



Hampshire Hospitals NHS Foundation Trust
North Hampshire Clinical Commissioning Group
West Hampshire Clinical Commissioning Group

FIT FOR THE FUTURE

ENGAGEMENT REPORT

Report on an engagement programme to understand what's important to local people when they access hospital services

December 2013

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SECTION 1

PURPOSE OF THIS REPORT

This report sets out the process and results of engagement with the public, partners and other key stakeholders about what is important to them when they access hospital services.

When we talk about ‘hospital services’ we mean the ones for which Hampshire Hospitals NHS Foundation Trust is responsible: Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital. We also provide outpatient and diagnostic services in Alton Community Hospital and Chase Hospital in Bordon and community services for children and expectant mothers. Additionally we provide some services, such as MRI scanning and chemotherapy in mobile units that visit locations across our community.

The engagement process set out to specifically understand what is important to people in five different “what if...” scenarios. The scenarios covered non-urgent care, urgent care, emergency care, visiting someone in hospital and having a baby.

The feedback we have received, together with the clinical evidence will help shape our proposals for change which will formally be consulted upon.

It is also intended that the report gives reassurance that we are listening and responding to what is important to local people. This will give confidence to the Board of Directors, Council of Governors and the Foundation Trust’s commissioners, North Hampshire Clinical Commissioning Group, West Hampshire Clinical Commissioning Group and the Wessex Area Team who we are working with us to develop plans which will enable us to deliver safe and sustainable hospital services for the future.

This report summarises the scenarios, describes how we listened, who responded and what we learnt from people who participated in the process.

INTRODUCTION

Hampshire Hospitals NHS Foundation Trust was formed on 9 January 2012 with the aim to provide high quality hospital services for the circa 600,000 people of Hampshire and parts of West Berkshire, as well as specialist services for people further afield. With patient care at the heart of everything we do, the strategic intention is to provide services that are as close to people’s homes as possible and centralised where it is necessary for patient safety and improved clinical outcomes.

Set against a background of increasing pressure on services, an increasingly elderly population and the financial challenges facing the NHS, we must find a new model for delivering services which is sustainable clinically and financially for the long term. HHFT and its commissioners, West Hampshire Clinical Commissioning Group, North Hampshire Clinical Commissioning Group and the Wessex Area Team are exploring ways to develop and deliver that new model.

In particular, the three NHS organisations, HHFT and its commissioners for North and West Hampshire, have worked together to undertake an engagement process with local people and partners to understand what is important to them about their hospital services. Pre-engagement started in August as the Foundation Trust undertook a series of focus groups to understand views and opinions, but also to inform the shape and structure of a wider engagement process. This much

wider engagement process has been undertaken over ten weeks in October, November and December 2013.

During this time, HHFT partners, which include GPs, hospital doctors and nurses, and other hospital and NHS staff as well as the public and stakeholders such as patient voice groups have responded to say what is important to them when accessing hospital services.

The engagement has provided some key feedback for us to consider and this report presents a summary of the views expressed and the key issues for consideration.

THE SCENARIOS

This section summarises the scenarios that have been subject to engagement.

Scenario 1 - Non-urgent care, what if...

You are referred by your GP for some tests; you may need to see a specialist consultant for an outpatient appointment.

Scenario 2. Urgent care: what if...

You think you or your child may have broken a bone. You might phone 111, go to A&E, phone or visit your GP, your GP may visit you, your GP may phone an ambulance, or you might dial 999 for an ambulance. You may be seen and treated by your GP; you may have tests or treatment at the hospital; you may be admitted to hospital.

Scenario 3. Emergency care: what if...

Your child is suddenly very sick: Someone has collapsed; there is a serious car crash. You dial 999. The ambulance or helicopter takes them to hospital.

Scenario 4. Visiting: what's important to you?

You are visiting someone in hospital who is very sick.
You are visiting someone in hospital who is recuperating.

Scenario 5. Having a baby: what's important to you?

Have we missed something?

SECTION 2

THE ENGAGEMENT PROCESS

This section explains how we went about engaging with the public, partners and stakeholders to understand their views about what's important to them when they access hospital services.

Introduction

The creation of the Foundation Trust, following the acquisition of Winchester and Eastleigh Healthcare Trust (WEHCT) by Basingstoke and North Hampshire NHS Foundation Trust (BNHFT), was driven by the recognition that future success would require us to grow so that we are delivering healthcare to a population of at least 500,000. This larger population would enable the organisation to maintain and further develop the most acute and specialist elements of our service, for example major trauma and emergency cardiovascular treatments (strokes and heart attacks) and bring back to local hospitals services that in recent years had been eroded or lost.

In the year prior to acquisition there was sustained engagement with staff, members, stakeholders, patients and the public to describe the need for change both short term (ie the acquisition) and also beyond, for longer term sustainability. HHFT continued to engage with staff, members and the public following acquisition to share the challenges and overcome them.

The acquisition engagement included public meetings, meetings with MPs and local authorities, close working with commissioners and clinicians, and engagement of staff through focus groups and briefings. This process of sustained briefing and feedback continued after integration.

The engagement described in this paper relates to a specific listening activity to inform the development of proposals.

We used a variety of approaches to engage as many people as possible and offered a number of ways for people to both engage with the information and to respond to it. We used a range of communications methods to raise awareness of the opportunities to engage.

Provision of information

To help people tell us about what was important to them when they access hospital services, the following materials were produced:

- Display panels – setting out the five “what if...” scenarios
- A long questionnaire – hard copy and online (see annex 1)
- A short questionnaire – hard copy and online (see annex 2)
- A5 leaflet and A3 poster promoting the opportunity to engage
- Staff questionnaire – hard copy and on intranet (see annex 3)

An estimated 10,000 printed surveys were distributed. This included printed surveys available in each of the three HHFT hospitals main receptions throughout the engagement period as well as with the clinic display stands and through partners' channels. These can be seen at annex 1.

A dedicated web page <http://www.hampshirehospitals.nhs.uk/about-us/fit-for-the-future.aspx> was also developed, with copies of all the information about the engagement phase and a public online survey.

The HHFT website received 53,517 visits for the period 18 October to 30 November while the survey was live and 1,852 visits to the dedicated webpage. Although staff could complete the public survey as citizens, a separate questionnaire was also produced for HHFT staff (see annex 3) and made available via the intranet. This was designed to provide an opportunity for staff to respond from that specific perspective. These are summarised in the summary of staff feedback in section 4.

The staff survey was made available on the intranet, and in hard copy, and a forum board alongside the Chief Executive's blog provided a further space for staff to comment, although no comments were received on this topic in the online forum.

Raising awareness and encouraging participation

Aim: To raise awareness and encourage participation by as many people as possible:

- HHFT Governors were invited to raise awareness among their networks and were provided with supporting materials to do this
- Posters were displayed in GP surgery waiting areas, see annex 4
- Third parties were engaged to reach their members and/or staff eg local maternity interest groups
- Local media channels were used to secure features in the Daily Echo, Hampshire Chronicle, Basingstoke Gazette and on local radio with interviews on Breeze Andover, Breeze Basingstoke and Breeze Winchester
- Social media was used extensively by HHFT and this was supported by tweets from HantsNews, Eastleigh News, Healthcare Library, West Hants CCG, and Healthwatch Hants. See annex 5 for press releases and tweets.

Respondents could choose how to participate, whether this was through attending a public meeting or reviewing information online. They could also provide feedback in a variety of ways including using the online or hard copy questionnaires, or by sending written feedback by email or post. QR codes for the survey were used on all display stands for ease of access to the survey for those with handheld devices.

A summary of the engagement activities

Aim: To raise awareness and encourage participation in as many ways as possible.

As well as hosting public meetings, the approach was to go out and reach people where they already are – in supermarkets and community groups for example, as well as patients and those people already using NHS services (whether hospital or primary care) who may be more affected by change.

Patient engagement

- **Focus group events**

In August, HHFT organised and facilitated five events across the major towns (Basingstoke, Alton, Andover, Winchester and Eastleigh) within Hampshire in which it provides clinical services.

The events used a focus group format to undertake semi-structured in-depth interviews with service users. Participants represented patients and core hospital service users but who were not Foundation Trust members or otherwise already engaged and therefore those the Trust hears from less frequently. All had a range of experiences of using hospital services directly and also as carers, relatives or friends of other patients.

The events also had some attendance from North and West Clinical Commissioning Group (CCG) GP leaders, communications and commissioners. HHFT staff included a clinical leader, programme director and communications lead.

Each event offered an opportunity for HHFT and CCGs to listen to patient views, describe our developing plans and use any feedback, comments and observations to help shape the engagement going forward.

- **Patient Alliance Forums and Patient Participation Groups**

A presentation and question and answer session was delivered to North Hampshire Patient Alliance Forum on 11 September.

The engagement process was promoted with an appeal to complete the online survey at Popley Patient Participation Group meeting on 8 November and Hackwood Patient Participation Group Meeting on 25 November.

On 5 November, HHFT attended the Maternity Services Liaison Committee to discuss the rationale for change and encourage completion of the online survey. A subsequent email was circulated to members of the Committee on 20 November to raise awareness of the engagement process and invite people to participate. It was discussed again at a meeting on 2 December. Details were also added to the Committee's Facebook page.

A discussion was held with HHFT's Patient Voice Forum in September and again on 18 November when the topic was discussed and forum members were invited to complete the survey.

An email reminder was sent to the Federation of Patient Participation Group Practices on 21 November with an appeal to complete the survey. This reached 21 GP practices.

On 27 November North Hampshire Clinical Commissioning Group Patient Group Meeting was invited to take part in the survey.

- **Hospital clinics**

Surveys were given out to all patients who attended a maternity clinic during November at Andover War Memorial Hospital, Royal Hampshire County Hospital and Basingstoke and North Hampshire Hospital.

A display and surveys were hosted in the fracture clinic on 11 November at Basingstoke and North Hampshire Hospital and on 18 November at Royal Hampshire County Hospital.

A display and surveys were hosted in the cardiac clinic on 14 November in Basingstoke and North Hampshire Hospital.

A display and surveys were hosted in the outpatient clinic at Royal Hampshire County Hospital on 18 November and Basingstoke and North Hampshire Hospital on 20 November.

A display and surveys were hosted in Butterfield reception at Royal Hampshire County Hospital from 22 to 26 November.

A display and surveys were given out by midwives in antenatal clinics to expectant parents at all three hospital sites reaching an estimated 1,410 people. Clinic leaders were reminded via email on 22 October to ask for surveys to be completed.

Surveys were available in the minor injuries unit, maternity centre and outpatients department in Andover War Memorial Hospital.

- **Parent Education classes**

Surveys were given out to all expectant parents who attended a Parent Education class between 4 and 15 November, reaching approximately 150 expectant parents.

- **Community midwives visits**

The survey was promoted or handed out during community midwife visits to expectant parents, reaching approximately 550 people across Hampshire.

- **Children Centres**

One children's centre, the Aviary in Eastleigh was visited on 6 December with a manned display, and attendees were invited to complete the short survey.

- **GP surgeries**

In addition to the CCG's distribution to GPs in their respective areas, an HHFT governor arranged for emails and leaflets to be sent to Hartley Wintney and Hook GP surgeries on 4 November.

Public engagement

- **Voluntary and community groups**

On 4 November information was sent to community and voluntary groups about the engagement process and online survey by West Hampshire Clinical Commissioning Group.

On 5 November a presentation was given to the Winchester Lodge of Moose International.

On 11 November information was sent to voluntary and community organisations by North Hampshire Clinical Commissioning Group inviting people to take part in the survey.

On 18 November, surveys were handed out at HHFT's Patient Voice Forum and awareness raised of the online survey too.

Open public meetings (roadshows) were held in Alton, Andover, Basingstoke, Eastleigh and Winchester between 1-19 October. The general public, as well as HHFT members, were invited to

attend. The roadshows were promoted to the public through advertisements in the three main local newspapers, Andover Advertiser, Basingstoke Gazette, Daily Echo and the Hampshire Chronicle.

- **Shopping and leisure centres**

Manned displays to raise awareness of the engagement process and encourage people to take part were held at Sainsbury's Alton on 12 November, The Brooks Shopping Centre, Winchester on 15 November, Tesco 24 Hour store, Andover on 27 November and Festival Place Shopping Centre, Basingstoke on 28 November and at Fleming Park Leisure Centre in Eastleigh on 7 November.

- **Third party promotion**

A HHFT governor arranged for a message to be placed on the University of Winchester website and intranet from 4 to 30 November, promoting the engagement and asking for people to complete the online survey. This had the potential to reach 1200 staff and 7000 students.

A HHFT governor arranged for emails to be sent to Hartley Wintney Over 55 Club and wider Forum of voluntary agencies to invite people to take part in the survey.

The Governor Champion for Older People agreed to raise awareness within the Over 55s forum.

An email was sent to Basingstoke and Deane Borough Council on 21 November by North Hampshire Clinical Commissioning Group to appeal for support to complete the survey.

Emails were circulated to Basingstoke Voluntary services, Test Valley Community Services, Winchester Area Community Action, Hart Voluntary Action and Hants Community Voluntary Services on 22 November to raise awareness of the survey amongst their networks.

The Maternity Services Liaison Committee included information and a link to the survey on their Facebook page.

Local press included the link to the survey in articles.

Stakeholder and partner engagement

On 4 October a briefing was held for Steve Brine, MP

Over the summer, HHFT's Chairman had individual face-to-face meetings with local MPs. As follow-up to this, on 29 October letters were sent to brief local MPs James Arbuthnot, George Hollingberry, Sir George Young, Maria Miller and Mike Thornton.

On 1 November, North Hampshire Clinical Commissioning Group raised awareness of the survey to 35 staff and 21 practices in its weekly newsletter and the survey was also placed on its website.

On 7 November West Hampshire Clinical Commissioning Group invited GP Practice staff to complete survey via weekly business news emails.

On 7 November North Hampshire Clinical Commissioning Group's Clinical Cabinet were invited to take part in the survey.

On 22 November North Hampshire Clinical Commissioning Group appealed to GP practice staff to complete the survey.

On 27 November, North Hampshire Clinical Commissioning Group stakeholder group appealed to attendees to complete the survey.

During October and November two meetings were held by the North Hampshire Clinical Commissioning Group's governing body where they and the members of the public who attended were invited to take part in the online survey.

Medical Professional Meetings (GPs and hospital consultant staff) were held on 2 May (north) and 21 November (south) covering this topic.

Governor and member engagement

In total, 93 people attended the roadshows which were run in Eastleigh on 1 October, Winchester on 8 October, Andover on 22 October and Alton on 29 October. Attendees included a mix of members, the public and our partners. People who attended listened to a presentation about the rationale for the need to change and were left to view the exhibition which set out the "what if..." scenarios, discuss them with staff if they wished and to leave feedback.

On 18 October, the Foundation Trust newsletter was published that detailed the engagement exercise and publicised the roadshow dates. This newsletter is issued to 12,500 public members, 6,000 staff and is widely promoted within all three hospitals too. Prior to release on 17 October email notification was sent to all Governors.

On 18 October an email was sent to the 3,000 Foundation Trust members with email, with a link to the survey and a reminder of the roadshows.

On 4 November, at a governor training session, Governors were reminded about the programme of work and asked for help in getting people to complete the survey. This was followed up with an email, and hard copy packs of leaflets and surveys were distributed at the Council of Governor meeting on 5 November asking for support in accessing Governor's community networks.

A reminder email was also sent to Governors asking them to promote the roadshows and supermarket stands among their networks.

