

# Hampshire Together update on progress to date



West Berkshire Health  
and Wellbeing Board  
12 September 2024



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

# Background and context

Modernising our hospitals and health services

## Recap

Engagement prior to consultation

Pre-consultation business case

Consultation

## Consultation feedback

Breadth and depth of consultation

Independent analysis of feedback

## Decision making process

Consideration of consultation feedback

Consideration of refreshed modelling and new information

Joint Health Overview and Scrutiny Committee

Development of decision-making business case

Next steps and indicative timelines

# Long-standing challenges



Our population is growing and getting older, meaning healthcare needs are changing.



Duplicating services across two acute sites means we can't always consistently deliver great care, because resources – particularly specialist staff – are spread too thinly. This isn't sustainable.

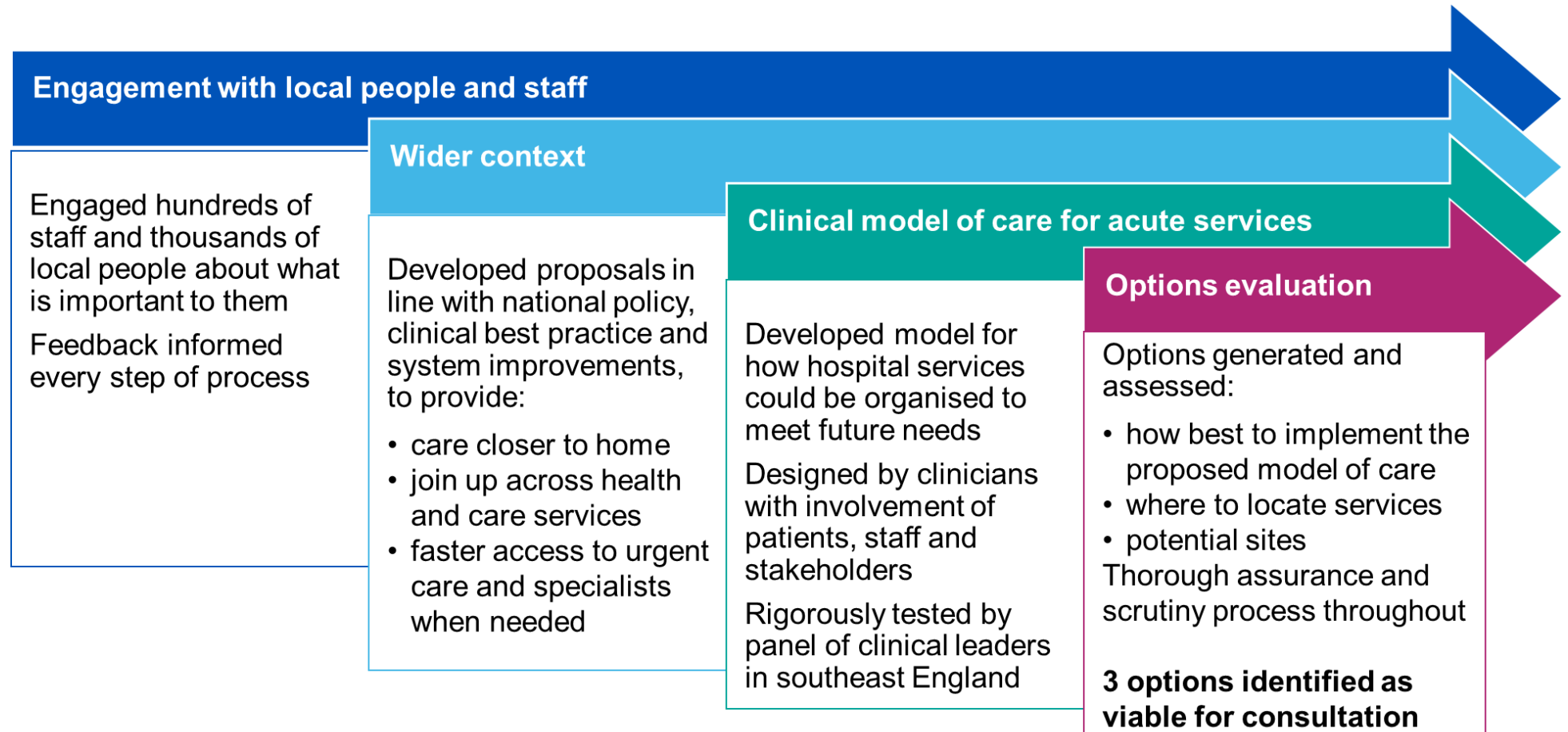


Many of our hospital buildings are approaching the end of their usable lives.



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.

