, they described the Hampshire Together consultation as 'exemplary' and confirmed that it went well above the threshold required to meet our statutory duties to engage and consult with local communities over service change proposals.

As I hope the above demonstrates this was a very successful consultation in terms of the breadth and depth of the people reached, and we now have a wealth of feedback that will help us to improve the proposals for the Hampshire Together programme.

Level of information provided during the consultation

You also expressed concern about the level of information provided about what the proposals would mean for different groups of residents.

An integrated impact assessment was undertaken prior to the public consultation, and this included an assessment of what the proposed options would mean for different groups of residents. This interim report has been published and it was made available during the consultation via the Hampshire Together website.

Public consultation requires a balancing act. We needed to consult the public whilst proposals were still at a formative stage but, inevitably, this meant that we did not always have answers to some of the detailed questions that people were asking.

We are using the consultation feedback to enhance our understanding of what the proposed changes may mean for different groups of people. The integrated impact assessment is being updated, and this assessment is being used to shape and inform the development of our final proposals for hospital services in Hampshire.

The updated integrated impact assessment report will be published alongside the decision-making business case, which will set out the recommended option and proposals about how best to proceed after considering the consultation feedback.

Hospital services now until 2030s

When we met, we confirmed that there are no plans to downgrade services in Winchester Hospital or to delay investments or improvements prior to the new hospital being built. A more likely scenario is that the investment to refurbish Winchester Hospital will proceed sooner, well ahead of the new hospital being built, subject to the allocation of capital from the New Hospital Programme

There is already some investment and improvement to Winchester Hospital underway. For example, the building of the elective hub for orthopaedic surgery.

Our hope is that we can start the fuller refurbishment of Winchester Hospital as soon as we have concluded this current phase of considering consultation feedback and making decisions about future hospital services in Hampshire, subject to the allocation of capital from the New Hospital Programme

Ministerial conditions

As we discussed, the Hampshire Together programme has received two letters from health ministers, and these letters set conditions on the capital funding allocation from the New Hospital Programme.

The first ministerial letter confirmed Hampshire Together's entry into the New Hospital Programme and included a condition that Royal Hampshire County Hospital's (Winchester) A&E would not be affected.

This condition was subsequently queried in the light of advice from the Southeast Regional Clinical Senate, who had reviewed Hampshire Together's shortlisted options. The clinical senate did not support the option that retained an A&E in Winchester Hospital and they expressed 'significant concerns' about this option, as they were 'not confident the proposals are safe'.

On 26 June 2023, Lord Markham sent the second of the ministerial letters, and this indicated that access to urgent care services at Winchester would need to remain. We responded to confirm our understanding of these revised conditions and our intention to provide 24/7 access to urgent care services in Winchester.

NHS England reviewed the pre-consultation business case as part of the process to give the go-ahead for consultation. They assessed the three options proposed for consultation, and this process included checking compliance with ministerial requirements and confirming support from the Southeast Regional Clinical Senate.

All three options for consultation included proposals for a 24/7 Urgent Treatment Centre and provision of same day emergency care at Winchester. The Southeast Regional Clinical Senate is incredibly supportive of urgent care services continuing in Winchester, providing 24/7 access for local people to high quality and rapid urgent care.

Urgent Treatment Centre

At our meeting, we discussed the proposals to introduce Urgent Treatment Centres at Winchester Hospital and at the site for the new hospital. We also reflected on the challenges faced when explaining this aspect of the proposals during consultation, as people in mid Hampshire are not familiar with this kind of service.

Urgent Treatment Centres are a key component of the national guidance for Urgent and Emergency Care. There are Urgent Treatment Centres in many other parts of the country already, including Portsmouth, Southampton, Lymington and Reading. The services provided vary slightly in different Urgent Treatment Centres, with the smaller centres open for only 12 hours a day and larger centres open for 24 hours.

The Urgent Treatment Centres that are proposed for Hampshire would be open 24/7 and offer doctor-led services. Experienced clinical teams would treat suspected broken bones, serious but not life-threatening emergencies, injuries, cuts, stomach

pains, rashes, high temperatures in children and adults, and urgent mental health concerns. They would deal with many of the common problems for which people in Hampshire currently have to go to A&E, as there are no Urgent Treatment Centres.

In the proposed options, we would also provide Same Day Emergency Care services at Winchester Hospital. Patients with relevant conditions would be rapidly assessed, diagnosed, and treated without being admitted to a ward.

From our evaluation of demand plus learning from other places, we predict that the Urgent Treatment Centre could see and treat around 60% of the people who are currently going to Winchester A&E. This group includes the people who either get themselves to the A&E or who are taken by friends or family. For the other 40%, most of this group are patients who need to be taken to hospital by ambulance.

In places where there are Urgent Treatment Centres, many people attend them in preference to A&Es. Typically, this is because of the shorter waits and streamlined services, as people needing urgent care do not have to wait for staff to have time between emergency cases.

We are hoping to introduce Urgent Treatment Centres in Hampshire very soon, ahead of, and without, the other changes proposed in the Hampshire Together programme. As discussed, we are currently bidding for funding to set up Urgent Treatment Centres on both the Winchester and Basingstoke Hospital sites.

In response to your query, we confirmed that there would be a separate waiting area for children in the Urgent Treatment Centre.