Staff engagement

Monthly In Touch open meetings for all staff were held on all three hospital sites and included this topic in the session on 7 and 8 August. The In Touch session in September provided an overview presentation and opportunity for discussion. The monthly In Touch sessions were open to all staff and was supported through the In Touch blog and a video message.

On 25 September more than 50 people attended the meeting of Clinical Plenary Senior Staff Group and were updated on plans and asked to contribute.

On 30 October a presentation was given to attendees of the Joint Consultative Negotiating Committee who discussed the topic.

During the period, attendees of HHFT's clinical reprovion meetings discussed the topic and were reminded to take part in the survey.

In Touch staff meetings were held on all three hospital sites from 5 to 6 November with a manned stand and supporting display boards and surveys with the opportunity for further discussion.

A series of staff drop in sessions with manned displays have been held early in December to provide further opportunity for staff feedback. These include staff drop in sessions on 3 December at Basingstoke and North Hampshire Hospital and 5 December at Royal County Hampshire Hospital.

In addition, a series of discussion meetings were held with Trust therapies staff on 4 December, domestic staff on 9 December and portering staff on 11 December.

Regular reminders were sent to staff in the Midweek Message (a weekly e-bulletin).

SECTION 3

OVERVIEW OF RESPONDENTS

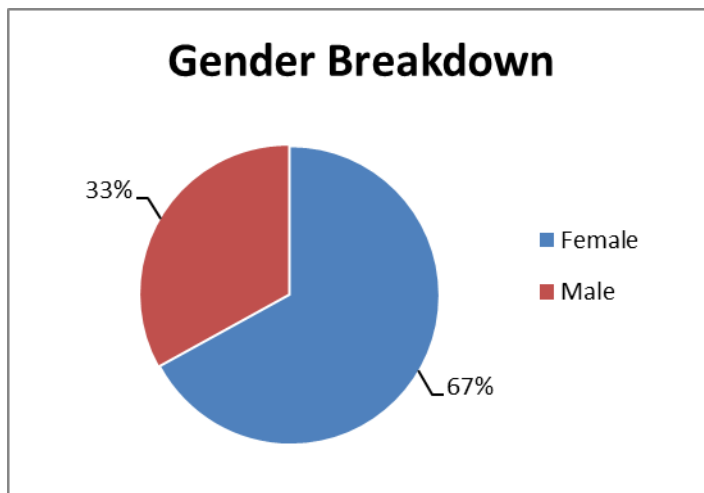
This section provides an overview of who has responded to the consultation.

Public questionnaire

Overall 1,102 responses have been received from the public, 909 people completed the survey online, 131 completed the same survey as a hand written response and 62 completed the short written survey which provided an opportunity to provide qualitative feedback. See annex 1 and 2 for copies.

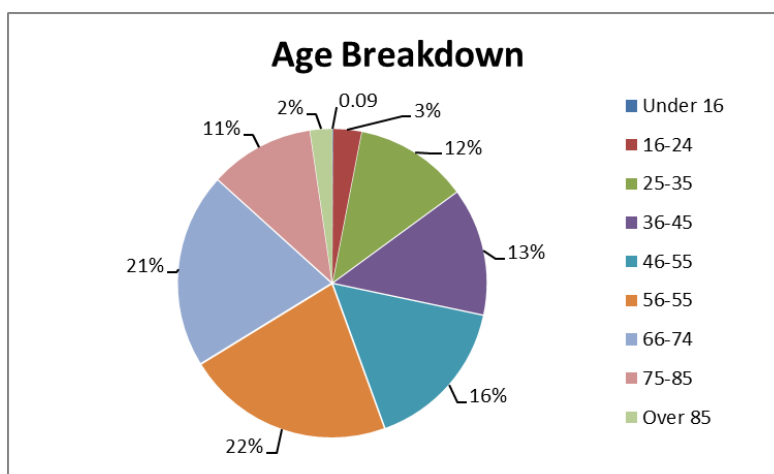
Gender

Of the 1,102 respondents 67% were female and 33% were male.



Age

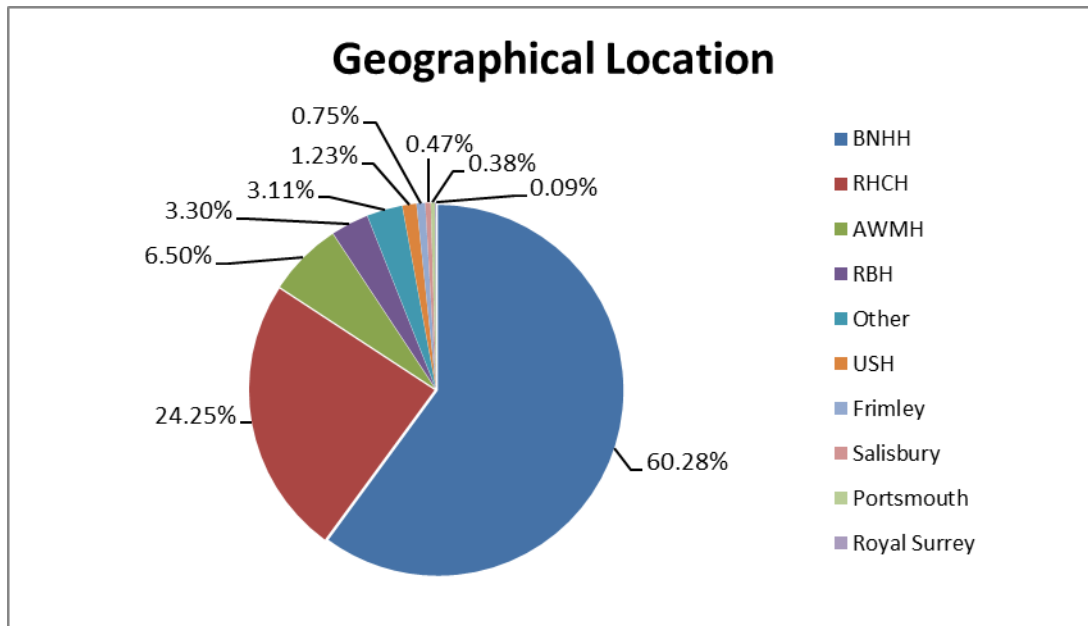
More than 50% of respondents were 56 years and over and 25% respondents were in the 25 to 45 year age groups. People under 24 didn't choose to take part in the surveys at the same rate accounting for just 3% of responses.



Location

In terms of geographic area reached, most respondents (60%) cited Basingstoke and North Hampshire Hospital as their local hospital, 24% cited the Royal Hampshire County Hospital in Winchester, 6% Andover War Memorial Hospital, 3% cited the Royal Berkshire Hospital in Reading and 1% University Hospital Southampton NHS Foundation Trust.

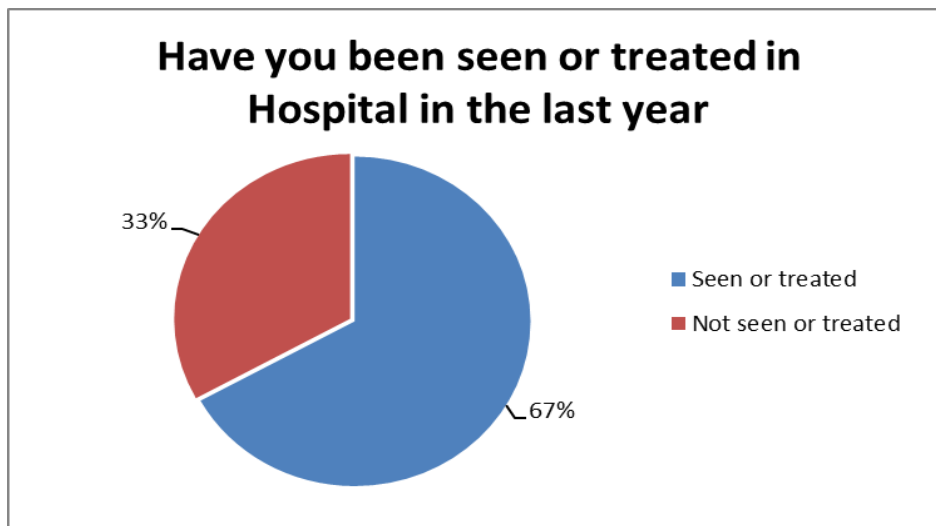
Less than 1% of respondents cited Frimley Park Hospital NHS Foundation Trust, Portsmouth Hospitals NHS Foundation Trust, Royal Surrey County Hospital, Guildford and Salisbury Hospital NHS Foundation Trust as their local hospital.



During the engagement planning we were mindful of the need to make sure there were equal opportunities for respondents to access the survey wherever they were across our area and we made every effort to undertake the same activities in Alton, Andover, Basingstoke, Eastleigh and Winchester.

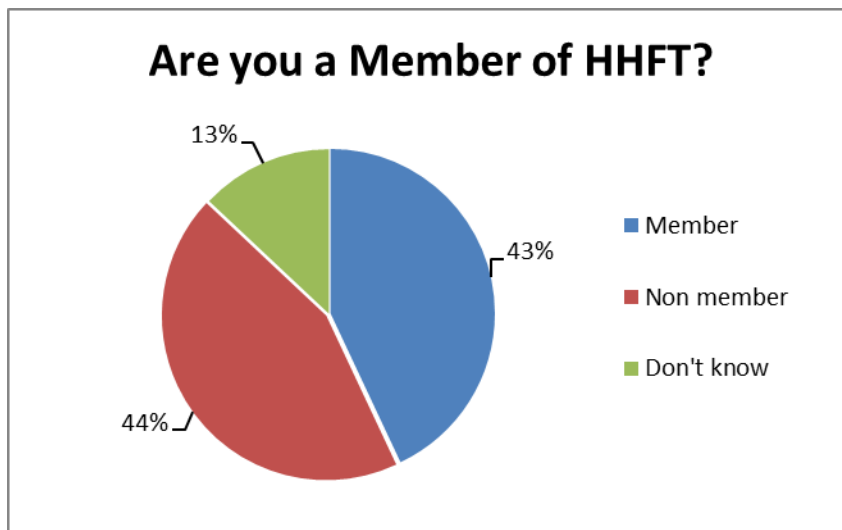
Recent patients

Of the 1,102 respondents 67% have been seen or treated in hospital in the last year as either an inpatient or an outpatient and 33% hadn't.



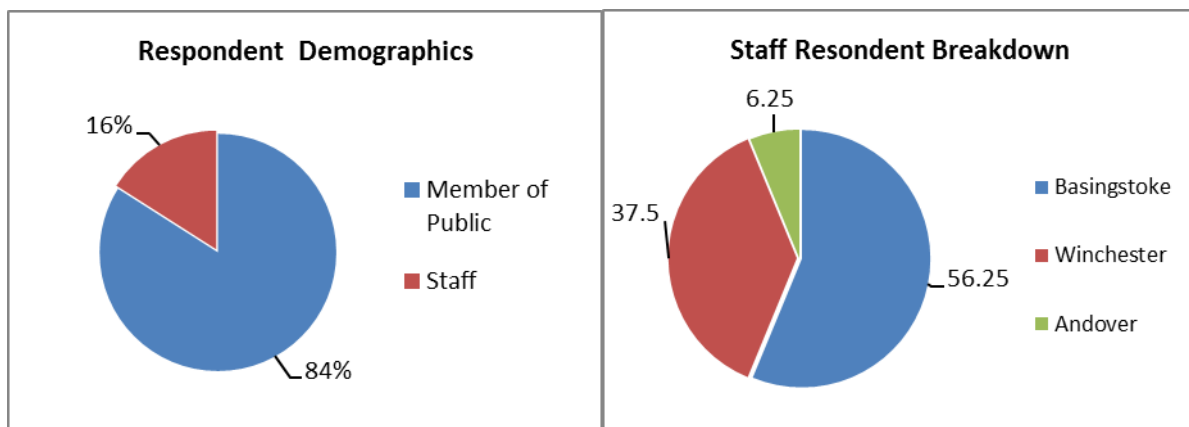
Members

Of those respondents 43% said they were members of Hampshire Hospitals NHS Foundation Trust, 44% weren't and 13% didn't know.



Hampshire Hospitals staff

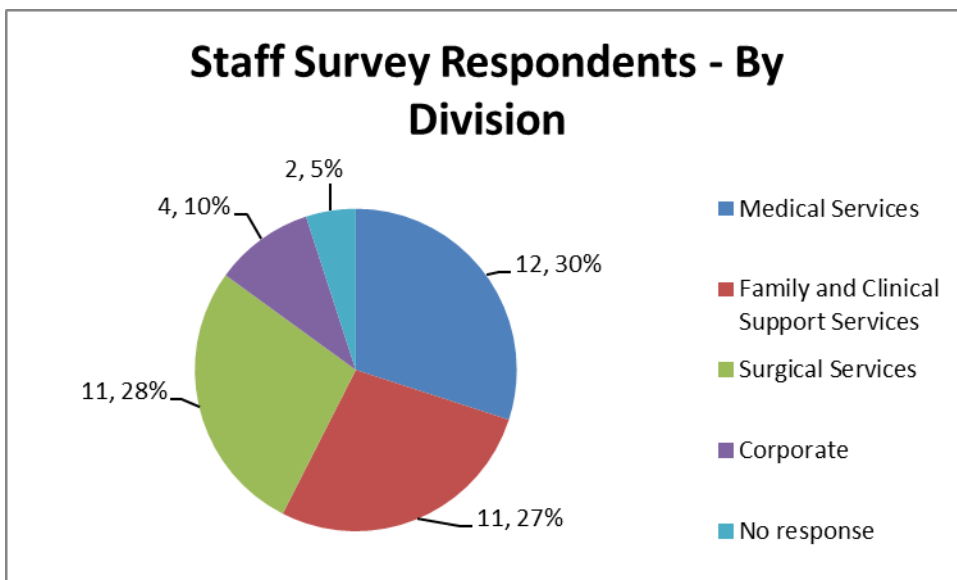
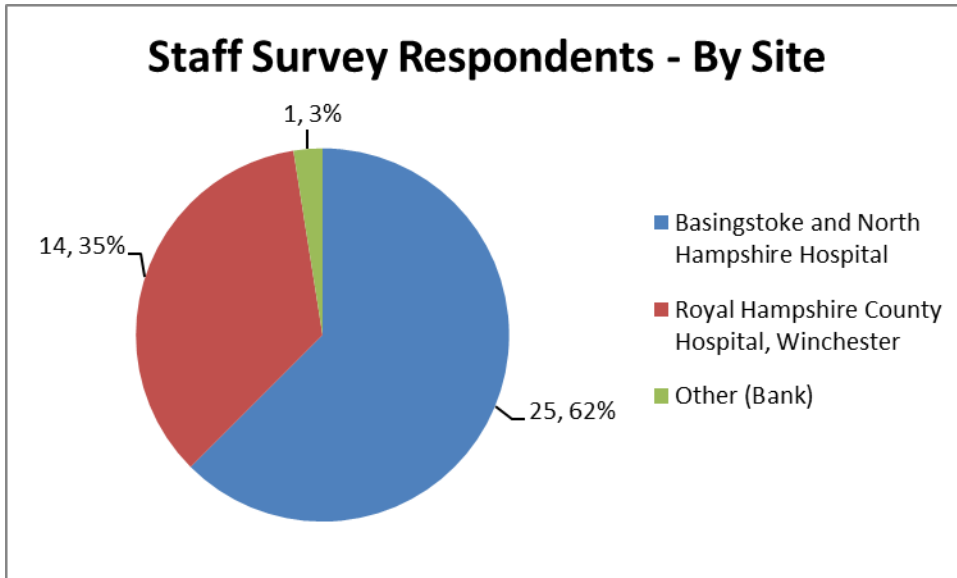
Of those respondents that completed the public feedback form 84% were members of the public, 16% were staff. Of those identified as staff 9% were based in Basingstoke, 6% in Winchester and 1% in Andover.