The New Hospital Programme offers us an opportunity to address these challenges





## 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, for strokes, heart attacks and 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

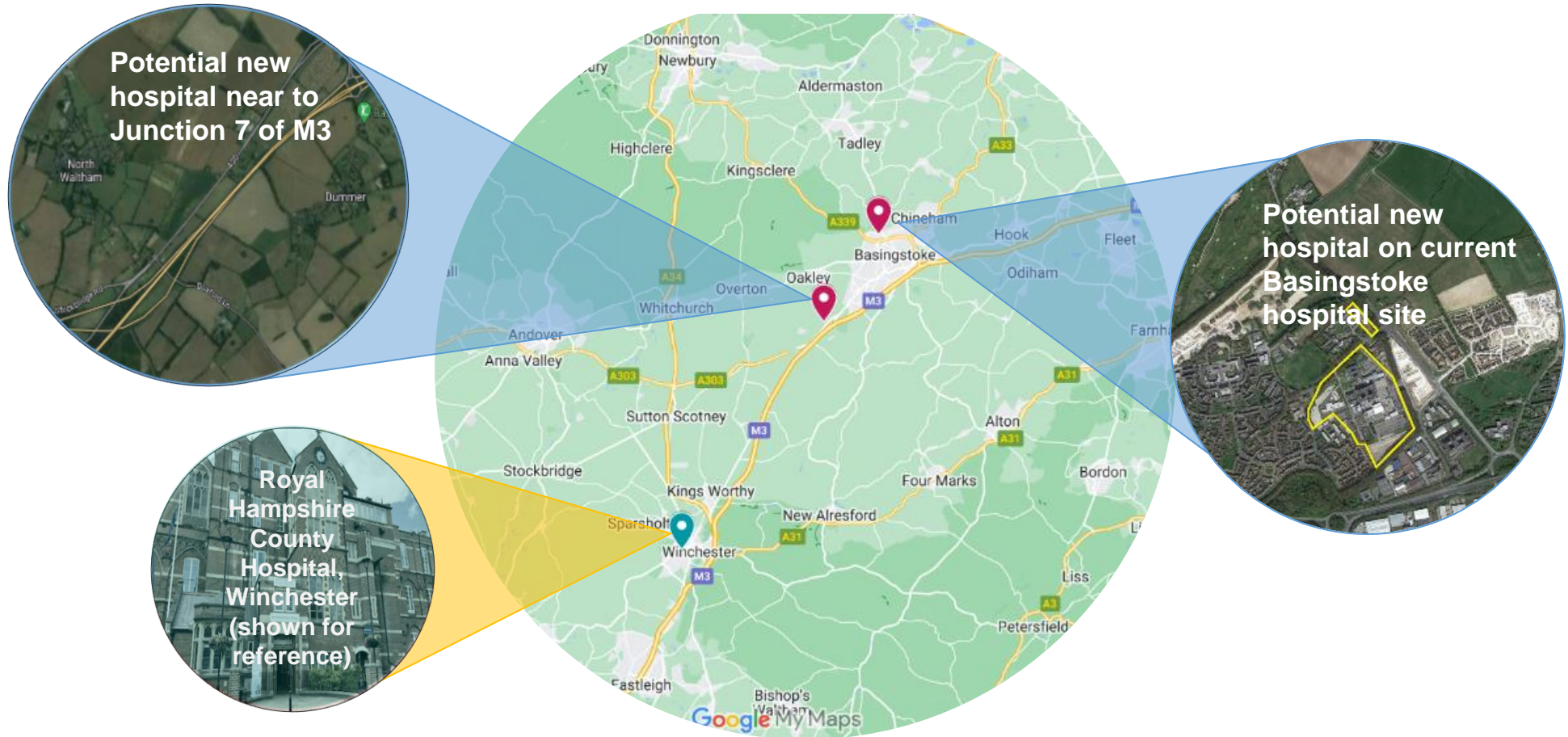


## One hospital with a dedicated planned surgery centre

- 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

At both hospital sites, there will be a wide range of day-to-day, frequently accessed services: diagnostic X-rays, scans and tests, outpatient appointments and treatments, some day-case procedures

# Potential sites for a new hospital to be built



# Pre-consultation business case was agreed by ICB Board



Modernising our hospitals  
and health services

## Option 1

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

## Option 2

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

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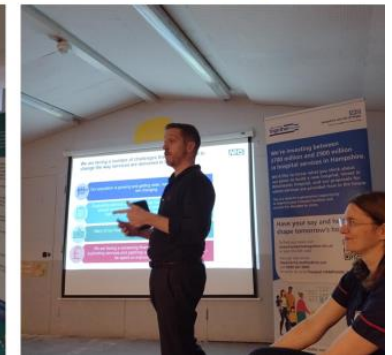
- Outpatients, diagnostics and therapies
- Day-case surgery
- Nurse-led step-down reablement and rehabilitation beds