We also talked about the importance of good communications when introducing new services. One suggestion is to offer information to the people who are using A&E now, with guidance about whether they needed urgent or emergency care, so that they can feel better informed and more confident about deciding whether to go to the Urgent Treatment Centre or Emergency Department in future.

Maternity care

In your letter, you expressed significant concerns about the proposals for maternity care and the future of services at Winchester Hospital.

We discussed the national policy for maternity care, issues with current services and the gaps in the choices available now. We also explained how the proposals are designed to address these challenges, and to improve services, access and choice.

In line with national policy, we aim to offer people the choice of giving birth at home, in a midwife-led birth centre or an obstetric unit, and to offer access to neonatal services. To make their choice, people must also be given the information needed to understand the risks and benefits of these options.

Currently, Hampshire Hospitals does not offer the full range of these choices. Winchester residents can choose to give birth at home, in the obstetric-led unit at Winchester Hospital, or in the stand-alone midwife-led birth centre in Andover.

Under the new model of care, residents would be able to choose to give birth at home or in the midwife-led centre at Winchester Hospital and Andover, as well as the midwife-led birth centre which would be located alongside an obstetric unit in the new hospital, or in the obstetric unit in the new hospital.

Many people favour the option of a midwife-led birth centre which is located alongside an obstetric unit and a neonatal unit. Currently, Hampshire Hospitals does not offer this option. For an alongside midwife-led unit and/or a neonatal unit with an Intensive Care Unit, people must go to Southampton or another hospital outside the area.

We also discussed the quality and safety benefits of the proposed models whereby there would be senior obstetric consultants on site at the obstetric unit for more hours than either Basingstoke or Winchester are currently able to provide. The oncall service would also allow for separate obstetrics and gynaecology oncall expertise, rather than one person covering both as they do today.

This combination of opportunities to improve quality and safety and the limited range of choices means there is a strong case for changing maternity services in Hampshire.

The options for consultation are designed to improve quality and safety and to ensure that people are given the full range of choices when giving birth. As well as consolidating services to increase the hours covered by senior clinicians, the proposals also introduce the choice of giving birth in a midwife-led birth centre that is located alongside an obstetric unit and a level 2 neonatal unit.

You raised concern about the arrangements if someone needed an emergency transfer from the stand-alone midwife-led birth centre to the obstetric unit. We noted that only low-risk births would be booked at a stand-alone midwife-led unit, and there would be ongoing risk assessments during labour. Usually any risks are identified early, when there would still be plenty of time to travel to the obstetric unit. For the few people who would need a time-critical emergency transfer, we have clear agreed plans already that are based on the policies and procedures for other birth centres including Andover.

In response to your query, we confirmed that obstetrician-led antenatal care and scans would continue to be offered at Winchester Hospital, now and once the new hospital is constructed.

Location of the new hospital

You highlighted concerns from Winchester residents about the proposed site for the new hospital, and this was also a strong feature in the consultation feedback.

We are reviewing the consultation feedback and considering if it offers new information that may change our understanding of the options available. Since the feedback includes suggestions about alternative sites, we are re-running the site selection process to consider all the sites that were identified in the consultation.

We will review the outcome and implications of the new site selection process with the options development group in September.

Public transport

In our meeting, we recognised that public transport is a significant concern for many people and this concern had been raised through the consultation feedback. We also acknowledged that public transport is outside the scope of the health service.

The Hampshire Together programme is in active conversations with Hampshire County Council, transport providers and other interested parties, such as housing

developers, about the potential solutions for the proposed sites. We will be better able to progress these plans once the site for the new hospital is confirmed.

Activity flows across neighbouring hospitals

We are talking to neighbouring hospital Trusts about the potential changes to activity flows associated with the location of the proposed new hospital. The modelling suggests that the greatest impact may be on Southampton Hospital.

Southampton and Hampshire Hospitals have committed to work together to manage any changing activity flows, collectively on behalf of the populations that are served by both Trusts. We continue to work through the details of this commitment, and it will feed into the decision-making business case.

Transfer concerns

In your letter and at our meeting, you raised concern about the impact on the ambulance service and the risk that the increased need for hospital transfers may have a serious detrimental impact on services that are already stretched and, consequently, patient outcomes.

I can assure you that, whilst outside the scope of the Hampshire Together programme, the NHS Hampshire and Isle of Wight Integrated Care Board is working closely with South Central Ambulance Service to ensure response times improve for people needing a 999-emergency ambulance.

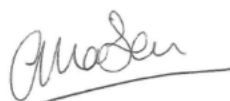
The Hampshire Together programme is assessing the forecast activity levels for inter-site transfers and exploring the potential service options that would be required to support the proposed changes to the model of care.

We found the meeting very helpful, with plenty of suggestions about how to improve and refine the proposals. Thank you again for making the time to meet with us.

We are also very grateful for your regular contributions to the Hampshire Together programme at the Programme Partner Group and the Options Development Group.

We hope our meeting and this letter have helped to address your concerns. Please do not hesitate to contact us with any further concerns, queries or suggestions. We look forward to continuing to work together over the coming months and years as this programme develops.

Yours sincerely



Caroline Morison
Chief Strategy Officer
NHS Hampshire and Isle of Wight

Copy to:

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