NHS staff questionnaire

Overview of respondents

It is worth noting that a number of Hampshire Hospitals' staff filled out the public questionnaire – 463 or 16% of the 1,102 responses (displayed above). In addition, a further 40 members of staff completed a tailored questionnaire, resulting in 503 Trust staff taking part in the consultation.



OVERVIEW OF FEEDBACK

This section provides an overview of the key findings from the engagement process. It focuses on what is important to people as they access hospital services. The feedback generated, together with the clinical evidence will help shape our proposals to provide safe and sustainable hospitals for the future which will formally be consulted upon.

Things people said were important to them:

- Convenient access to hospitals with short journey times
- Maintaining choice within maternity services
- Obstetric care when they had their baby in a hospital
- Urgent care - accurate assessment and signposting
- The quality of hospital staff and their attitude
- Being able to see a specialist with the right specialist equipment
- Adequate staffing and beds

- Providing continuity of care
- Getting an appointment quickly
- Good communication and organisation
- Having confidence in the skills of staff
- Reassurance of expert care, by qualified and pleasant people

Things people would like to see more of or to see changed:

- One-stop shop services – getting everything done in one place, at one time
- Better communication of the local NHS services available, particularly out of hours
- Easier access – more car parking, good public transport
- Clinicians leading change and not NHS managers
- Lower car parking charges

Things that concerned people about change:

- Loss of some services at their local hospital, a perceived downgrading, is their local hospital under threat
- Travelling to one of the other hospitals might make services less accessible for themselves or their visitors, especially for those with caring responsibilities
- Concern patients will be put at risk because of the extra travelling time
- Concern over travelling time while in labour, or being transferred to another location in an emergency from home or a midwifery led centre
- To genuinely be consulted and their views taken into account
- More understanding about why some services centralised and not others

Findings from the staff survey focused on:

- Having adequate staffing levels and an adequate mix of skilled staff
- More emphasis placed on having organisation wide systems, clinical and IT
- Regularly planning for discharge on admission
- Reviewing the out of hours services to see if they are adequate and providing more information about where to go and when to better manage demand in Emergency Departments
- More consultation and involvement so staff can contribute to plans as they develop

SECTION 4

SUMMARY OF PUBLIC FEEDBACK

This section summarises the public feedback.

Focus Groups

The feedback from the focus groups helped shape how the engagement phase was approached, both in terms of how the challenge was described and how views were sought to ensure that the questions were as open as possible.

The format of the focus groups was scene-setting which described the broader challenge, leading to a discussion of the wider context of the challenges in the NHS before focusing on participants views on the need to centralise some services in order to be able to sustain them for the future.

The focus groups reflected that patients and the public see the NHS as one entity and do not differentiate between primary, secondary and community healthcare providers in their expectations of a joined up service. Many of the discussions referenced experiences across and between providers and the desire to see it more joined up.

There was strong support for as much being provided locally as possible (and this was particularly expressed in Alton and to a lesser extent in Andover) and a preference for an environment which was personal and friendly.

There was concern expressed around retention of choice for women in their maternity care. There was an acknowledgement of safety as a driver for change, although a preference for obstetric-care in Basingstoke and Winchester hospitals was expressed nevertheless.

Online and paper surveys

In total, there were 1,102 responses with 909 online and 131 on paper. An additional 62 people completed a shorter qualitative survey and their feedback is reflected in the first question for each section, "what is important to you?" See annex 1 and 2 for copies of the public surveys.

Scenario 1 - Non-urgent care, what if...

You are referred by your GP for some tests; you may need to see a specialist consultant for an outpatient appointment.

In this scenario, what is important to you?

907 of respondents answered the question and 133 skipped it

Respondents overwhelming said their priority was speed (of appointment, tests and treatment) and ease of parking. However there were also a number of other significant areas important to respondents these were:

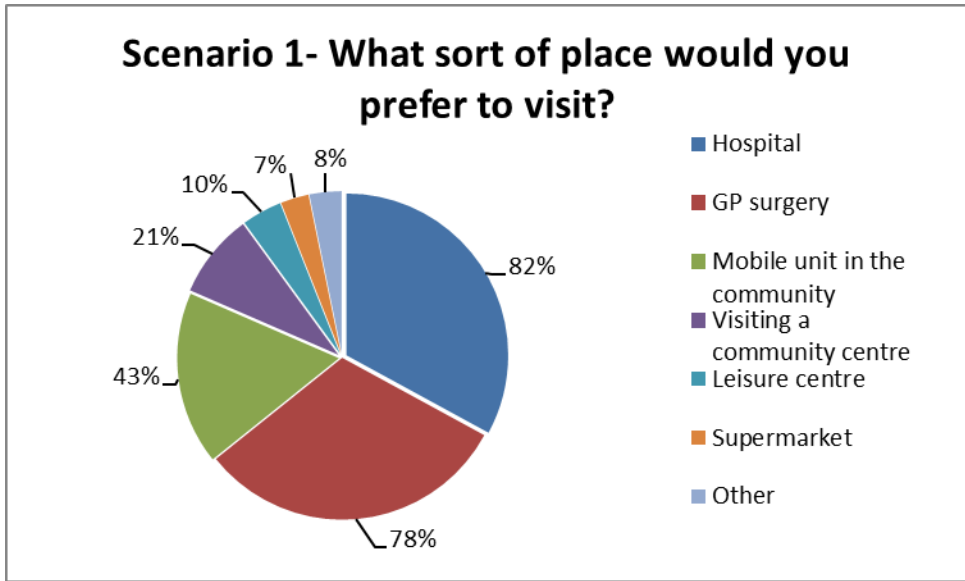
- **Convenience** – services ideally need to be close, with sufficient low cost or free parking and have good public transport links. One respondent said: "My wife and I are elderly, therefore are becoming less able to whizz about all over the place."

- **Communication** – should be good so patients know what is happening, when and why and the proposed timescales. Good communication between the GP and the consultant was important to respondents too. One respondent asked to be copied into letters between medical staff about them, to give them time to consider the salient points and use this as a basis for discussion with medical staff.
- **Organisation** – there were a number of areas important to respondents about how well services were organised, this included the consistency of consultant/medical staff, ensuring patients saw the right professional for their condition, who has read their notes and is well informed. One-stop shop services were welcomed and those who had experienced them praised them highly. It was also suggested that outpatient appointments aren't always necessary and one respondent cited some specific examples. "To be told I need to go for another test (why doesn't someone just phone to tell me that?) Or to attend an appointment to be told everything is ok."
- **Service** – Respondents asked for more engagement with them to arrange their appointments, one said they'd like to see "appointments made with me and not doled out by the hospital," several others would also like the opportunity to telephone someone or to use the internet to change their appointment if they need to and not to fall to the back of the queue. Appointments that ran on time were important to many, as this, and knowing how long their appointment is, would be helpful so the correct parking ticket can be bought.
- **Responsive** – at times to suit personal needs (especially for non-urgent care) with some respondents suggesting Saturday or evening appointments. Some respondents would like the opportunity to choose where they go – some respondents were happy to go anywhere that was local, like supermarkets for instance whereas others preferred accessing services in more traditional ways such as the GP surgery.
- **Quality of and attitude of staff** – many respondents wanted all staff from reception to consultant to be polite, compassionate and take time to take their concerns seriously and discuss them.

What sort of place would you prefer to visit for each of these encounters? Tick all that apply. 1005 of respondents answered the question and 35 skipped it

The majority of people who answered this question would prefer to visit a hospital (82%) or a GP surgery (78%) for these encounters and a significant number (43%) also cited a mobile unit in the community. Options least preferred included visiting a community centre (21%), leisure centre (10%) or supermarket (7%). A small number of respondents (8%) suggested alternative places these included pharmacy consultation rooms, walk-in-centres, high street locations and the town hall. In addition, some elderly patients requested home visits and people with disabilities suggested places should be considered for their accessibility.

The major theme that runs through the qualitative responses is ease in terms of getting to services and parking and also having parking charges at a reasonable cost.



The qualitative results covered other aspects of service that were important to people when thinking of their preferences for an outpatient appointment. A number of respondents said that ensuring consultations took place in private rooms that supported their confidentiality and privacy was important to them. Others said it was important that the location should feel properly established highlighting that patients would like to feel that they are getting the usual NHS professionalism no matter where the service is delivered.

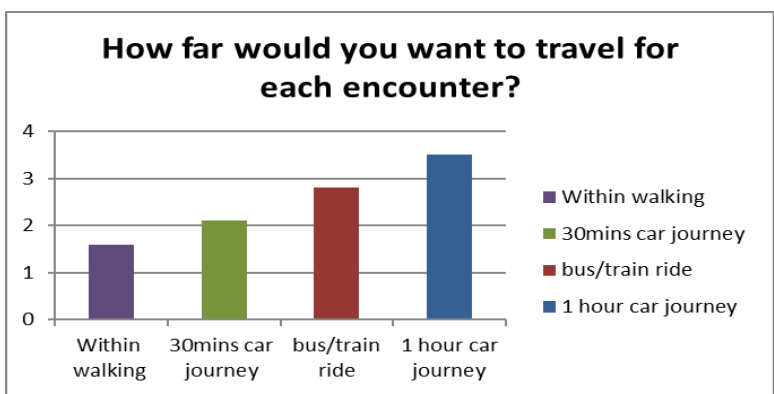
Other areas cited as important to people were consistency of consultants in their care and offering one-stop care where this was possible. A significant number of people said they'd be willing to travel for specialist consultants, ease of parking and shorter waiting times.

How far would you want to travel for each encounter? Please rank in order of preference, number 1 being your most preferred option number 4 being your least preferred.

996 of respondents answered the question and 44 skipped the question.

This question was based on a rating system, 1 being the most preferred and 4 being the least preferred. Therefore the lower the rating the higher the preference.

Most people would prefer to be able to walk to these encounters, with 65% of respondents choosing this as their preferred option (scoring a rating average of 1.6). This was followed by a 30 minute car journey (scoring a rating average of 2.1), this was closely followed by a bus/train ride away (scoring a rating of 2.8). The least preferred option for these encounters was up to an hour car journey (scoring a rating average of 3.5).



Tell us what is important to you about the time it takes to receive treatment.

913 of respondents answered the question and 127 skipped it.

Unsurprisingly, a lot of respondents would like to be seen within a short period of time, though many balanced this with the seriousness of their condition expecting the time to treat more serious conditions to be shorter than for less serious conditions. Some said that although a condition may not be medically serious, it could have a serious impact on their quality of life and this should be taken into account. A few respondents also suggested that those in pain should be seen within a shorter period of time too. Many respondents reported the stress and worry of waiting for a diagnosis and a few said this had a direct impact on their mental well-being.

Another theme from the qualitative responses was the importance respondents placed on good communication. This was seen to help manage expectations, and for those that worked or had other commitments it allowed them to plan. For instance, one respondent said:

“As I get older, travel will become more difficult and I may rely on others.”

“I have two small children and a husband who works shifts so sometimes it is very difficult to arrange childcare.”

“It’s important because I have to take time off to go to an appointment due to work and preferably only want to take off a few hours.”

And others said:

“What I find most difficult is not knowing whether any arrangements are being made at all.”

“If the problem isn’t serious, then I’m not fussed as long as I am kept informed.”

“That I am informed prior to the appointment how long it will take, so that I know what I can or can’t do that day.”

Some respondents wanted more information so they could make informed choices about their care:

“I’d be willing to travel further if it is a quicker option.”

“I would want this asap and would change my priorities regarding travel and convenience to take an earlier appointment.”

Another major theme was the promptness of appointments, with a number of respondents saying that clinics run late. One respondent said: “I want the appointment to start when I was told it would and not an hour after I get there!” and “My time is just as important as the providers. Don’t abuse it. Long waits tell me you are not well organised, whether that be to get an appointment, to be phoned back or when in the facility.”

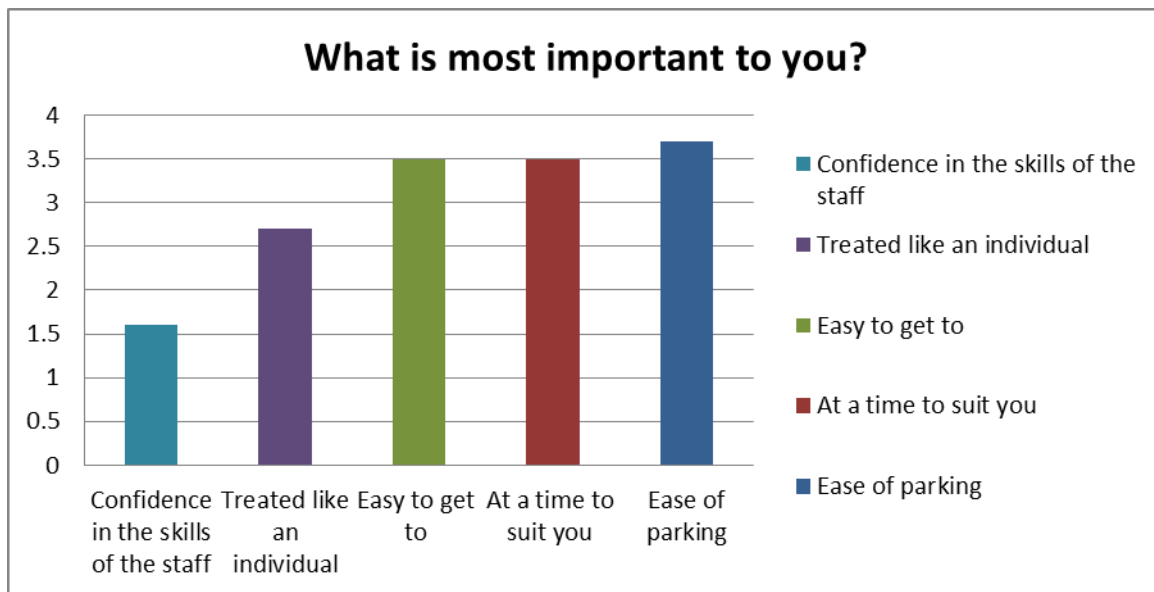
Others didn’t want targets to get in the way of how they received their care, and would prefer to wait longer to get good quality care:

“For me it is important that when being given treatment it is done in a calming way and that I’d rather it was not rushed.”

What is most important to you? Please rank in order of preference, number 1 for the most important to you, number 5 being the least important. [995 respondents answered the question and 45 skipped the question]

This question was based on a rating system, 1 being the most preferred and 4 being the least preferred. Therefore the lower the rating the higher the preference.

Respondents rated confidence in the skills of the staff most important to them with 63% of respondents rating this most highly (scoring a rating average of 1.6). Being treated like an individual also scored highly, and was rated as the highest second choice by 43% of respondents giving it a rating average of 2.7. Being easy to get to and at a time to suit you both scored a rating average of 3.5. Ease of parking was the least preferred option scoring a rating average of 3.7.



Scenario 2. Urgent care: what if...

You think you or your child may have broken a bone. You might phone 111, go to A&E, phone or visit your GP, your GP may visit you, your GP may phone an ambulance, or you might dial 999 for an ambulance. You may be seen and treated by your GP; you may have tests or treatment at the hospital; you may be admitted to hospital.

In this scenario, what is important to you?

Knowing which service to go to or contact was important to many respondents. One respondent said: "I think at the moment it is not clear what number to ring" and this feedback was echoed by many other respondents. One also said: "I'd like to quickly get advice and assistance, I don't like to waste the time of service providers, so want to judge accurately what to do." Another said: "To know who to go to and not feel like I'm going to the wrong person and getting told off. It's not clear and straightforward." One respondent said: "I have been in a position where I needed urgent treatment. It took an hour for anyone to get in contact. I live on my own and it was a frightening scenario".