# Consultation process and responses

Modernising our hospitals and health services

# Public consultation from 11 December 2023 to 17 March 2024



# Delivered our SMART objectives for our consultation activity



SMART objective	Actuals	Activity
<b>435,500</b> (min) people will have seen or heard about the consultation	<b>10,164,199</b> opportunities to see or hear about the consultation	<ul style="list-style-type: none"> <li>Over <b>10 million</b> opportunities to hear about the consultation from the coverage by local media outlets, social media and advertising</li> </ul>
<b>15,700</b> (min) people will have had an active and direct engagement: <ul style="list-style-type: none"> <li>7,000 patients, families, carers and local people</li> <li>8,650 staff and volunteers</li> <li>50 stakeholders</li> </ul>	<b>98,482</b> people actively and directly engaging with the consultation: <ul style="list-style-type: none"> <li>53,952 patients, families, carers and local people</li> <li>44,024 staff and volunteers</li> <li>506 stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>A reach of over <b>32,000</b> to the public through mailouts via trusted routes such as community groups and partners</li> <li>Social media engagement of over <b>17,500</b> with the public and over <b>2,500</b> with Trust staff</li> <li>Over <b>1,200</b> hits to the QR code to the dedicated consultation website</li> <li>Over <b>1,200</b> people spoken to at pop-up stall events</li> <li>Direct meetings with almost <b>200</b> councillors, MPs and other stakeholders</li> </ul>
<b>2,600</b> (min) separate responses to the consultation: <ul style="list-style-type: none"> <li>1,300 patients, families, carers and local people</li> <li>1,280 staff and volunteers</li> <li>20 stakeholders</li> </ul>	<b>6,020</b> separate responses to the consultation received: <ul style="list-style-type: none"> <li>4,482 patients, families, carers and local people</li> <li>1,468 staff and volunteers</li> <li>70 stakeholders</li> </ul>	<ul style="list-style-type: none"> <li><b>3,685</b> responses to the questionnaire (3,027 public, 636 staff and 22 stakeholders)</li> <li>811 members of the public signing up to attend listening events with <b>480</b> actually attending</li> <li><b>800</b> members of staff attending listening events or Trust arranged events</li> <li><b>23</b> formal stakeholder responses</li> <li><b>165</b> emails/ phone calls/ letters/ FOI from members of the public</li> <li>Responses from across the consultation geographical area</li> <li>Responses from a spread of ages</li> <li>Responses from those who are disabled and who are carers</li> </ul>

- Continually monitored responses to identify any demographic, geographical or other trends which may have indicated a need to adapt our approach regarding consultation activity or refocus efforts to engage a specific group/locality
- Commissioned a 'mid-point review' report from our research partner. This gave a high-level view of:
  - Number and type of responses received
  - Breakdown of where responses had been received from geographically, and across which demographic characteristics
  - A high-level sense of the emerging themes from the consultation responses and feedback already received
- Highlighted that we should further promote the consultation to and reach out to young people and the specific geographical areas identified in the Integrated Impact Assessment
- Undertook some more, very targeted social media activity and attended events for young people
- We worked with The Consultation Institute who quality assured our consultation and we successfully passed all of the stages and been awarded 'Best Practice'

# Consultation findings overview

Modernising our hospitals and health services

## The purpose of the independent report is to:

- ✓ Consider feedback from each element of the consultation
- ✓ Provide a comprehensive and detailed account of views
- ✓ Identify where strength of feeling may be particularly intense
- ✓ Fulfil an obligation to highlight concerns and contrary views (Gunning Principles)

## The purpose is not to:

- ✗ Make a case for any of the proposals
- ✗ Make any recommendations as to how decision makers should use the reported results

Detailed consultation findings report are available on the Hampshire Together website - [Consultation findings :: Hampshire Together](#)

# Consultation activities and responses



## Quantitative engagement

**3,685** questionnaire responses, including:  
**636** NHS staff members  
**3,027** residents and other individuals (incl. 11 easy read)  
**22** organisations

Residents survey - **501** telephone interviews

## Public and staff engagement

Feedback from **27** public virtual and in-person listening events (involving break-out discussion sessions)

Feedback from **14** in-person public exhibition events/pop-ups

Feedback from **43** hospital pop-up events & **40** staff briefings, meetings and events

## In-depth engagement

**5** geographic focus groups – Andover, Basingstoke, Eastleigh, South Newbury and Winchester

**12** in-depth interviews in case study areas (based on deprivation and inequalities) and Gypsy and Traveller community

**3** in-depth discussions with stakeholder organisation representatives

## Other feedback and engagement

**122** written submissions:  
**29** from elected representatives, local government bodies and organisations  
*and*  
**93** from staff and residents (including 5 voicemails)

**2** petitions

**289** comments via social media

# Balance of opinion, across the consultation feedback



## Views on the need for change and the proposed model of care

In the residents' survey and across the questionnaire and staff, public and targeted engagement activities, there was:

- **Broad recognition of the current challenges facing services and the need for change**
- **Overall agreement with continued delivery of outpatient services, diagnostics and therapies** at current hospital sites in Winchester and Basingstoke
- **Overall agreement with the proposal that 24/7 urgent care, doctor-led inpatient beds for general medicine and care of the elderly, and midwife-led birthing units** should be provided at both a specialist acute hospital and alongside a dedicated planned surgery centre in the future

## Views on the principle of separating planned care and specialist and emergency services across two hospital sites were more varied:

- In the representative telephone survey, the **majority of residents agreed with the principle** of separating planned care and specialist and emergency services across two hospital sites
- There was also **majority agreement with the proposed separation** among organisations, participants in public focus groups, in-depth and targeted activities, NHS staff engagement activities and among NHS staff responding to the questionnaire
- There was, however, **majority disagreement with the proposed separation** from questionnaire respondents who did not identify as NHS staff members, and disagreement and some strong concerns expressed in written submissions of feedback from some local residents and a small number of staff members
- Two petitions were organised (before or during the consultation period) **disagreeing with the proposed changes**, focused in both cases on the loss of services from Winchester hospital



## Views on the proposed location of planned surgery centre on the current Winchester hospital site

- In the residents' survey, NHS staff feedback via the questionnaire, at focus groups, interviews and targeted engagement and among organisations, there **was majority agreement with the proposal to locate a dedicated planned surgery centre at Winchester hospital**
- Among other (non-NHS staff) questionnaire respondents, views were **more evenly split between agreement and disagreement with locating the proposed planned surgery centre at Winchester**
- More of those who disagreed **focused on the loss of other services from Winchester hospital** in their feedback, rather than raising specific objections to the proposed location for a planned surgery centre; however, some concerns were raised e.g. by Basingstoke residents needing to travel further for planned care

## Views on options for the location of a new specialist acute hospital

- Across *all* feedback channels, where respondents expressed a preference for the location of a new specialist acute hospital, **there was majority agreement with the site near to Junction 7 of the M3**
- It should be noted, however, that particularly among participants who *disagreed* with the proposed model of care, a **sizeable minority felt that *neither* of the proposed sites were suitable**; the petitions argued that the proposed changes should not go ahead at all and that no services should be removed from Winchester hospital

## Views on provision of step-down beds at the current Basingstoke hospital

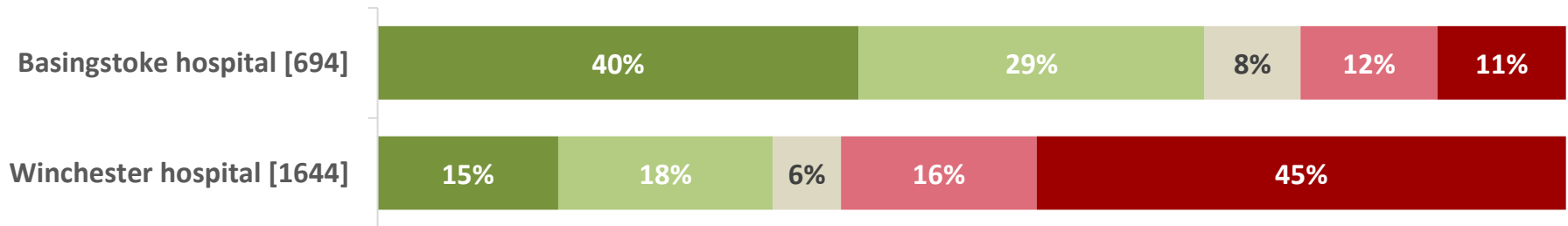
- The majority of residents (via the telephone survey) and questionnaire respondents felt that nurse-led step-down beds should be provided at the current Basingstoke hospital, if a specialist acute hospital is built near Junction 7 of the M3
- At NHS staff engagement activities and residents' focus group, however, concerns were expressed about splitting nursing staff across multiple sites to deliver step-down beds

# Where views differed...

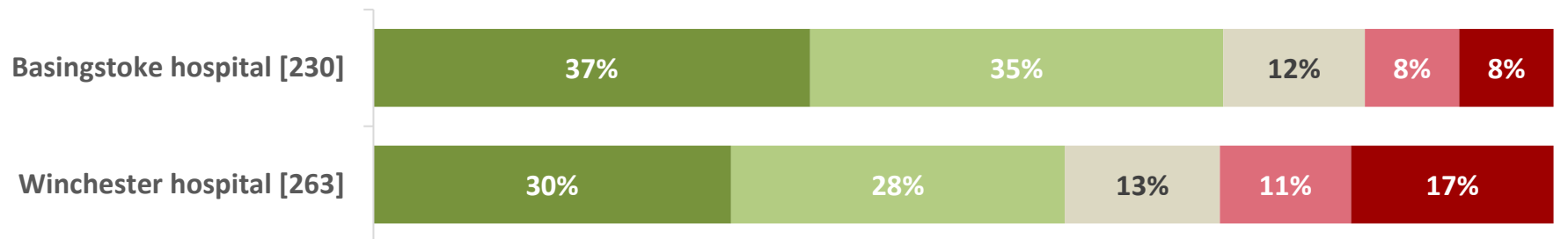


## Variations in views by geography

- Among **questionnaire respondents in particular, views on the proposals vary considerably by geography**; for example, those respondents who live closest to Winchester hospital and those south of Winchester had the strongest concerns about the proposals and **only a third (33%) agreed with the proposed separation of planned care and specialist acute care** (compared to the majority, 70%, of those who live closest to Basingstoke hospital)



- In the **representative survey results** the difference between areas is less marked. The **majority of residents agreed with the proposed separation of some services: 72% of those living closest to Basingstoke hospital, and 58% of those living closest to Winchester hospital**



