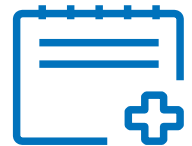


Our proposals for investment in Hampshire's hospitals

**Winchester City Council
Health Environment Policy
Committee**

31 January 2024

Hampshire Together: Modernising our hospitals and health services is a joint programme led by Hampshire and Isle of Wight Integrated Care Board and Hampshire Hospitals NHS Foundation Trust.





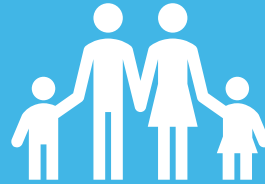
Introducing the panel



We have a once-in-a-generation opportunity to improve hospital services for decades to come



We are part of the government's New Hospital Programme. We have between £700m and £900m to build a new hospital for Hampshire and refurbish Winchester hospital by 2032



This is a once-in-a-generation opportunity to improve hospital facilities and services for decades to come



We want to use this opportunity to make sure hospital services can meet the needs of local people and attract and retain the best staff



Our proposals have patients, their families and staff at their heart and would benefit everyone in our area



The case for change



We are facing a number of challenges that mean we need to change the way services are delivered in Hampshire



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.

To address these challenges, we must make changes



Our approach to developing and evaluating potential options for the future



We followed a robust, clinically led process to develop our options for consultation



Engagement with local people and staff

We have engaged with hundreds of staff and thousands of local people about what is important to them

Feedback has informed every step of the process

Wider context

Proposals are aligned with national policy and clinical best practice, and supported by other improvements across Hampshire and Isle of Wight to provide:

- more care out of hospital, closer to home
- better join up across health and care services
- faster access to urgent care and specialists when needed

Clinical model of care for acute services

Sets out how acute hospital services could be better organised to meet future needs

Designed by clinicians with involvement of patients, staff and stakeholders

Rigorously tested by expert panel of external clinical leaders in southeast England

Options evaluation and governance

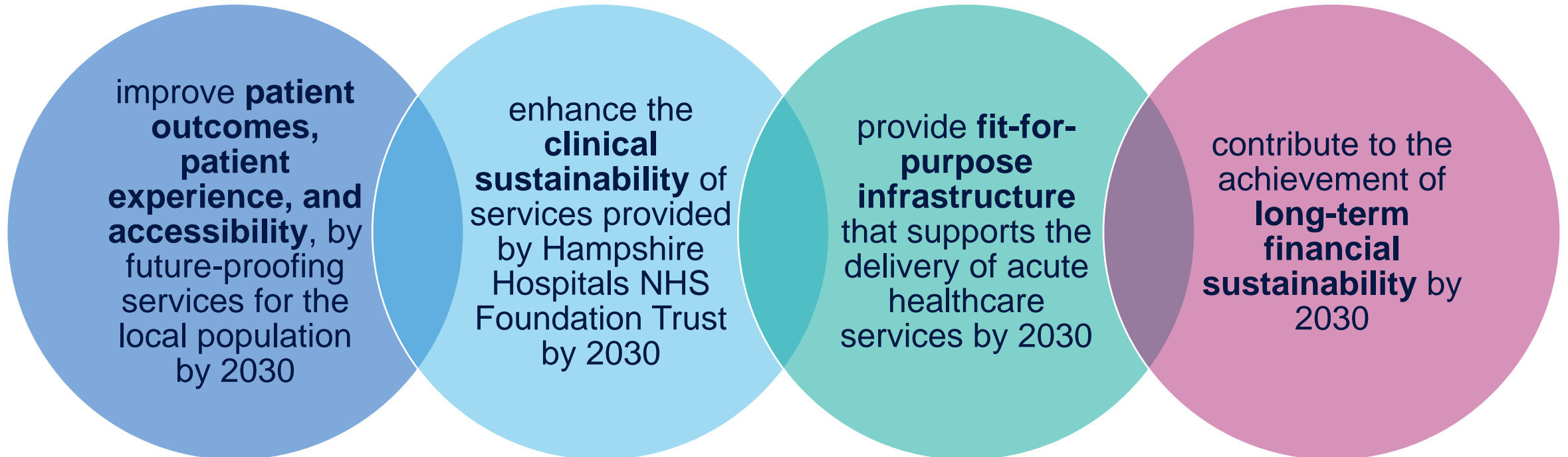
We assessed:

- how we could best implement the model of care
- where services could be located
- potential sites for a new hospital
- a number of options for the future to get to a shortlist for consultation

With a thorough assurance and scrutiny process throughout

Having developed a model of care and identified potential sites we used consistent criteria to evaluate a long list of options

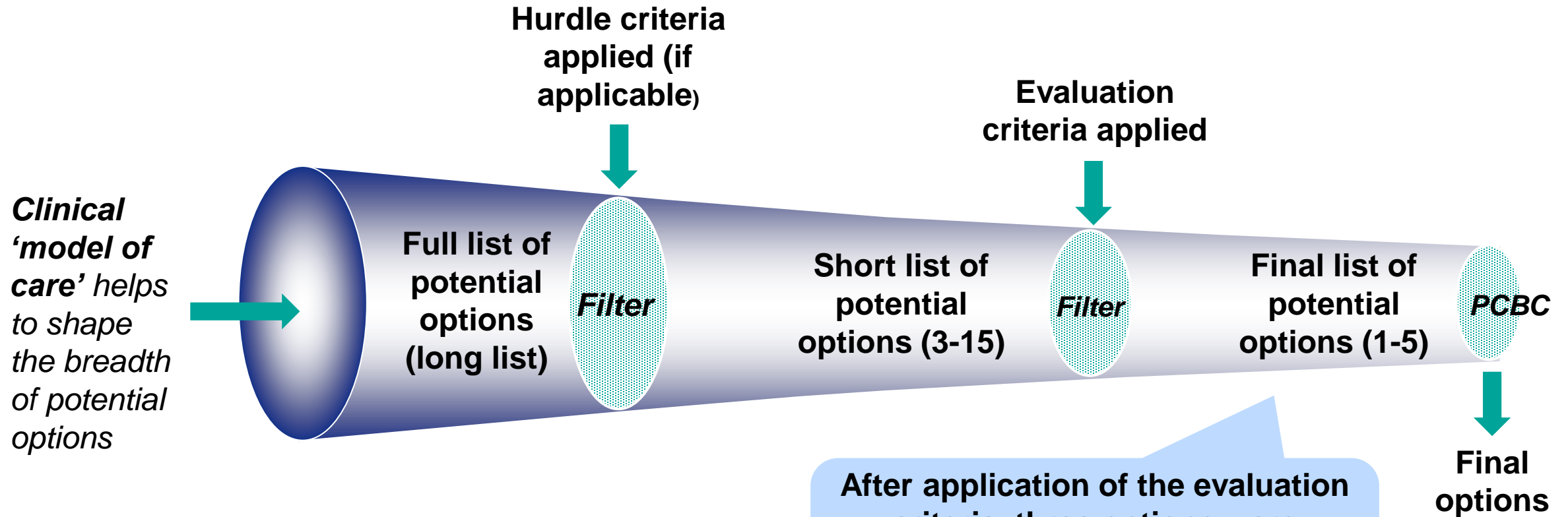
We considered how well each option would:



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

* NB: 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

We followed a robust process to go from a longlist of possible options, to the shortlist of options we are consulting on



After application of the evaluation criteria, three options were identified as viable options for public consultation

You can read about this process in more detail in our Pre-Consultation Business Case (PCBC) which you can find at www.hampshiretogether.nhs.uk

Our clinical 'model of care' describes how services should be grouped together and 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