Ease of contact was a key issue, many respondents wanted someone there on a 24 hour basis for such an eventuality. One respondent felt it was important that there is a local A&E still open for them, whereas another respondent would like 24 hour access to a non A&E setting. A few other

respondents wanted someone professionally qualified they could talk to and not rely on a person reading from a script or an automated phone service.

Some respondents also highlighted how important it is that the first point of contact makes an accurate assessment and signposts appropriately, and not be passed between services multiple times. "I don't want to be fobbed off by A&E and sent back to the GP and then back to A&E."

Knowing the nearest services and their opening times was important too. Some respondents would like to seek advice from a qualified medical professional to help them decide which service was most appropriate – for instance they might go to their GP or 111 if they thought it was a sprain, or the minor injuries unit or A&E for an x-ray or for a suspected fracture.

The majority of respondents wanted to be diagnosed and treated quickly wherever they chose to go to. The speed of being triaged and seen was important to lots of people. This was reinforced by many respondents who were caring for a young child. Some people were frustrated by the waits in A&E and the time it takes to do x-rays, ideally they'd like a much quicker service.

It was important for some respondents that they chose a place that could provide appropriate tests and treatment, so many respondents said they'd go to A&E or a minor injuries unit as then everything could be done in one place.

Many respondents referred to the need for compassionate care, good communication and being treated like an individual. This was reinforced by those respondents who care for children; one person also said staff experienced in paediatric care was important to them. A number of respondents thought there should be appropriate waiting and play facilities for children, and wanted to be able to stay with the child to during their treatment.

A location near to home was cited by many as important but in contrast others said to be treated swiftly was more important than location.

Information was important too, about what was happening, why and what activities to avoid, exercises to do etc.

How easy is it to know which service to choose when you think it is urgent? (For example 111, calling your GP, taking yourself to A&E, dialling 999)

1039 answered the question and 1 skipped it

Many respondents find "it simple" or "common sense" to choose a service when they need urgent care however many others find "it not easy" or "really confusing."

Of those that find it easy, some said this was because they were a health professional or had family, friends or neighbours who were and they would help them make the right choice. Another said they'd got a leaflet from their GP surgery but felt that it wasn't generally well publicised. Many others said they "knew the difference" or "it's an easy choice".

However, even for those that say they are confident a number cited out of hours "being more of a challenge" or making a decision regarding a child as difficult.

For those that found it difficult to choose a service a variety of reasons were cited, some found it difficult to judge what an emergency was or they may have been unsure if some services were still open, one respondent wasn't sure if Hanstdoc and the Walk-in-clinic, for example were still open. Some respondents said: "Quite difficult to keep up with changing services." Or "Easy in theory, more

difficult in practice.” Others said: “there are just too many options and this causes confusion” and “not very easy and I’m a nurse!”

One person said it would be helpful to know when using services is appropriate, rather than when it is not. They used an example of their parents, who are elderly and reluctant to dial 999 for a suspected heart attack or stroke. “They listen to the publicity about timewasting 999 calls and think it applies to them.” Others asked for more information to explain the difference between the different services and appropriate action to take saying “it is not always clear which option is right, is it “an emergency” if you have broken your leg?”

Some found out-of-hours care particularly confusing, one respondent said: “You always get passed from one person to another and it takes forever.” Another said: “Difficult during the night, In Andover we have our superb minor injuries unit that I would use in this circumstance – when open.” Another said: “Utter confusion. If in doubt I would probably ring 999 and ask their advice.”

Do the opening times influence your choice?

999 respondents answered the question and 41 skipped it

64% of respondents said that opening times influenced their choice of service and 35% said it didn’t. 31% of respondents left an additional comment. Many said that of course opening times affect their choice. Many said that it is out of hours (night and weekends) that caused the problem, with many saying their first port of call would be A&E as it’s always open. Others said if it wasn’t life threatening they’d wait until Monday and ring their GP surgery or ring 111 outside of those times.

Some respondents would prefer to go to their GP, whereas others said A&E is the only option as the GP never has any immediate appointments.

Is your choice influenced by how easy somewhere is to get to?

998 answered this question, 42 skipped it

51% of respondents said that their choice of services was influenced by how easy it was to get to and 47% said this didn’t influence their choice. 20% of respondents added comments, a number of these related to how easy their local hospital was to get to, and other considerations like parking cost and public transport cost came into play. This is reinforced by one respondent who said “we need good access - public transport and reliable parking - currently Winchester hospital parking is not reliably available, and a long walk from A and E and outpatients”.

Others said how quickly they could get there was more important than ease. Others were happier to travel for more serious cases saying “for routine treatment, say a broken bone, the place should be local. For serious cases then going to a specialist centre is more important than proximity”. Other respondents were reliant on public transport to get there, one respondent said: “I can’t drive due to a disability so can’t travel far on my own.”

Is there anything else that’s important to you?

536 of respondents answered the question and 504 skipped it. Many answers for this question reinforced the themes that have come up earlier in the scenario – in terms of being treated quickly, seeing professional staff and being treated as an individual, with dignity and respect. Below we have featured just a few of the comments we’ve received, all of them support previous themes in this report.

“Being sure that the establishment you are at is the best and has the most well trained personnel, also enough of them to provide first class care.”

“Having a central point of contact, preferably my GP surgery who can arrange the most appropriate services. My past experience though is that the surgery are not good at dealing with urgent treatment and phoning 999 would be my best option.”

“Driving a few minutes more is not important - provided you don't have trouble parking and don't have to wait hours before being seen.”

“Not always being so rushed by every medical professional you ever see! I am type 1 diabetic so I feel much better having a hospital with all services not just some. I have sadly already lost my diabetes service at Winchester hospital.”

“Parking might be a consideration! Winchester is notoriously hard to find a parking space in after 9:30am.”

“Being listened to and feel like there is someone who can help even if it is the doctor ringing you back and talking to you.”

“I have mental health illnesses so have a fear that healthcare professionals assume that the reason I present would be to do with my mental health illnesses rather than a separate problem. Communication and respect are also hugely important to me, especially given the mental health illnesses I suffer from.”

“I am disabled in a wheelchair (can walk with crutches) must be completely wheelchair friendly - lifts, ramps, toilets, help if needed etc.”

“There is currently much talk about restructuring the health service and having different levels of health care centres according to your need but this makes it harder to decide where would be best to attend and could make the decision more complicated.”

“Not having to pay for parking at the hospital - this just rubs salt into the wound! Especially when you have no idea how long you will be hanging around at A&E and might not have cash on you in an emergency.”

“Politeness and not being made to feel stupid if you call the wrong service. In an emergency sometimes rationality and common sense get lost so telephone operators need to be patient and understanding.... Even doctors receptionists!”

Scenario 3. Emergency care: what if...

Your child is suddenly very sick: Someone has collapsed; there is a serious car crash. You dial 999. The ambulance or helicopter takes them to hospital.

In this scenario, what is important to you?

1039 of respondents answered this question and 1 skipped it.

Speed of the ambulance arriving was cited by many as important to them - knowing someone would get the right medical attention quickly and knowing how long that will be were important. It was also felt that being able to talk to someone while help was on the way was an important aspect of the service at this point too.

Skills of people on the scene with the right equipment in order to get the best medical attention was cited by many as important: “to be treated by the best possible people who could deal with the emergency”.

Being able to travel with a child or relative was cited as important by many. A number of respondents said it was important to know where the patient was being taken to be able to get to the hospital and be with the patient as quickly as possible. Respondents said: “the hospital with the right facilities to be close so I can get there and be with them quickly”. Another said: “parking for visitors to A&E would be important”. One respondent said they’d like “the hospital close by, so the patient doesn’t die as they have to travel such a long way.”

Specialists with right equipment was also cited as important by some: “They are taken to the best hospital to suit their needs.” And “the availability of specialists as soon as you arrive, availability of investigations and communication”, “taken to qualified and competent people” , “getting them to the hospital as fast as possible – but the best for trauma care with specialist on site 24/7”, “knowing they are getting expert care.”

Good communication was also seen as vitally important, in order for relatives to know what was happening and be kept up to date.

What makes you feel safer? Please rank in order of preference, number 1 for the most important to you, number 3 being the least important.

991 respondents answered this question and 49 skipped it

This question was based on a rating system, 1 being the most preferred and 4 being the least preferred. Therefore the lower the rating the higher the preference.

56% of respondents ranked knowing the ambulance can reach them quickly as most important to them, scoring a rating average of 1.6. This was followed by knowing they will get the right specialist doctors and nurses with specialist equipment even though this might not be at their closest hospital, with a rating average of 2.0 and closely behind and ranking as least important was knowing they could reach hospital quickly with a rating average of 2.4.



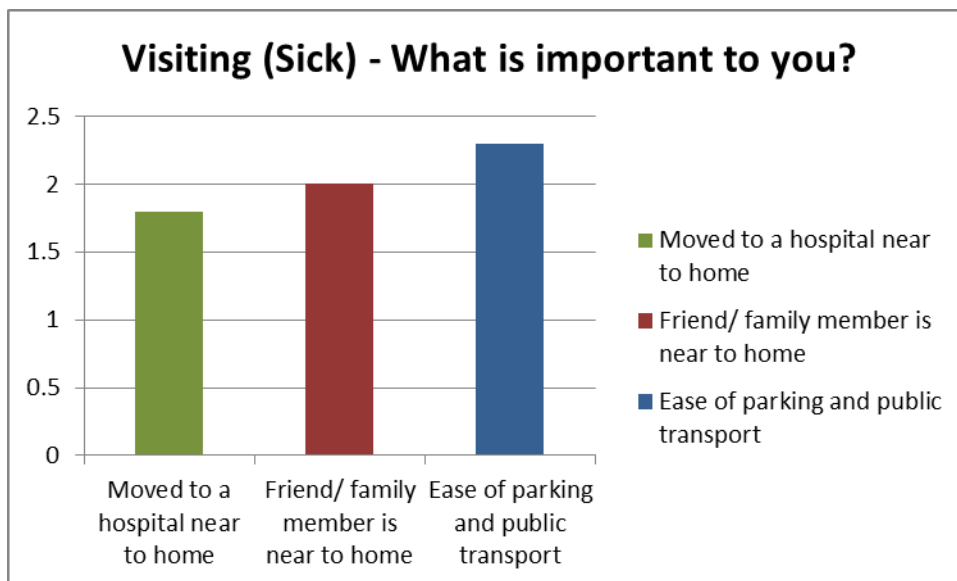
Scenario 4. Visiting: what's important to you?

You are visiting someone in hospital who is very sick. In this scenario, what is important to you? Please rank in order of preference, number 1 for the most important to you, number 3 being the least important.

453 of respondents answered this question and 587 skipped it

This question was based on a rating system, 1 being the most preferred and 4 being the least preferred. Therefore the lower the rating the higher the preference.

43% of respondents thought it was most important to be moved to a hospital near to home when appropriate, giving this option a rating average of 1.8. This was followed by that a friend or family member is near to their home with a rating average of 2.0 and the least important in this scenario was the ease of parking and public transport which scored an average rating of 2.3.



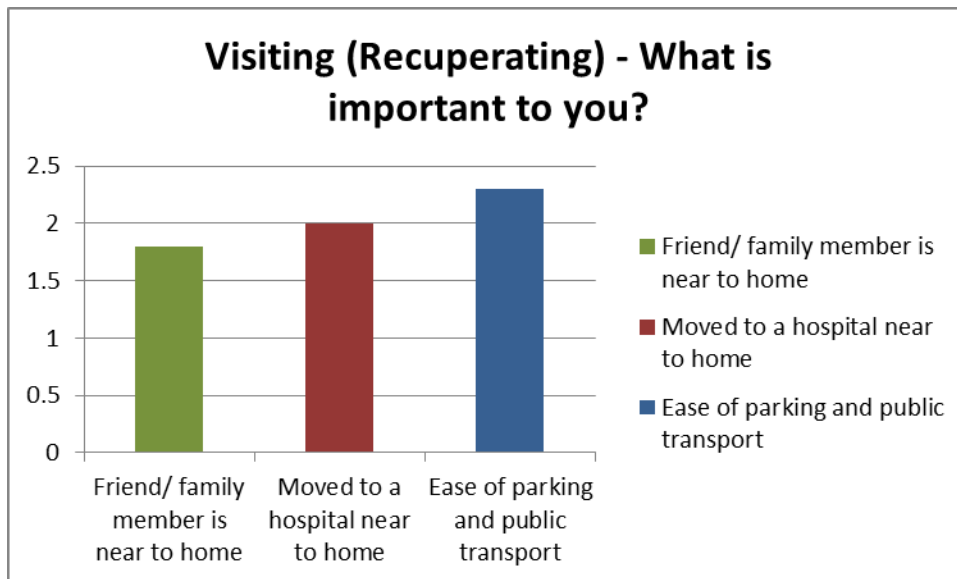
You are visiting someone who is recuperating.

In this scenario what's important to you? Please rank in order of preference, number 1 for the most important to you, number 3 being the least important.

973 respondents answered this question and 67 skipped it

This question was based on a rating system, 1 being the most preferred and 4 being the least preferred. Therefore the lower the rating the higher the preference.

43% of respondents ranked that your family member or friend is nearer to home as most important to them in this scenario, giving it an average rating of 1.8. This was followed by that they can be moved to a hospital nearer home with an average rating of 2.0. Least important to respondents in this scenario, with a rating average of 2.3 was the ease of parking and public transport.



Scenario 5. Having a baby: what's important to you?

Respondents were asked to skip this question if they didn't feel this scenario applied to them. As this scenario isn't relevant to the whole population we see lower response rates.

You know you are pregnant and talk to your GP or midwife. Your midwife arranges tests and check-ups for you and your baby. You and your midwife discuss your birthing plan, relating to want and need. You may also be referred to a hospital doctor. Some mothers give birth at home supported by community midwives; or at a midwife-led maternity centre; or in hospital because they want or need consultants and specialist equipment.

In this scenario, what is important to you?

453 of respondents answered this question and 587 skipped it.

Choice – was an important aspect of the service for many respondents who wanted to be given information and advice to choose the best place to give birth. Many also said it was important to have their choices and preferences listened to and followed where possible. A couple of respondents also wanted to be supported to make decisions where it doesn't follow protocol, for example: "supporting me to labour and birth at home after a previous caesarean." and "because I had reached 42 weeks (nothing wrong with me or the baby) but I had to be induced because that's what the process says" and not trying "to over-medicalise birth".

How well choices were informed was another area commented on and unsurprisingly views respondents had their own views on the birthing choices and what was right for them. However, there were a few respondents who questioned how well informed these decision were: "Many women opt for natural births but end up needing emergency medical intervention. They may not be aware or fully take on board the risks of childbirth and may feel pressurised into giving birth in a midwife led unit because it's cheaper for the NHS. I firmly believe all women and babies need and deserve access to consultant-led care when needed/wished for."

Listened to and respected – this links with choice above but a number of respondents wanted their views listened to and respected and to be treated like an individual. One respondent said: "to be treated like a grown up and not talked down to."

Appointments – a few respondents said it was important to them to be able to more easily access midwives, with a couple of respondents saying it was difficult to get appointments at short notice and they didn't want to wait weeks for an appointment. It was also, highlighted that clinics should run on time and it would be helpful to offer "realistic appointment times".