■ Strongly agree ■ Tend to agree ■ Neither agree nor disagree ■ Tend to disagree ■ Strongly disagree

## Variations in views by geography in the consultation questionnaire response

- Again, in the questionnaire response, views on the **proposed locations for a planned surgery centre and a new specialist acute hospital** varied geographically:
  - An outright majority of individual questionnaire respondents living closest to Basingstoke hospital (56%) **agreed with the proposal to locate a dedicated planned surgery centre at Winchester**; views among respondents living closest to Winchester were evenly split (44% agreed, while 43% disagreed)
  - Similarly, while the majority (69%) of questionnaire respondents living closest to Basingstoke hospital felt that the **site near Junction 7 of the M3 would be the better location for a new specialist acute hospital**, a smaller proportion of those living closest to Winchester hospital (49%) felt the site near Junction 7 would be best
  - Furthermore, two fifths (40%) of those questionnaire respondents living closest to Winchester hospital felt that ***neither of the site options are a 'better' location for a new specialist acute hospital***

## Variations in views by other demographic characteristics

- Beyond the factors already discussed (geography and employment by the NHS) in the questionnaire response, there is little evidence of strong differences in views between different demographic groups

# Next steps

**Modernising our hospitals and health services**

# Areas the programme is focusing on already from consultation feedback



**Site Selection**



**Workforce**



**Transport**



**Stakeholder and partner  
engagement**



**Configuration of services**



**Business case development**

Options Development Group to review consultation feedback and consider if any of the information or insights changes the options available or assessment about the preferred option



Consideration of options development alongside other evidence (clinical, workforce, estate, financial etc.)



Development of a 'decision-making business case', and a decision on how to proceed later in 2024



Development of strategic business case, outline business case and full business case, and ongoing engagement with patients, carers, staff, stakeholders and local communities



Refurbishment, construction and opening between 2030 and 2035

# Questions and discussion

Modernising our hospitals and health services

# Appendix

# Consultation findings

Modernising our hospitals and health services



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# Characteristics of consultation feedback channels



## Open Consultation Questionnaire

- **Essential!**
- Inclusive opportunity
- Open to all
- Structured mechanism
- Information - particular groups
- Motivated to respond
- Quantitative, but not necessarily representative

## Residents' survey

- **Statistically robust summary**
- Representative of general population in the catchment area of the hospitals
- Quantitative, but cannot be "combined" with questionnaire

## Public listening events, meetings and staff engagement

- **Open to all!**
- Primarily informational; Q&A with group discussions
- Opportunity to address concerns and correct misunderstandings
- Attendees encouraged to provide feedback via questionnaire

## Independently facilitated focus groups/ interviews

- **Invited attendees**
- Representative of specific geographies, *or*
- Targeted to specific equalities groups
- Detailed discussion of proposals, issues and reasons for views
- Opportunity to explore different views and reconsider in light of new information

# Characteristics of consultation feedback channels



Targeted engagement activities	<ul style="list-style-type: none"><li>• Invited attendees</li><li>• Targeted to specific communities and users of specialist services, and organisations working with them</li></ul>	<ul style="list-style-type: none"><li>• In-depth; informed by personal and professional experience</li><li>• Focused on specific aspects of proposals</li></ul>
Written submissions	<ul style="list-style-type: none"><li>• Organisations, elected representatives and individuals</li><li>• Evidence-based; clinical knowledge</li></ul>	<ul style="list-style-type: none"><li>• Formal submissions by local authority committees/cabinets</li><li>• Informed by personal/professional experience</li></ul>
Petitions	<ul style="list-style-type: none"><li>• Important expressions of opinion and strength of feeling</li></ul>	<ul style="list-style-type: none"><li>• Take account of petition statement and number of signatures</li></ul>
Social media	<ul style="list-style-type: none"><li>• Beneficial in awareness raising and signposting to how to get involved</li></ul>	<ul style="list-style-type: none"><li>• Often formative (part of ongoing debate) rather than final, considered feedback on the proposals</li></ul>

## Key considerations

Important to understand the **differences between different feedback channels**  
**Inadvisable to attempt to combine all responses** to generate a single 'answer'  
Important to understand *reasons* for views, concerns and impacts, alternatives