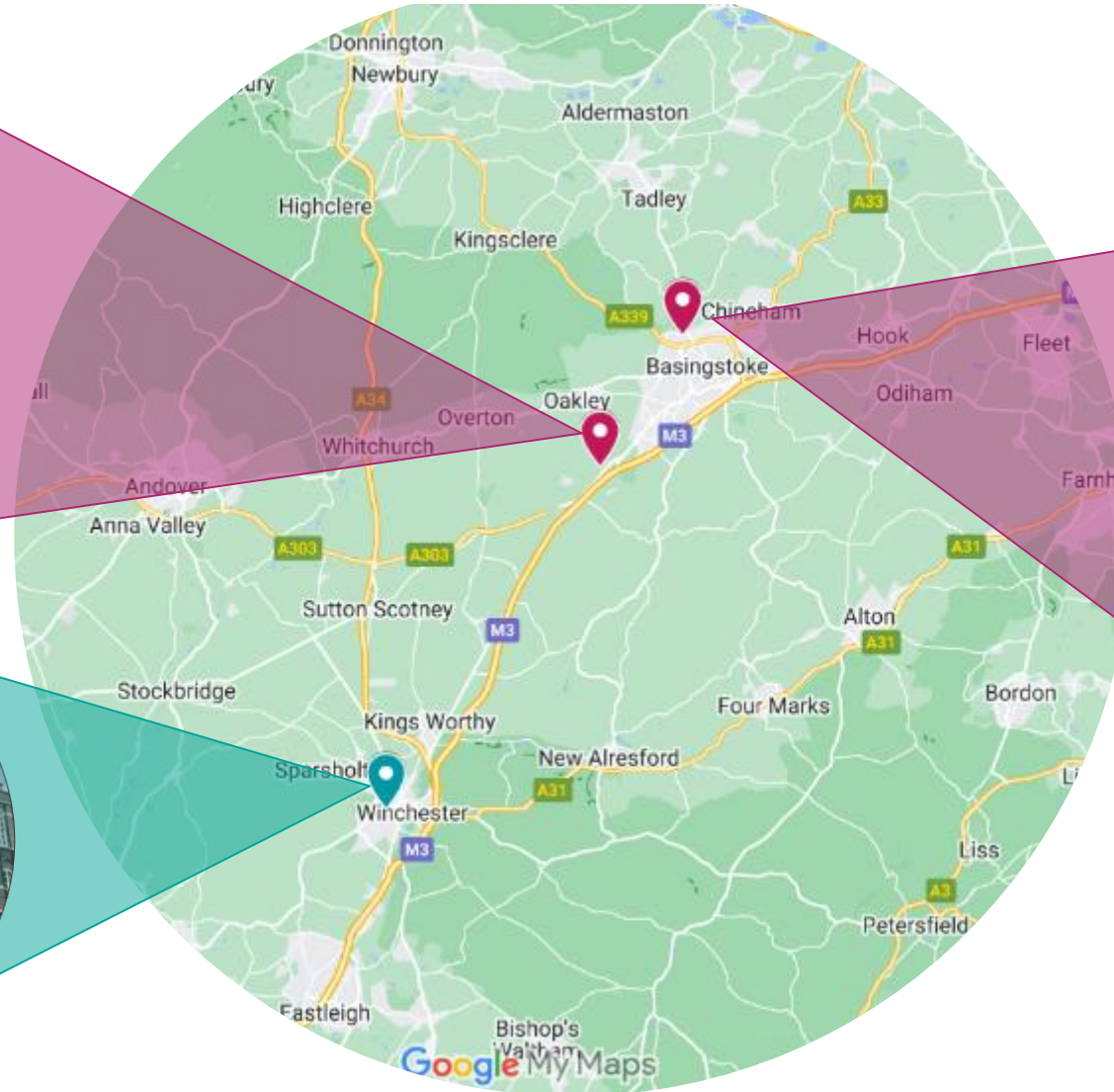
- emergency department with trauma unit and children's emergency department
- specialist emergency and inpatient care, e.g. for strokes and heart attacks (as well as other inpatient care)
- emergency and complex planned surgery
- obstetrician-led maternity care, with an alongside midwife-led birthing 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

- a doctor-led 24/7 urgent treatment centre with same day emergency care
- dedicated planned surgery centre providing low 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

There are two potential locations for the new hospital – either near to junction 7 of the M3 or on the current Basingstoke hospital site





The options for consultation



Option 1

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

Option 2 (preferred option)

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

Option 3

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

Services at Winchester hospital in all options:

- Doctor-led 24/7 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 (ED) with trauma unit, children's ED, 24/7 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:

- Outpatients, diagnostics and therapies
- Day-case surgery

Services at the current Basingstoke hospital site:

- Outpatients, diagnostics and therapies
- Day-case surgery
- Nurse-led step-down reablement and rehabilitation beds

There are common advantages of all three options



Bringing together some specialist services would **improve patient outcomes**, help drive up **safety and quality** and address **workforce challenges**

A new hospital would be built to deliver **modern healthcare**, making the most of **new technology** and **supporting the NHS to achieve its ambition of net zero**

Would **enable new services and facilities**, including a **children's emergency department**, a **planned surgery centre**, a **cancer treatment centre** and two **midwife-led birthing units** (as well as obstetric-led care), and create the conditions to retain **level two neonatal care**

Separating planned surgery from emergency care would **help reduce waiting lists and cancellations**