Staffing and beds – it was important to respondents that staffing was sufficient to provide 1:1 care and for this care to be calm and not be rushed. Correct levels of staffing in SCBU was also highlighted as important to a few respondents. In addition, a number of respondents were concerned about the number of beds, it was very important to them that they weren't turned away. Respondents also thought it was important to see staff who have specialty training so they are reassured they and their baby will get the best care and will be safe and also that they are kind, and understanding of worries.

Continuity of care – it was important to many respondents to see a midwife they knew for all appointments, for the birth and afterwards.

Where the emergency care is - this was important to many in terms of the time of transfer if things go wrong. For home births, respondents felt it was important to be close to the hospital they would need to go to in an emergency and some wanted this unit to be obstetric led. Others said it was important to know there is specialist back up for the unexpected. One respondent said: "knowing if something goes wrong there are experts with equipment available immediately to assist". Another said it was important to them to "be able to choose a low risk birthing plan with midwives but able to have access to all services including paediatrics and anaesthetics if needed without needing to travel again". More specifically one respondent said: "would like to have consultant care left in Winchester, rather than only have a mid-wife led service in Winchester".

Travel – it was important to many respondents that they don't have to travel too far for care or to see mother and baby after the birth. One respondent said: "Were my husband to have to travel over half an hour each way and look after our three children, we would not be able to see him for days post-birth."

Continuing to offer choice – respondents felt strongly that they should be able to choose where they would like to give birth - a home birth, birthing in a midwifery-led maternity centre or in a consultant-led unit. Notably, there was no consensus on the 'right' option with preferences and circumstances influencing individual choice.

Continuing support for personalisation and birthing plans – was important to many so peoples' birthing preferences could be supported particularly for those who would like to give birth as naturally as possible.

Breast feeding care support – getting good support with feeding was important to a number of respondents.

Birth partner – it was important that a birth partner could be accommodated.

Cleanliness and hygiene was noted as important by a number of respondents and in particular a male respondent was concerned about his wife contracting MRSA and having a competent doctor to undertake medical procedures if it was necessary.

Safe and supported – it was important to respondents that the services they received were safe, and that they could feel reassured about understanding what would happen in different scenarios.

Other respondents felt reassured and better supported by meeting other mums, attending hospital tours and by building a relationship with the midwife.

We are aware that there were fewer respondents stating Winchester as their main hospital than Basingstoke. We were mindful of creating opportunities for everyone to respond equally and we specifically engaged with the Maternity Services Liaison Committee who were active in publicising the survey to their group and also more widely to their networks via social media,

When having a baby what facilities are important to you?

397 of respondents answered this question and 643 skipped it.

Good signage and easy parking – was mentioned by a few respondents as a priority for them.

Birthing room – respondents felt it was important to have a well-equipped and nice environment to give birth. The delivery room should be private, clean, with suitable facilities including a private bathroom. In addition, respondents felt there should be access to more than one birthing pool, with monitoring equipment that can be used underwater and non-bed delivery positions should be supported with the availability of birth rooms where the focus is not a bed.

Access to specialists – many respondents thought it was important to have easy access (a quick transfer) to more specialist care (anaesthetists and surgeons for epidurals and C-sections) if it was required whereas, other respondents felt it was important that this care was available on site.

Surgical facilities – respondents also thought having the right facilities, operating theatres and an intensive care unit was important to ensure delivery is safe if an emergency arises. One respondent said it was important to them “that if anything went wrong, I am in the right place to receive the right treatment.”

Having the right equipment was also important to some, with one respondent saying: “knowledgeable and qualified staff who know how the equipment works instead of winging a new machine in the middle of active labour and saying to each other ‘I don’t know how it works, it’s the new model; I haven’t been shown how it works yet.”

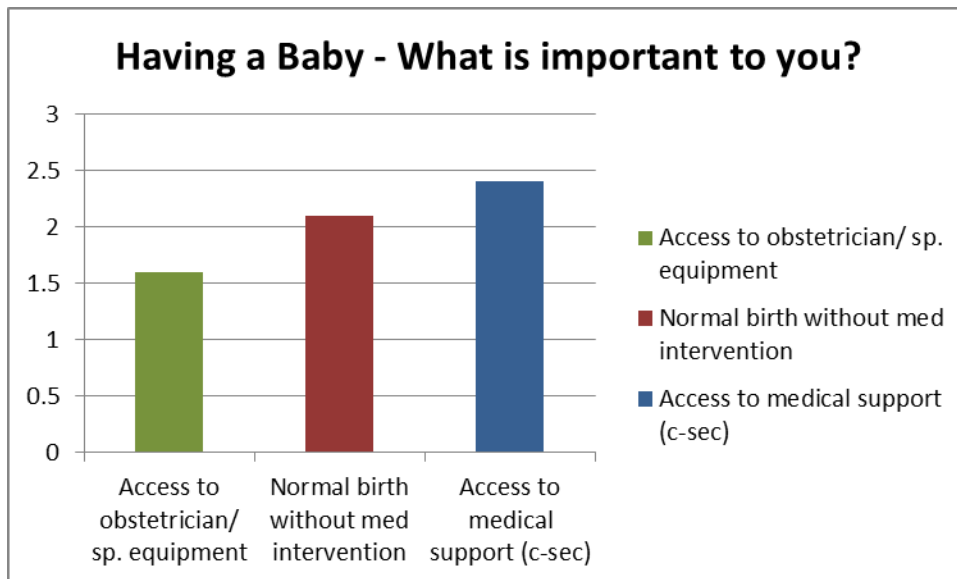
Having a range of pain relief options from epidurals to birthing pools was important to a number of respondents.

Well-equipped units were also seen as important, for instance baby heart monitors, birthing balls with access to nutritious food and refreshments – 24/7 for mother and birthing partner.

When thinking about the options available, what else is important to you? Please rank in order of preference, number 1 for the most important to you, number 3 being the least important. 418 respondents answered this question and 622 skipped it

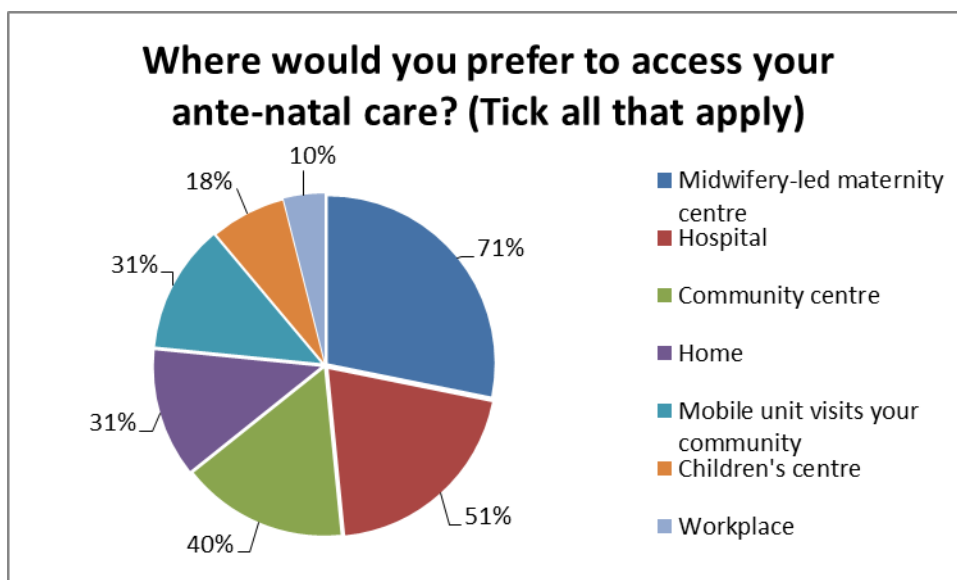
This question was based on a rating system, 1 being the most preferred and 4 being the least preferred. Therefore the lower the rating the higher the preference.

Most important to 52% of respondents was access to an obstetrician with specialist equipment in an emergency, giving an average rating of 1.6. This was followed by having a normal birth without medical intervention, scoring an average rating of 2.1. This was followed by access to medical support such as epidural or C-section with an average rating of 2.4.



Where would you prefer to access your ante-natal care? (Please tick all that apply)
 416 respondents answered this question and 624 skipped it

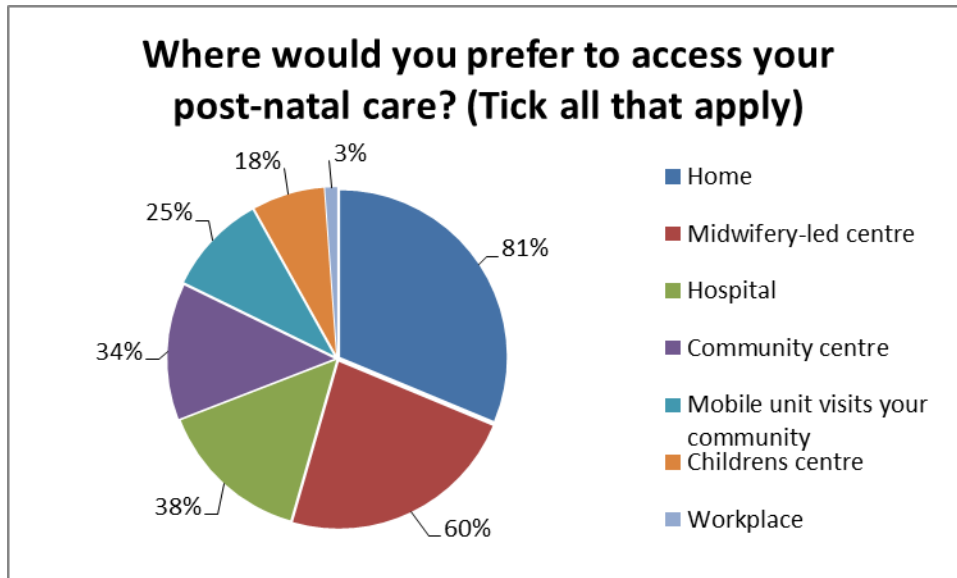
The majority of respondents (71%) would prefer to receive their antenatal care at a midwifery-led maternity centre, 51% of people would prefer to receive it in hospital and 40% at a community centre or similar venue. The fourth most preferred options were at home and at a mobile unit that visits the community both at 31%. Children’s centres followed this at 18% and at your workplace at 10%. 16% of respondents left comments, the majority of these respondents would prefer to access their antenatal care in a GP surgery. A few respondents didn’t mind what local community setting they accessed care as long as it was easily accessible with plenty of free parking.



Where would you prefer to access your post-natal care? (Please tick all that apply)
 415 answered this question and 625 skipped it

By far the most preferred option for receiving post-natal care was at home, with 81% of respondents rating this as their preference. This was followed by a midwifery-led centre which was cited as a preference by 60% of respondents. Preferences then dropped considerably to hospital (38%), a

community centre or similar venue (34%), a mobile unit that visits your community (25%), a children’s centre 18% and your workplace cited as a preference by just 3% of respondents. 12% of people left comments stating they’d prefer to receive their antenatal care in a GP surgery. A couple of respondents suggested a preference of home visits for one week and then access via their GP surgery.



Have we missed something? Is there anything else you would like to add?

224 of respondents answered this question and 814 skipped it.

A number of respondents made additional comments already covered in previous sections of this report. The quotes here focus on the feedback specific to feedback about how we might provide safe and sustainable services in the future.

“Not having to be transferred from another location if there is an emergency (i.e. Andover).”

“I like the sound of the proposals for a new hospital north of Winchester. This should be easier to get to for more patients and ambulances. Hospitals in city centres are inconvenient for both patients and visitors.”

“Keep the obstetricians and neonatal unit in Winchester please.”

“You cannot downgrade a maternity hospital that is absolute nonsense.”

“I think the care provided at RHCH is excellent and am very glad to be in its catchment area, but fully support any reconfiguration of hospital services to ensure the best specialist care is provided at appropriate centres even if this may involve more travelling: no one hospital can possibly provide expert care in all specialties.”

“It is ridiculous to try and assess peoples’ wants and needs for medical care based on a few hypothetical scenarios they may never have experienced, or a few tick box lists.”

“I’d like maternity services kept in Winchester hospital, but I am happy for the follow up care and antenatal appointments to be at home or in a community centre. But it is very important to me to be close to a hospital with a dedicated obstetrics and surgery if needed.”

“The basis for the NHS is to care for everyone in their locality. To be thinking of moving specialist care away from certain locations is a highly worrying idea. Most of us have paid for this all our working lives and I would expect that the care given especially at times of such pregnancy to be access locally.”

“Midwifery-led centres are not sufficient in case something goes wrong; there is insufficient time to transfer to another hospital. By all means separate midwifery led centres from full facilities but do this on a single site. Given things go wrong on occasion during childbirth, even for those assessed as low risk, it is unclear why this option continues to be promoted within the profession. Similar proposals for cardiology (for instance) would be given short shrift.”

“Winchester is such a friendly hospital, I love working there. It is an important part of an ever increasing population within the city, and I feel that it is crucial we still have the services to serve the local people of Winchester and the surrounding area. It is long distance to other A&E departments and I would worry if my children were poorly and needed medical attention.”

“Please do not downgrade Winchester to a midwife only service.”

“Speediness of appointments and continuity of care is more important than the distance travelled or parking arrangements.”

“I am not happy with the increasing privatisation of the NHS.”

“The worst scenario for me would be a long distance to travel to a unit or a long distance between a midwife led unit and specialist care in an emergency.”

“Access to Andover and Basingstoke would not be convenient for Winchester based people, no trains to Andover, and Basingstoke Hospital a long way from the station as well.”

“Regional centres of expertise seem a good way forward but they need amazing transport connections car, bus and train. Elderly folk need to get back home at any time of the day or night – whenever they are discharged.”

“Why not involve the public more? I asked several times when I joined the membership to be involved with focus groups but never heard anything. There is a huge resource of public interest not being utilised.

“Administrators have too much say and sadly rule the clinician about treatment.”

SUMMARY OF STAFF FEEDBACK

This section summarises the feedback from Hampshire Hospitals NHS Foundation Trust staff.

Staff results

Hampshire Hospitals NHS Foundation Trust staff were asked to give their perspective on the following questions. 40 members of staff chose to do so. In addition, another 463 staff completed the public survey.

Scenario 1. Non-urgent care

How could we improve outcomes/the patient experience and ensure safety for the patient?

37 members of staff answered this question, 3 members of staff skipped it.

A number of themes came up in this scenario, these included:

Staffing - a number of respondents felt that having more staff and ensuring adequate staffing levels would significantly improve the patient experience.

“Ensure adequate staffing levels; numerous shifts nursing numbers in Emergency Department are down up to three members.”

“Increase staffing levels and ensure greater skill mix.”

“Do not reduce front line staff such as medical secretaries who are a critical interface between users and medical staff. We just cannot function safely and effectively without them.”

Staff mix - a number also focused on the experience/mix of staff.

“More consultants on duty over weekends.”

“Having different grades of clinical staff to deal with patients from the start of their journey, could result in the patient’s journey being quicker and safer.”

“Improve staffing levels and employ a higher ratio of experienced staff.”

Additional staff training and better support for staff was also suggested.

Professionalism - there were some observations and ideas to improve the professionalism of the service offered, these included:

“As a recent patient, accurate maps and information leaflets would help. The ones I had were rather home-made looking and not up to date. I'm not suggesting specific printing but at least less badly photocopied, current information would be good.”

“All staff treat all patients in a caring and helpful manner, particularly reception staff. If someone is lost show them the way or find out. Wear our badges to identify ourselves as hospital staff to patients. Smile!!”

“Complete electronic discharge letter for patient on day of discharge and transmit same day to GP who will then have all the information for patient care and safety.”