# Balance of opinion, across the consultation feedback



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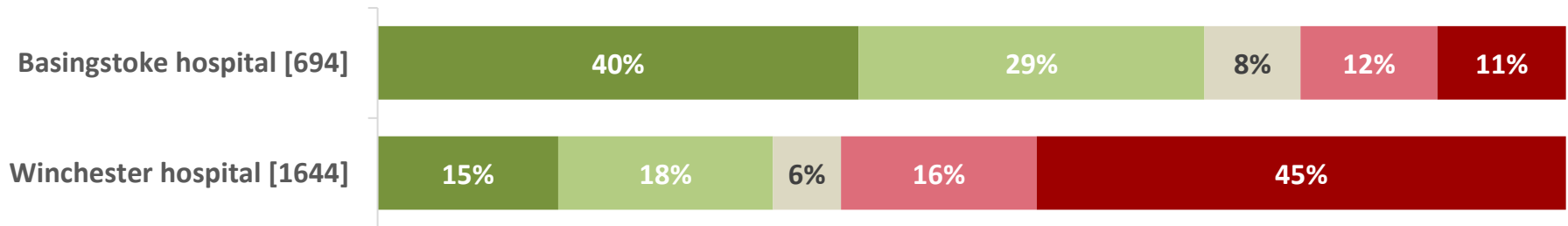
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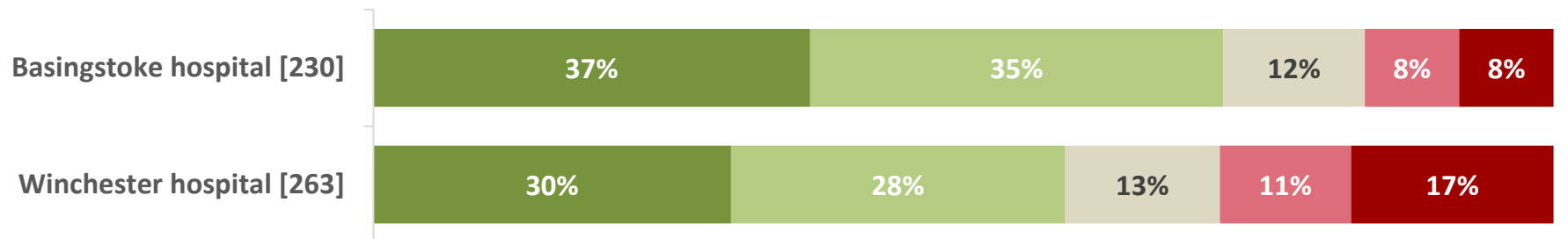


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## Variations in views by other demographic characteristics

- Beyond the factors already discussed (geography and employment by the NHS) in the questionnaire response, there is little evidence of strong differences in views between different demographic groups



## Agreement with the proposed model of care

- In written submissions from **NHS Trusts and ICBs**, and in feedback from **public listening event attendees, focus group and in-depth interview participants**, and **some questionnaire respondents**, potential benefits of separating planned care and specialist and emergency care were identified, such as:
  - Fewer cancellations of planned procedures
  - Reduced waiting times
  - Better patient outcomes
- Many **staff members attending listening events and meetings** also supported the proposal to bring together some services on specific sites, suggesting that this would:
  - Provide opportunities for more innovative, sustainable, and cost-effective approaches to service provision
  - Help overcome staffing and recruitment challenges
  - Improve the consistency of service provision and reduce duplication
  - Enable better access to specialist services
- In **targeted engagement with service users and support organisations**, it was felt that:
  - Families and carers of adults and children needing specialist inpatient care would be able to understand and accept the proposals if they could be assured that longer journeys would be offset by quicker access to the best possible services
  - Improvements to maternity and children's services would be positively received (creation of a new alongside midwife-led birthing unit and children's emergency department at a new specialist acute hospital, and the potential reinstatement of a full level 2 neonatal unit)
  - The proposal for a cancer treatment centre and 'joined-up' care in Hampshire would be a positive development

## Concerns about the model of care and disagreement with separating some services between hospital sites

Several main concerns were expressed across all consultation activities, both by those who *agreed* with the proposals (who felt they should be mitigated against) and those who *disagreed* with the proposals (who felt they were reasons to not go ahead)

- Much of the disagreement is focused on the loss of 'local A&E services', particularly from Winchester hospital, and concerns about the implications for access to emergency care, including:
  - Longer journeys to reach alternative emergency hospital services in or near to Basingstoke or Southampton for people living in Winchester and the south of the catchment area
  - The ability/capacity of the ambulance service and/or a single emergency department to respond to demand and increased pressures on services now and in the future
  - Potential confusion around patient pathways, particularly for urgent and emergency care
  - 'Deskilling' of staff at sites without emergency care
  - Whether an Urgent Treatment Centre at Winchester hospital would be safe and deliver good patient outcomes, particularly if an apparently low-risk situation were to escalate quickly
- Other aspects of the proposals, including changes to planned surgery, maternity services, neonatal care, and paediatric services, also raise concerns for some respondents:
  - The safety of standalone midwife-led units if complications arise during birth
  - Potential need for transfers between hospitals (e.g. from the planned surgery centre, standalone midwife-led birthing units, or from step up/step down beds) in the event of emergencies or patient deterioration
  - Staffing and recruitment challenges including the attractiveness of Winchester hospital, and potential difficulties delivering some services across three sites (plus Andover) in future