We would continue to provide **outpatient appointments and other day-to-day services at the current hospital sites** (and the new hospital in options 2 and 3)

Each option has its advantages and disadvantages

Option 1

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

- No need to purchase new land
- Has established public transport links
- Less impact on travel times for some people living in deprived areas

- Higher likelihood of people going to closer neighbouring hospitals
- Greater impact on average travel times than option 2 and 3
- Complex build would disrupt current services
- Less opportunity for expansion in the future
- Highest capital cost

Option 2 (preferred option)

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

- No disruption to current care and services
- More opportunity to expand in the future
- Less likely to see patients going to other hospitals
- Less impact on average travel times by car

- Would need to purchase land
- Greater impact on travel times for some people living in deprived areas
- New public transport infrastructure would be needed

Option 3

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

- Same as option 2, plus
- Offers step-down reablement and rehabilitation beds for people living near Basingstoke

- Same as option 2, plus
- Would split nursing workforce across additional site due to beds proposed at current Basingstoke site
- Would need more refurbishment of current Basingstoke site

Patients will continue to access most services in the same place or closer to home



A significant proportion of appointments and treatments, including for urgent care, would continue to be available in the same place as now, or even closer to home, for example:

There are around **570,000 outpatient appointments** each year – these will be in the **same place as now** or closer to home, including via video consultation

Around **81,500 A&E attendances** each year (60% of our total current A&E attendances) could be seen by an **urgent treatment centre** – this includes for children

Around **18,000 people** who regularly attend hospital for **treatments like chemotherapy** would continue to be treated in the same place as now, or even closer to home

While most planned operations would take place at Winchester hospital, **outpatient appointments and pre- and post-surgery care** would continue to be provided locally or virtually

Evidence shows that longer journey times would be outweighed by improved services and faster access to treatment on arrival at hospital

We know travel times are important to people and we have looked carefully at the impact of the options on travel and access



- Many of the most life and limb threatening services (stroke, cardiac, trauma) are already centralised at a single site and travel times would be similar to now
- Some specialist and emergency services would centralise onto a single site. Now, the maximum travel time for people to access these services is ~45 minutes by ambulance/off-peak car. This would change to ~60 minutes for option 1 and ~50 minutes for option 2
- Travel by car at peak travel times would be slightly longer
- Parking would be available

	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%

Clinicians agree that longer journey times would be outweighed by improved services and faster access to treatment on arrival at hospital

We have also looked at the impact on travel times to reach the proposed new planned surgery centre at Winchester



- Only the most complex planned surgery would take place at the specialist acute hospital
- Outpatient appointments and pre- and post-operative care would be provided as close to home as possible
- Some overnight and daycase planned surgery would be provided only at Winchester. Now, the maximum travel time for people to access these services is ~30 minutes by off-peak car. This would change to ~70 minutes under all options
- Services at Andover and Alton would remain as now
- Parking would be available

	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%

Evidence from elsewhere shows that separating planned surgery from emergency surgery reduces cancellations, helping to speed up access to treatment and reducing waiting lists

We are already considering public transport solutions



Currently there is very poor public transport access to current hospital sites from many areas in Hampshire



There is no public transport to the proposed site near Junction 7 of the M3 as currently there is little reason for people to travel there



Therefore, we are focusing on working with Hampshire County Council to look at what public transport solutions may be needed and could be developed in the future



How to get involved and respond to the public consultation



There are lots of ways to find out more, get involved and share your views



Visit our website
www.hampshiretogether.nhs.uk



Read our consultation document



Invite us to your group or meeting



Talk to us at our events



Complete the consultation questionnaire



Contact us

The areas we are asking people to think about



- Whether 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 could we reduce any negative impact
- If there any other options, solutions, evidence, or information we should consider before making our final decision.

What happens next?



Public consultation runs from 11 December 2023 for 14 weeks until midnight on Sunday 17 March 2024



Consideration of the responses to consultation alongside other evidence (clinical, workforce, estate, financial etc.)



Development of a 'decision-making business case' later in 2024, and a decision on which option to implement



Construction of the new hospital and detailed implementation planning to make the agreed changes, with ongoing engagement with patients, carers, staff, stakeholders and local communities



We expect to open the doors to the new hospital in the early 2030s

Consultation
closes at
midnight on
Sunday 17
March 2024

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Questions and discussion