“Put all outpatient departments in one area so that if a patient needs to come in for a consultation/pre-op check/blood test/etc. they enter through one door and everything is there; they don't need to wander around the hospital or go to different floors to be seen.”

More consultation and involvement – some staff would like to be much more involved in the development of the ‘fit for the future’ plans. Comments included:

“Management would benefit from involving those working in the delivery of care rather than top down approach.”

“Genuinely consult with clinical staff to find out what is required in order to offer a service of adequate quality. Involve experienced staff in policy development to manage the service effectively. Identifying resource shortfalls where they exist and developing an action plan which better meets patient/client needs.”

Service improvements - some focused on specific improvements, and these also support the findings in the public survey, they included:

“Keep it local, more one stop shops and rapid access clinics.”

“Keep waiting times down, keep patients informed and not just left in the waiting area for hours on end.”

“Don't overbook clinics. Don't bring people in for elective surgery at 7am if their operation isn't until 3pm. People don't like long waits, especially when they are anxious.”

“Some clinic times could be better timed. Fracture clinic for example is especially bad. Having been there myself I have my own experience. Patients are all given the time of 10am and made to wait all morning. The appointment card does not tell you this and the result is very angry patients and staff struggling to keep people happy. Why? Why not give staggered times? I can only assume that this setup only helps the doctors.”

“I feel that some clinics could be undertaken in hours outside 9-5. This means more choice of access for patients and a better chance of parking for everyone.”

“Better/more parking.”

How could we improve efficiency and effectiveness for HHFT?

37 members of staff answered this question, 3 members of staff skipped it.

A number of themes from the previous question were reinforced here too, particularly staffing levels and the contribution of non-frontline staff in the smooth running of the hospitals – secretaries, plumbers and maintenance. It was also suggested that when clinics are running really behind, registrars should be brought in to help.

Additional improvements included:

Better information technology - “Up to date IT systems that talk to each other!” and “Provide much more effective IT equipment and most importantly, IT support. Much clinical time is wasted because of IT inadequacies.” And there was a desire for “computerised patient records.”

Development of organisational wide systems – “There are too many differences in the way things are done within the trust, there needs to be an effective plan put in place in order that each site within the trust follow a set pattern. This would also help to save money.”

Also suggested by individual respondents was the use of the old Walk-in-Centre at Basingstoke for additional clinical space, providing ambulatory care, and having pacemakers and angioplasty available on the Winchester site.

Scenario 2. Urgent care

How could we improve outcomes/the patient experience and ensure safety for the patient?

32 members of staff answered this question, 8 members of staff skipped it.

A number of respondents thought urgent care worked well at the Trust. "I feel that patients who need urgent care are well looked after within the trust." However a number of improvements were cited these included:

Staffing numbers and mix - was raised by a number of respondents.

"Fill vacancies more quickly, the gaps in service are accumulating in negative impact."

"A smaller number of experienced staff are capable of working more quickly and efficiently and to a higher standard than a larger inexperienced workforce, therefore employing more experienced staff in the place of nursing assistants would make sense. The junior staff would learn more quickly if there were more experienced staff around because they would then have more time to work with them. It would also reduce the stress in the workplace. The NHS often seems to forget that their staff are the greatest resource they have!"

"Have more doctors during on call hours. They cover too many wards at night and are often unable to see elective patients; drugs and treatments are often not a priority on elective wards."

"Senior staff on at weekends - medical, nursing and allied health professionals."

Improving out of hours provision - others were concerned with the current out of hours provision and offered ideas to improve it.

"We really do need several 'Walk-in minor injuries' units in our HHFT patch as these would greatly reduce the pressure experienced in the Emergency Department. Couldn't the vacated doctor's surgery be able to be used as a small one of these? Also some GP-manned drop-in centres dotted around our HHFT patch over the weekends, i.e. Crown Heights in Basingstoke, as this is a central spot which would be very useful for buses and trains and would relieve the pressure of the Emergency Department over weekends. This would also replace the doctors' surgery outside BNHH as there are still a number of patients who can't register with GP surgeries – as I gather there is still a lack of spaces on their books."

"Push for the re-instatement of local GP out of hours services. People don't want or trust helplines so they clog up A&E departments with minor problems."

Improving Trust systems - others also cited some improvements that could/are being shared across the Trust:

"For young people with complex needs, a much better understanding of transition is required across the Trust (we are currently working on a Trust policy) with better integration and communication with paediatrics and across adult specialties, as well as with community staff. Adult wards need to consider how they would accommodate a young person who may have special equipment and need the support of family members."

"Try and copy the paediatric day unit model for urgent assessment of patients who may or may not need admission, but GP does not have access to sufficiently prompt investigations. This is partly rolled out by geriatricians, but it is not as efficient as the paediatricians."

Equipment - one respondent would like to see improvements in equipment:

“Ensure there is sufficient manual handling equipment on each ward, a hoist as standard and etac turner for each ward. Also ensure seating is appropriate for patients - many chairs are too low - adjustable chairs would improve patient independence on ward, also recliner chairs are needed for acute medical wards as some patients have poor sitting balance and this would enable them to sit out and aid their rehab, potentially improving length of stay.”

In addition, more parking, better communication and avoiding long waits for appointments, diagnosis and treatment were also cited.

How could we improve efficiency and effectiveness for HHFT?

28 members of staff answered this question, 12 members of staff skipped it.

Again, staffing levels were cited by many respondents as a way of improving efficiency and effectiveness. Again both clinical and non-clinical staff were seen as important – ward clerks and medical secretaries were cited as important to answer telephone enquiries.

Discharge - was raised as an area of improvement, in terms of discharge summaries being sent to GPs electronically and to ensure discharge is integrated into admission, to allow better planning to support patients going home.

Computerisation - and access to clinical systems at all points of care was raised. And a few respondents also mentioned the growing population the hospital has to deal with and offered some ideas to support the efficiency and effectiveness of urgent care, these included:

“There must be some way of dissuading people from coming to the Emergency Department with problems that don't warrant Emergency Department care. So much time is taken up with people who should be seen by their GP or pharmacist.”

“Maybe out of hours clinics could be kept for urgent cases, therefore spreading the load.”

“Everything available during the week should be as available at the weekend.”

Scenario 3. Emergency care

How could we improve outcomes/the patient experience and ensure safety for the patient?

29 members of staff answered this question, 11 members of staff skipped it.

Again, having the right number, grade and mix of staff was important to respondents. Also one respondent mentioned the importance of rewarding medical, as well as nursing staff for good examples of care. Other areas for improvement included:

Patient notes - “Use of ward clerks during weekends. Filing of results and filing of letters or use of the electronic patient record.” And “all notes should be returned to patient records asap rather than sitting on secretaries shelves waiting for "results" then patients notes are always available and easy to find.”

Care when it isn't an emergency - “There should be a dedicated minor injuries unit not affected by resuscitation and urgent care. I broke my finger, tried to go to the walk in centre (when it was there) but they couldn't deal with it so had to sit and wait in the emergency department for three hours

feeling a fraud, knowing I was a low priority... I was fairly certain I wasn't going to be seen for some time - but where else could/should I have gone?"

Improvements to A&E - in terms of the A&E itself the following ideas were suggested:

"A larger A&E, with more staff to man it."

"Triage in the Emergency Department to different areas to be dealt with by different staff."

"Emergency acute hospital."

"Joint collaboration working with ambulance services, Emergency Department, acute admission unit, two acute ward/critical care units and two critical areas."

Others thought the new Hantsdoc initiative should greatly help to improve the patient experience in Emergency Departments, by getting quicker solutions and reducing waiting times.

Another respondent said: "I feel we do this well by regular training sessions so everyone knows their role."

Finally one respondent thought having named consultants and encouraging incident reporting would improve outcomes/patient experience and safety.

How could we improve efficiency and effectiveness for HHFT?

25 members of staff answered this question, 15 members of staff skipped it.

A number of responses referred to responses already made in the previous question. Other responses included:

Reorganising services - "Emergency acute hospital with senior decision makers 24/7."

And "Close Winchester Emergency Department and centralise the service at Basingstoke and North Hampshire Hospital."

"Move all critical care departments onto the same floor (ED, ITU, CCU, theatres) and put a central pathology hot lab/point of care lab in the middle, then put essential services, (pathology & radiology) on adjoining floors."

Making services more efficient - "Introduction of the electronic patient record.", "Integrating clinical systems." And "By more people talking to each other and making decisions and actually getting something done rather than assuming 'the other person' will do it."

Giving people choice - "More information on other options, there is a minor injuries unit in Andover and Newbury, actively give people the choice."

Scenario 4. Visiting

How could we improve outcomes/the patient experience and ensure safety for the patient?

29 members of staff answered this question, 11 members of staff skipped it.

Better patient parking - was cited most frequently by staff respondents who said this has a direct impact on the stress levels of patients and visitors they deal with. One suggested the land being sold

to the University should be used as a car park instead, another suggested building a multi-storey car park on the staff and patient car park with a covered walkway into the hospital.

Improve accessibility – particularly from the car parks was suggested. One respondent suggested that patients should be transported from the car park to the hospital as the hill was a barrier especially for wheelchair users. In addition, a couple of respondents suggested more access to wheelchairs, particularly in the car parks and ones that are easier to use.

Change visiting times – was cited by a number of respondents but there was no consensus in how they should be changed. Some respondents said visiting times should be staggered on different wards to alleviate parking issues. Others said visiting times should be shorter, to help to efficiently clean wards and to help patients rest, whereas others said visiting times should not be restricted. “Patients don’t want their visitors funnelling in a short period.” and that “Elderly relatives may find it easier to travel late morning/early afternoon so they don’t get home in the dark” and “this would be helpful for families who work”. Another respondent suggested introducing strict non-visiting times, at drug round and sleep times.

One respondent wanted more control on who visits. Another asked if a leaflet could be produced for visitors, with guidelines on how to visit – when not to bring children in, policies on hand washing, not visiting if you are ill, smoking rules etc. Another respondent wanted to see less expensive shop and food options.

How could we improve efficiency and effectiveness for HHFT?

19 members of staff answered this question, 21 members of staff skipped it.

The majority of the responses to this question reinforced those made in the previous question – better parking and restricting visiting times. Additional responses included:

- Improving lifts and transport
- Better signage and the use of volunteers to guide patients to the right areas
- Welcoming visitors, as it gives patients a boost
- Having sitting areas where families can spend time together away from the clinical area. One respondent thought this would give patients something to aim for.
- Improving communication with next of kin and relatives

Scenario 5. Having a baby

How could we improve outcomes/the patient experience and ensure safety for the patient?

19 members of staff answered this question, 21 members of staff skipped it.

More staff - was important to a number of respondents who said:

“There is no doubt that more midwives are needed. Whether the funding is available for this is the question.”

“Increasing staffing levels and increase clerical support.”

Improve community support - respondents thought that community support should be improved:

“Ensuring that antenatal assessments can be done in the community, using clinical systems that are accessible to HHFT.”

“Better community support for first time mums.”

Improving choice - the other area that respondents cited as important was choice and individual care:

“Meeting the needs of the mum and her baby with individualised care, listen to the Mum.”

“Having different grades of clinical staff to deal with patients from the start of their journey; could result in the patient’s journey being quicker and safer. Keeping patients informed during the journey with the hospital, what each appointment is for. Be open so they are able to ask questions and answer them well.”

“Maintain choice, have more midwifery run units.”

“Make an epidural available to all mothers to be 24 hours a day.”

How could we improve efficiency and effectiveness for HHFT?

15 members of staff answered this question, 25 members of staff skipped it.

Again, more staff, with the right experience came up as a central theme from respondents with one respondent suggesting more flexible working patterns for staff should be introduced too.

In addition, respondents felt better parking for midwives and district nurses, standardised ways of working across the Trust and good customer care would improve efficiency and effectiveness.

The other notable area that came through was that of centralisation which they thought would improve efficiency and effectiveness.

“Centralising the maternity units will be more efficient, but of course it is at odds with the political agenda to let women give birth locally if not at home.”

“Centralise consultant delivered deliveries.”

Is there anything else you would like to add?

14 members of staff answered this question, 26 members of staff skipped it.

There were a wide variety of comments made here some featuring more staffing and flexibility in shift patterns, others included:

“In practice, have seen little evidence of HHFT really valuing or consulting staff about specific services (in contrast with senior management public comments). For long-term success, important to value the health of staff as well of patients!”

“Employ night time cleaners where required. It is not right that nursing time is taken from patient care in order to do cleaning duties.”

“I would like to highlight the noise factor on wards – noisy chatter among staff, very noisy yellow clinical waste and silver general waste bins (oiling the wheels on a regular basis would help improve patient experience). I have heard patients complaining about these.”

“Please renovate Butterfield Wing - the set-up for all staff is not appropriate and depressing.”

A few respondents ended on a positive note:

“My experience at Basingstoke is the majority of staff seem to have patients at the forefront of care. The staff all seem friendly, helping strangers out in the corridors etc and nice to each other on the whole.”

“Great hospital.”

EXCEPTIONS TO TRENDS

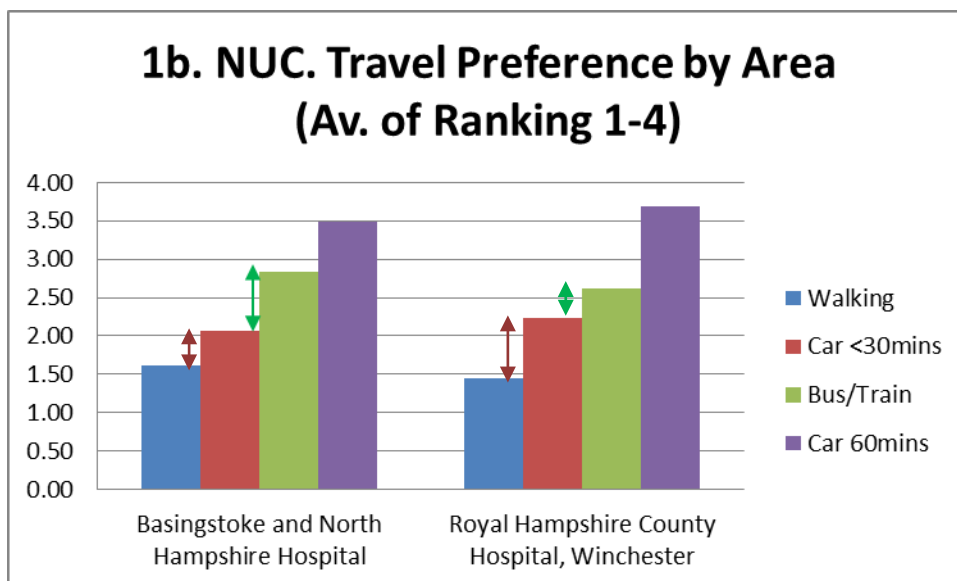
This section takes a closer look at geographical location and age to see if there are any exceptions to the general results reported.

Public feedback

Scenario 1 (Non-Urgent Care) QA. What sort of place would you prefer to visit your outpatient appointment?