## Locating a dedicated planned surgery centre at Winchester hospital and refurbishing existing buildings

- Some questionnaire respondents and most focus group and in-depth interview participants understood the rationale for locating the proposed planned surgery centre at Winchester hospital, acknowledging:
  - The size limitations of the Winchester hospital site making it unsuitable for a new specialist acute hospital
  - That locating a specialist acute hospital in a new building in a different location would ensure 'fit for purpose' equipment and facilities
  - That Winchester hospital would benefit from refurbishment, further improving the good level of patient care
  - That an Urgent Treatment Centre at Winchester hospital would still allow many people requiring urgent care to be seen locally
- Feedback from those who *disagreed* with the proposal for a planned surgery centre at Winchester hospital most often focused on the loss of emergency and trauma care from the site (explored in the following slides)
- There were also concerns among questionnaire respondents, in the public events, focus groups and in-depth interviews, and in some written responses around:
  - Travel and access to planned surgery services (particularly the accessibility of Winchester hospital for patients from Basingstoke and further afield, and their visitors)
  - Whether the centre would be large enough and have sufficient capacity to undertake more planned surgeries
  - Lack of potential for futureproofing as there is no option to expand with the surrounding land occupied by university accommodation
  - Whether enough consideration has been given to the implications for those whose surgeries may not go to plan, who then require specialist or emergency care

## The location of a new specialist acute hospital

Feedback from the majority of consultees who felt that the better location for a new specialist acute hospital was at **a new site near to Junction 7 of the M3** typically focused on:

- The more 'central' location of the site in Hampshire, compared to the current Basingstoke hospital site
- The opportunity to build a modern, fit-for-purpose hospital with more scope for future expansion in a way that is:
  - Less disruptive to staff and service provision than building on the existing Basingstoke hospital site
  - Most economical and cost-effective
  - Offers greater opportunities to ensure the hospital is environmentally sustainable

Consultees who *did not* feel that the site near to Junction 7 of the M3 would be the better location, fell broadly into two groups:

- The larger group felt **neither of the site options was 'better'**, typically because they were very unhappy about services moving away from existing sites – particularly Winchester hospital
- A much smaller proportion **favoured the current Basingstoke hospital site for the location of a new specialist acute hospital** (mostly residents in the city and to the north of Hampshire), citing:
  - A preference to have services (or workplaces in the case of staff) located as close to home as possible
  - Existing public transport links to the current Basingstoke hospital site
  - Concerns that it may not be possible to put sufficient measures in place to enable non-drivers to travel to the site near Junction 7 of the M3 location, and that road closures on the M3 could cause difficulties
  - That building on a greenfield site with no existing infrastructure (the site near to Junction 7) was a less preferable option

Various concerns were raised in relation to the proposed changes to **Winchester hospital**, including:

- The implications of not siting the specialist acute hospital in Winchester, in particular the loss of consultant-led emergency and maternity care
- The difficulty for patients and visitors of accessing more distant hospitals
- More and longer transfers would be needed via an ambulance service already experiencing considerable pressures
- Winchester has a large and growing population, including students and tourists, that requires a local A&E service
- Perceived 'downgrading' of services, which might have negative implications for the Winchester site's longer-term future

Particular points were expressed about **travel and access to specialist and emergency hospital services**, especially for those living in and around Winchester, but also for other service users across Hampshire, including:

- The likelihood of longer and more expensive journeys
- Inadequate public transport links and potentially limited parking availability
- That the current Winchester and Basingstoke hospitals already have bus and rail links
- That Winchester hospital currently offers a good standard of care and is more accessible than Basingstoke
- That (it was noted in the focus groups) there is an existing bus route to the preferred site near to Junction 7 as far as the nearby Sainsbury's, which would only need to be expanded by a further few minutes to reach the proposed site, and that infrastructure improvements are already underway in the area to serve recent housing developments

Concerns about whether **possible impacts on acute services at neighbouring Trusts** had been sufficiently accounted for, on the basis that many patients in the south and north of Hampshire may in future 'flow' towards services at, for example, Southampton General and Frimley Park hospitals, rather than those at the proposed new specialist acute hospital

## Provision of step-down beds at the current Basingstoke hospital site

In the questionnaire response and among residents (via the telephone survey), the majority felt that providing some nurse-led step-down beds at the current Basingstoke hospital site would be important *if* the specialist acute hospital were to be built near to Junction 7 of the M3.

There was, however, limited feedback as to *why* that was the case. Where reasons were given for supporting provision of step-down beds, respondents said that it would:

- Offer more rehabilitation beds and free up resources at the specialist acute hospital
- Help serve Hampshire's increasingly ageing population
- Make it a more attractive proposition for staff living locally
- Rehabilitate many patients closer to their homes and provide care for those with no support at home
- Speed up the process of moving people through the healthcare pathway and potentially reduce readmissions

By contrast, most NHS staff meeting/event attendees and NHS staff responding via the questionnaire, public listening event attendees, and focus group participants felt that provision of step-down beds at the current Basingstoke site might:

- Present some difficulties in terms of staffing, including the possibility of insufficient nursing cover to split resources across two sites
- Be unnecessary, given the proximity to the proposed specialist acute hospital, if it were located near Junction 7 of the M3
- Potentially be disruptive to continuity of care (e.g. patient transfers)

# Equality and health inequalities considerations



Over the course of the consultation several concerns were identified in relation to equalities impacts, most of which centred on **the challenges associated with travelling further distances** (i.e. if the proposals led to services being relocated further away), and the impact of such travel on people with protected characteristics, e.g.:

- Elderly people, who are more likely to experience mobility and chronic health issues, and to use public transport
- People with disabilities or with other illnesses or health conditions (including mental health), who are less likely to drive or more likely to struggle to access healthcare as a result of their condition (including visual or hearing impairments, dementia and types of neurodiversity, mobility issues, and other physical conditions)
- Pregnant people and people living in the Winchester area due to the potential reduction in services at their nearest hospital, more difficulties attending appointments, and the potential risks associated with having to be transferred to consultant-led care further away in the event of a more complicated than anticipated birth at a midwife-led unit
- Minority ethnic communities like the Nepalese population in Basingstoke (many of whom are linked to the existing hospital through work); and Black and Caribbean communities who are affected by specific health issues and already face health inequalities

Other specific groups highlighted in consultation feedback included:

- Individuals or families from a lower income or socio-economic background (including single parents) who may struggle to absorb additional travel costs
- Those living in deprived or rural areas, or without private transport, due to travel challenges and poor public transport
- NHS staff members, due to the potential disruption involved in the proposed reconfiguration and the financial impacts of increased commuting, particularly for those in lower paid roles in the NHS; it was particularly said that nurses from overseas may be less likely to drive in the UK, and/or may not be able or willing to move home to work at a different hospital

# Equality and health inequalities considerations (cont.)



In addition to the travel and access concerns outlined above, other specific concerns were raised around the need for services, facilities and care pathways to be designed to meet the needs of particular service users. For example:

- Service users with dementia who could be:
  - Confused or anxious about changes
  - Living with multiple health issues, which need to be considered in the design of hospital interiors and facilities
  - Positively, it was also said that they could benefit from improved early diagnosis if care was more consistent and waiting lists drop
- Service users with neurodiversity, learning difficulties, or mental health problems who might be more likely to struggle to adapt to change and/or new environments and possibly disengage with health services if their needs are not met
  - Andover Mind felt staff at both urgent treatment centres and the emergency department would need to be sufficiently trained to support people in mental health crisis who might otherwise leave or be turned away
- The need to address health outcome inequalities for minority ethnic women giving birth was raised in the targeted engagement, as was the importance of considering the needs of women from outside the UK, including Europe, who might not understand the way maternity services work in the NHS



Some suggestions were made around possible mitigations, should the proposals go ahead. These tended to relate to improving travel links and addressing accessibility issues, both in relation to the planned surgery centre at Winchester hospital and the specialist acute hospital at either Basingstoke hospital or near Junction 7 of the M3. Specific suggestions included:

- Making improvements to public transport, including additional bus routes, with particular regard for deprived and rural areas; introducing park and ride facilities, or shuttle buses between sites; and ensuring connectivity between bus and rail services
- Ensuring sufficient, affordable hospital car parking for patients, visitors, and staff
- Providing free or subsidised travel, potentially means tested or targeted at particular groups
- Facilities for cyclists, and electric car charging points
- Making improvements to patient transport services and the ambulance service
- Improving local roads and infrastructure
- Providing overnight accommodation options for families and carers, and potentially for staff

Other suggestions for mitigations included:

- Measures to reduce the impact of local services being lost (e.g. more use of telemedicine, improved/integrated GP services, local provision of some specialist treatments and surgery for prostate cancer)
- Some suggestions for specific mitigations around accessibility and ease of navigation, e.g. for those who speak English as a second language, or those with mobility issues, sight or hearing loss, neurodiversity or dementia
- Considerations when designing, building or reconfiguring the hospital sites, for example the provision of disability-friendly bathrooms and other facilities; prayer rooms and other spaces for religious contemplation; culturally sensitive services and provisions; quiet/rest areas for patients and staff; plentiful natural light; and green space for patients and staff

When invited to identify possible alternative approaches to addressing challenges and improving services, many of those who disagreed with the proposals suggested **ways of maintaining current services**, including:

- Retaining and/or improving services at both existing hospital sites (in particular, maintaining A&E and consultant-led maternity services currently at Winchester hospital)
- Addressing issues like staff shortages by investing more money in recruitment and training
- Spending any 'new hospital' funding on refurbishments and upgrades to existing buildings at both sites instead

The **main alternatives suggested** through the various channels of consultation feedback were:

- Reversing the preferred locations, with a new specialist acute hospital sited in Winchester, and a planned surgery centre in Basingstoke
- Retaining surgical/consultant cover at both hospitals for certain specialities (maternity care in particular)
- Building a new hospital at a different location, usually one close to Winchester (e.g. Sir John Moore Barracks, Bushfield Army Camp, and Badger Farm); somewhere more central (e.g. around Micheldever station); or somewhere near Andover
- Providing services at fewer sites to avoid unnecessary costs and safety risks (i.e. if the new hospital is built at the new site near Junction 7 of the M3, suggestions included closing the current Basingstoke hospital or not providing any outpatient services there)
- Providing step-down beds for rehabilitation through a community provider