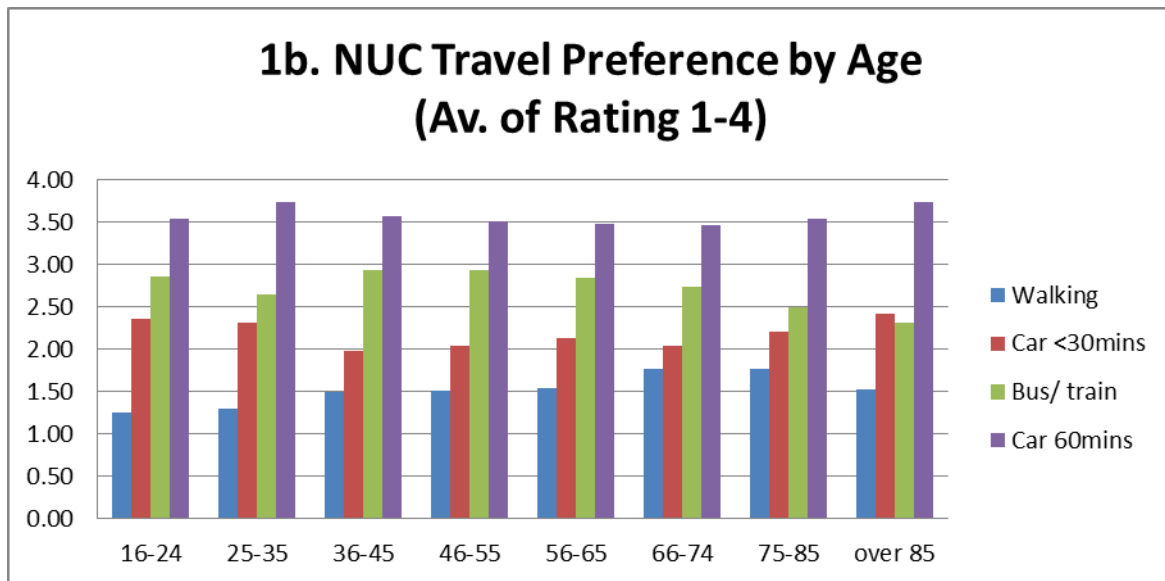
On average all respondents (either by geographical location or age) would prefer to visit the hospital as their first choice and GP practice as their second choice.

Scenario 1 (NUC) QB. How far would you be willing to travel to your appointment? (By Area)



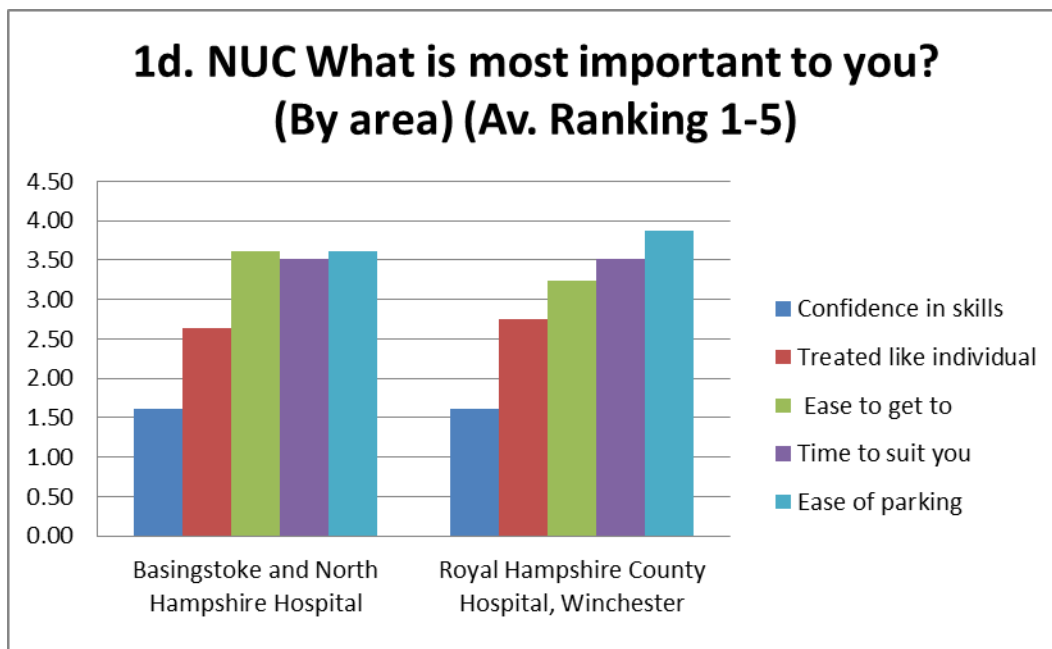
This question was based on a rating system, 1 being the most preferred and 4 being the least preferred. Therefore the lower the rating the higher the preference. Across both regions ‘within walking distance’ was the most preferred and a car journey of up to 60mins, the least. It could be noted that a car journey of up to 30mins was rated more highly in the Basingstoke region (red arrows) and people in Winchester were happier to use public transport (green arrows) when comparing results within each area.

Scenario 1 (NUC) QB. How far would you be willing to travel to your appointment? (By Age)



This question was based on a rating system, 1 being the most preferred and 4 being the least preferred. Therefore the lower the rating the higher the preference. Across the board 'within walking distance' was selected as the preferred option and a car journey of up to 60mins as the clear least preferred, mirroring the results above. The over 85 age-group selected public transport as their second choice differing slightly from the rest of the population.

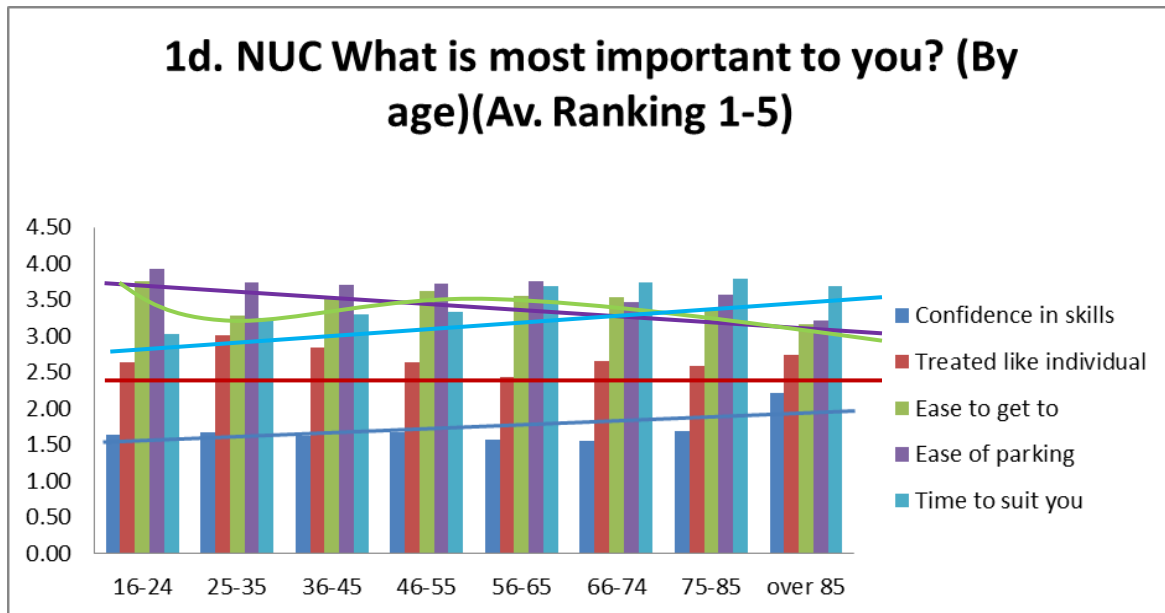
Scenario 1 (NUC) QD. What is most important to you? (By Area)



This question was based on a rating system, 1 being the most important and 5 being the least important; therefore the lower the rating the higher the importance. Across the board 'confidence in the skills of staff' was selected as the most important. 'Treated like an individual' was the second most important but there were discrepancies between the other factors. The last three factors were

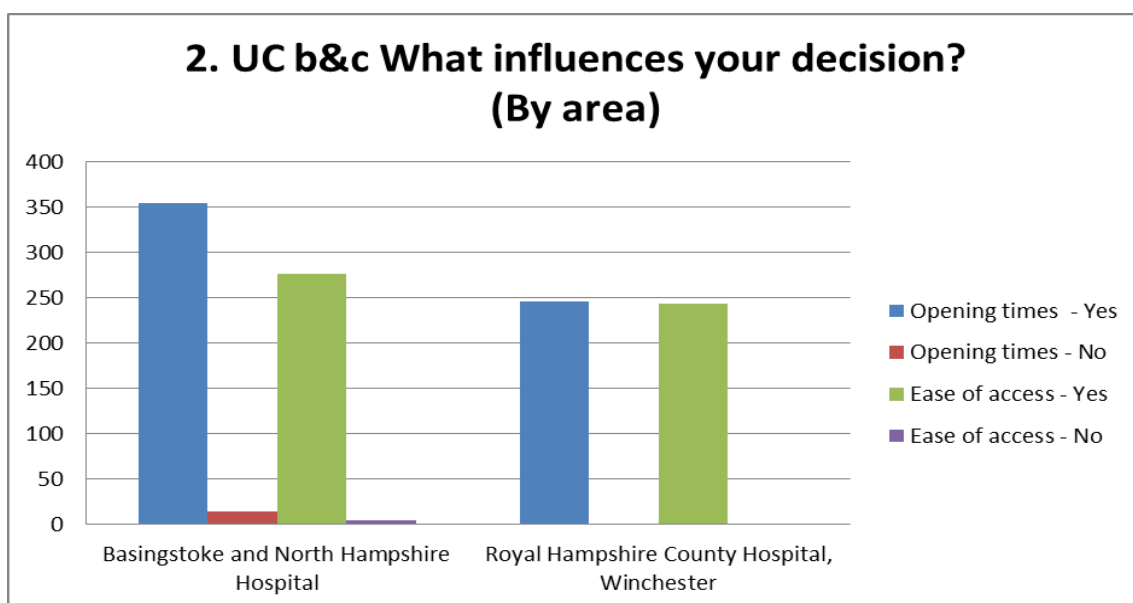
joint third within the Basingstoke area but 'ease to get to' was rated higher than 'ease of parking' in the Winchester area for example.

Scenario 1 (NUC) QD. What is most important to you? (By Age)



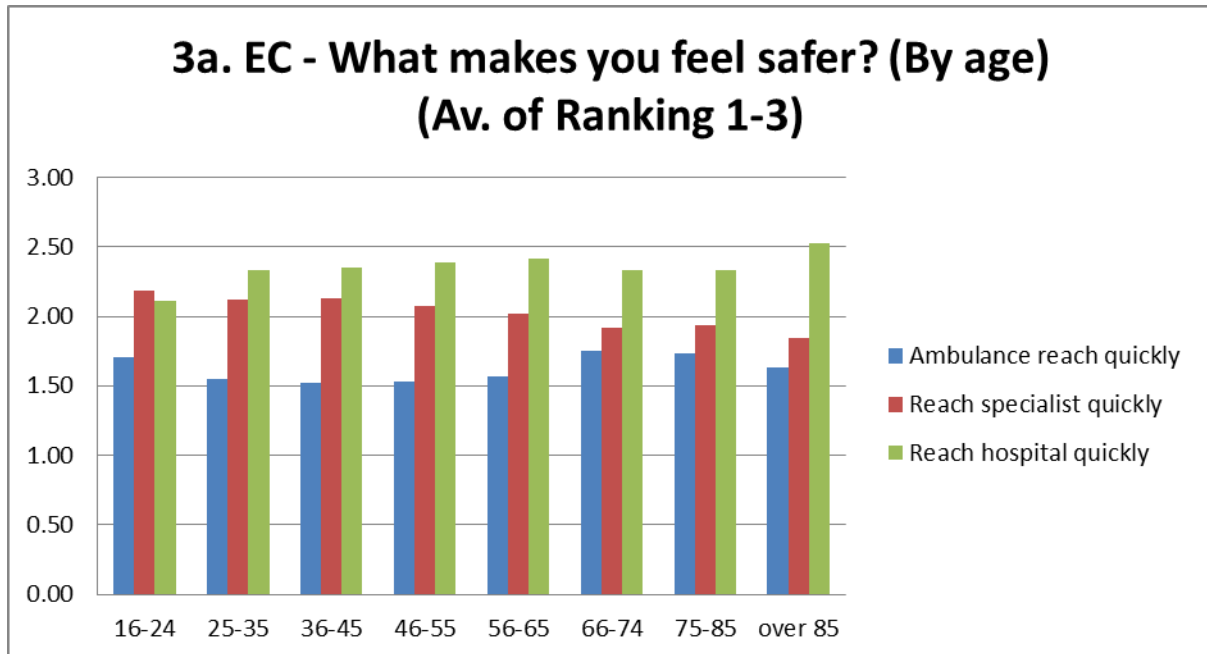
This question was based on a rating system, 1 being the most important and 5 being the least important; therefore the lower the rating the higher the importance. Again across the board 'confidence in the skills of staff' was selected as the most important. 'Treated like an individual' was the second most important and had a reasonably consistent average rating. 'Ease to get to' was on average the third choice but produced a range of results (green line). 'Ease of parking' became gradually more important with age (descending purple line) and 'time to use you' was more important to the younger age groups, becoming less significantly important with age (ascending sky blue line).

Scenario 2 (Urgent Care) Qb&c. What influences your decision? (By Area)



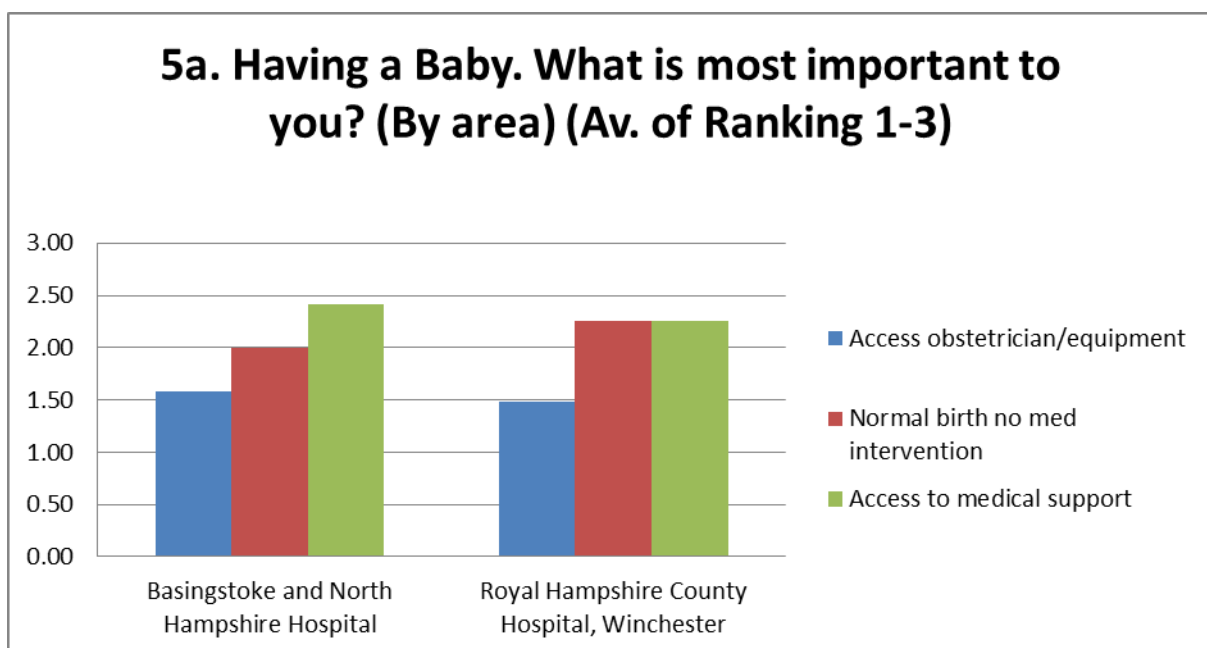
Across both areas 'opening times' and 'ease of access' were very influential factors when deciding where to access care. Very few members of the public (<20) said that opening times and ease of access did not affect their decision.

Scenario 3 (Emergency Care) Qa. What makes you feel safer? (By Age)



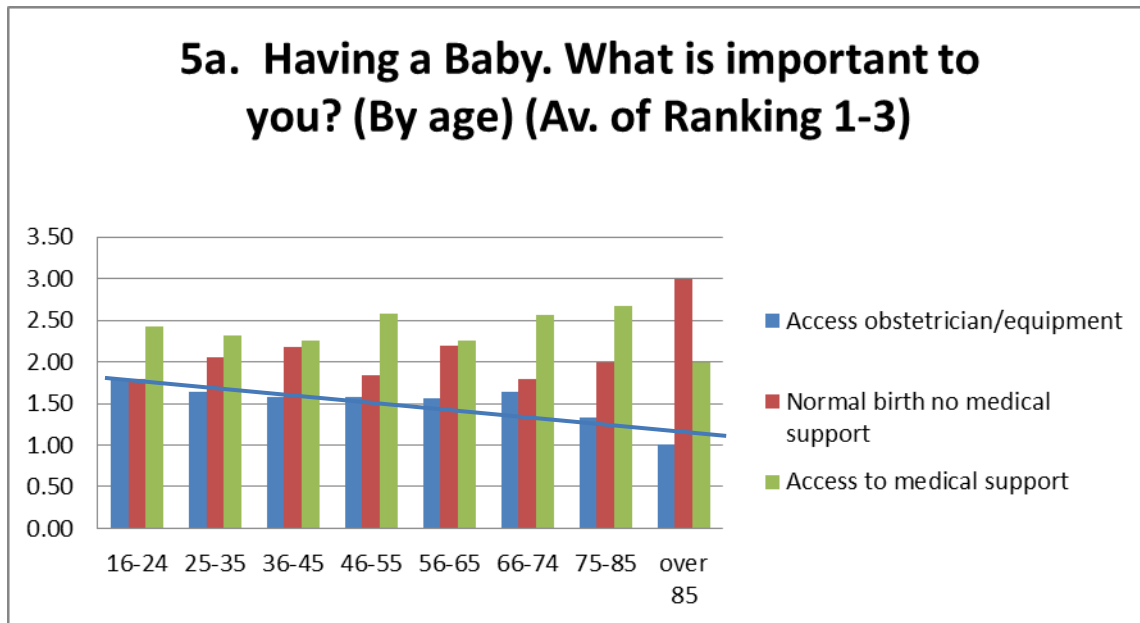
This question was based on a rating system, 1 being the most important and 3 being the least important; therefore the lower the rating the higher the importance. The most important factor for respondents in an emergency situation was that the ambulance would reach them quickly. The second most important factor for all but the 16-24 age group was that they reach a specialist quickly. The 16-24 felt it was slightly more important to reach the hospital quickly.

Scenario 5 (Having a Baby) Qa. What is most important to you? (By Area)



This question was based on a rating system, 1 being the most important and 3 being the least important; therefore the lower the rating the higher the importance. The most important factor for all respondents was ‘access to an obstetrician and specialist equipment.’ Respondents in the Winchester area rated having a normal birth without medical intervention and access to medical support equally, while Basingstoke valued having a normal birth with medical interventions more important than having access to medical support (for example epidural or c-section).

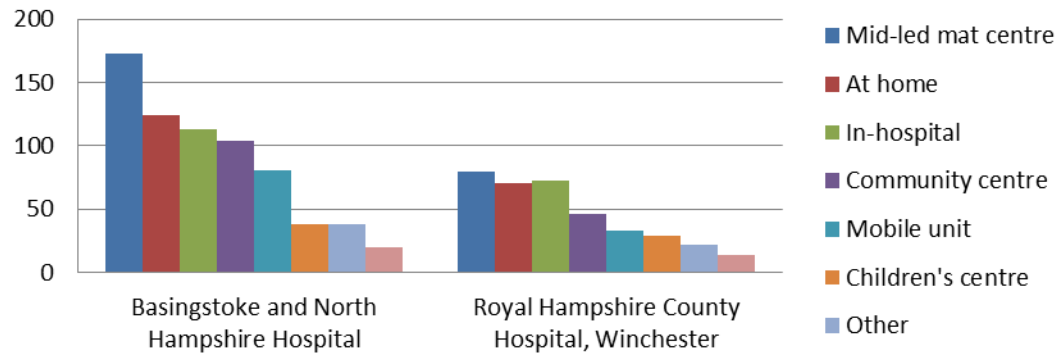
Scenario 5 (Having a Baby) Qa. What is most important to you? (By Age)



This question was based on a rating system, 1 being the most important and 3 being the least important; therefore the lower the rating the higher the importance. Again the most important factor for all respondents was access to an obstetrician and specialist equipment; however the significance of this preference on average reduced slightly with age. The preference for the other two factors (normal birth with no medical intervention and access to medical support) was different between the age groups, however all but one group (over 85's) rated having a normal birth with no medical input as the second choice.

Scenario 5 (Having a Baby) Qb. Where would you prefer to access your ante-natal care? (By Area)

5b. Having a Baby. Access Ante-natal care location. (By area) (Tick all that apply)



A midwifery-led maternity centre was the preferred choice for both areas; however this choice was more significant in the Basingstoke area. The Basingstoke area selected 'at home' for their second preference while the Winchester area selected 'in-hospital' as their second preference, although the differences in this rating were very small.

SECTION 5

OVERVIEW OF FEEDBACK

This section provides an overview of the key findings from the engagement process. It focuses on what is important to people as they access hospital services. The feedback generated, together with the clinical evidence will help shape our proposals to provide safe and sustainable hospitals for the future which will formally be consulted upon.

Things people said were important to them:

- Convenient access to hospitals with short journey times
- Maintaining choice within maternity services
- Obstetric care when they had their baby in a hospital if needed
- Urgent care - accurate assessment and signposting
- The quality of hospital staff and their attitude
- Being able to see a specialist with the right specialist equipment
- Adequate staffing and beds
- Providing continuity of care
- Getting an appointment quickly
- Good communication and organisation
- Having confidence in the skills of staff
- Reassurance of expert care, by qualified and pleasant people

Things people would like to see more of or to see changed:

- One-stop shop services – getting everything done in one place, at one time
- Better communication of the local NHS services available, particularly out of hours
- Easier access – more car parking, good public transport
- Clinicians leading change and not NHS managers
- Lower car parking charges

Things that concerned people about change:

- Loss of some services at their local hospital, a perceived downgrading, is their local hospital under threat
- Travelling to one of the other hospitals might make services less accessible for themselves or their visitors, especially for those with caring responsibilities
- Concern patients will be put at risk because of the extra travelling time
- Concern over travelling time while in labour, or being transferred to another location in an emergency from home or a midwifery led centre
- To genuinely be consulted and their views taken into account
- More understanding about why some services centralised and not others

Findings from the staff survey focused on:

- Having adequate staffing levels and an adequate mix of skilled staff
- More emphasis placed on having organisation wide systems, clinical and IT
- Regularly planning for discharge on admission
- Reviewing the out of hours services to see if they are adequate and providing more information about where to go and when to better manage demand in Emergency Departments
- More consultation and involvement so staff can contribute to plans as they develop

NEXT STEPS

We have been delighted so many people took the time to get involved in this process. Thank you for attending events, engaging with us and importantly completing our surveys.

This feedback, together with the clinical evidence will help shape proposals for a formal public consultation early next year. This will explore a number of questions about how we could centralise some aspects of some of our services, taking into account the views of local people, local organisations and with other healthcare providers.

As part of this process, we will be contacting the 61% of respondents to this engagement programme who have said they'd like to be involved in further research and we will also be pleased to keep the 67% of respondents who asked to be kept informed of our plans up to date too, as this programme of work progresses. In addition, we will contact the 15% of respondents to the staff survey who said they would like to be involved in further research.

We are aware that there were fewer public responses from those stating Winchester as their main hospital than Basingstoke overall. We were mindful of the need to make sure there were equal opportunities for respondents to access the survey across our area in the plans and in their delivery and we made every effort to undertake the same activities in Alton, Andover, Basingstoke, Eastleigh and Winchester. We have noted this for the consultation.

We have identified a series of improvements for the formal public consultation process.

- We will ensure a greater reach within BME groups and among younger people and be more robust to ensure equality and diversity is considered.
- We will arrange displays at children's centres, as we only had a presence at one during the engagement programme due to scheduling.
- We will ensure we more effectively reach lower socio economic groups, although all demographics were reached through the hospital clinic population, and the shopping centres captured all demographics to some extent. We would wish this to be more focused for the consultation.
- We will respond to feedback from the Maternity Services Liaison Committee to use QR codes more extensively on the public consultation materials.
- We received one email from a member of the public expressing concerns about the technical functioning of the online survey. We were satisfied that the survey functioned correctly. We received one letter expressing concern about how the survey had been constructed and a few comments were made about this on the survey itself. However, with so many people positively contributing to the survey we feel we have some rich insight into what is important to people as they access hospital services.
- We would want to ensure research activity in the consultation was carried out by an external organisation to ensure a robust methodology and independent analysis.

ANNEX

Annex 1 – Public questionnaire (long)

Annex 2 – Public questionnaire (short)

Annex 3 – Staff questionnaire

Annex 4 – Posters displayed in GP surgeries / roadshow press advert

Annex 5 – Copy of press releases and website screen shots

Annex 6 - Activity log

Tell us your views

Your local NHS organisations are working together to develop plans which will enable us to deliver safe and sustainable hospital services for the future. Hampshire Hospitals NHS Foundation Trust, North Hampshire Clinical Commissioning Group and West Hampshire Clinical Commissioning Group would like to hear your views. Your views will help us shape our plans.

There are 30 questions. This will take around 25 minutes to complete, thank you for your help. **If you would prefer to take part in a shorter survey or would like to take this survey online please visit www.HampshireHospitals.nhs.uk/yourhospitals.** This survey closes on 30 November 2013.

Please think about the five "what if..." scenarios below and tell us what's important to you in each of these situations. (Please complete in **black pen**)

Scenario 1. Non-urgent care: what if...

You are referred by your GP for some tests; you may need to see a specialist consultant for an outpatient appointment.

In this scenario, what is important to you?

a) What sort of place would you prefer to visit for each of these encounters? (Please tick all that apply)

- Leisure centre
- Supermarket/shopping mall
- Community centre
- Hospital
- GP surgery
- Mobile unit in the community
- Other (please tick and specify in the box below)

a) How far would you want to travel for each encounter? Please rank in order of preference, number 1 being your most preferred option number 4 being your least preferred.

- Within walking distance
- Bus/train ride away
- 30 minute car journey

A car journey up to an hour

b) Tell us what is important to you about the time it takes to receive treatment.

c) What is most important to you? Please rank in order of preference, number 1 for the most important to you, number 5 being the least important.

Ease of parking

Easy to get to

At a time that suits you

Confidence in the skills of the staff

Being treated like an individual

Scenario 2. Urgent care: what if...

You think you or your child may have broken a bone. You might phone 111, go to A&E, phone or visit your GP, your GP may visit you, your GP may phone an ambulance, or you might dial 999 for an ambulance. You may be seen and treated by your GP; you may have tests or treatment at the hospital; you may be admitted to hospital.

In this scenario, what is important to you?

a) How easy is it to know which service to choose when you think it is urgent? (*for example 111, calling your GP, taking yourself to A&E, dialling 999*)

b) Do the opening times influence your choice?

Yes

No

Any comments? (Please tick and give more details below)

c) Is your choice influenced by how easy somewhere is to get to?

Yes

No

Any comments? (Please tick and give more details below)

d) Is there anything else that's important to you?

Scenario 3. Emergency care: what if...

Your child is suddenly very sick: Someone has collapsed; there is a serious car crash. You dial 999. The ambulance or helicopter takes them to hospital.

In this scenario, what is important to you?

a) What makes you feel safer? Please rank in order of preference, number 1 for the most important to you, number 3 being the least important.

- Knowing the ambulance can reach them quickly
- Knowing they will reach the hospital quickly
- Knowing they will get the right specialist doctors and nurses with specialist equipment even though this might not be at their closest hospital

Scenario 4. Visiting: what's important to you?

You are visiting someone in hospital who is very sick.

In this scenario, what is important to you? Please rank in order of preference, number 1 for the most important to you, number 3 being the least important.

- That your family member or friend is near to their home
- That they can be moved to a hospital near to home when appropriate
- That parking easy/public transport is easy

You are visiting someone who is recuperating.

In this scenario what's important to you? Please rank in order of preference, number 1 for the most important to you, number 3 being the least important.

- That your family member or friend is near to home
- That they can be moved to a hospital near to home when appropriate
- That parking/public transport is easy

Scenario 5. Having a baby: what's important to you?

Please skip this question if you feel this scenario does not apply to you.

You know you are pregnant and talk to your GP or midwife. Your midwife arranges tests and check-ups for you and your baby. You and your midwife discuss your birthing plan, relating to want and need. You may also be referred to a hospital doctor. Some mothers give birth at home supported by community midwives ; or at a midwife-led maternity centre; or in hospital because they want or need consultants and specialist equipment.

In this scenario, what is important to you?

a) When having a baby what facilities are important to you?

b) When thinking about the options available, what else is important to you? Please rank in order of preference, number 1 for the most important to you, number 3 being the least important.

- Having a normal birth without medical intervention
- Access to medical support such as epidural or C-section
- Access to an obstetrician with specialist equipment in an emergency

c) Where would you prefer to access your ante-natal care? (Please **tick** all that apply)

- At home
- At a midwifery-led maternity centre
- A community centre or similar venue
- A mobile unit that visits your community
- Your workplace
- Children's centre
- Hospital
- Other (Please tick and give more details in the box below)

d) Where would you prefer to access your post-natal care? (Please **tick** all that apply)

- At home
- At a midwifery-led maternity centre
- A community centre or similar venue
- A mobile unit that visits your community

- Your workplace
- Children's centre
- Hospital
- Other (Please tick and give more details in the box below)

Have we missed something? Is there anything else you would like to add?

May we ask about you?

What is the name of your local hospital? (Please **tick one** option below)

- Andover War Memorial Hospital
- Basingstoke and North Hampshire Hospital
- Frimley Park Hospital NHS Foundation Trust
- Portsmouth Hospitals NHS Foundation Trust
- Royal Hampshire County Hospital, Winchester
- Royal Berkshire Hospital, Reading
- Royal Surrey County Hospital, Guildford
- Salisbury Hospital NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust
- Other (Please tick and give more details in the box below)

Have you been seen or treated at hospital in the last year? (either as an inpatient or outpatient)

- Yes
- No

What is your gender?

- Female
- Male

What is your age range?

- Under 16
- 16-24
- 25- 35
- 36-45

- 46-55
- 56-65
- 66-74
- 75-85
- Over 85

Are you a member of Hampshire Hospitals NHS Foundation Trust?

- Yes
- No

Do you work for Hampshire Hospitals NHS Foundation Trust?

- Yes, my base is Andover
- Yes, my base is Basingstoke
- Yes, my base is Winchester
- No

How did you hear about this survey?

- GP surgery
- In Hospital
- Town centre
- Foundation Trust member event/email
- Newspaper
- Other (Please tick and give more details below)

Would you like to be involved in further research about your views?

- Yes
- No

Would you like to be kept up to date with the progress of our plans?

- Yes
- No

If yes, please give us your details so we can contact you. Please note you do not have to give your contact details, unless you want to be contacted for further research or kept up to date with the progress of our plans.

Name:

Email

Address:

Thank you for taking the time to complete this survey, your views will help us shape our plans for your hospital services for the future.

This survey will close on 30 November 2013.

We will store and process your information in accordance with the Data Protection Act and only use it to contact you for the purposes you have agreed to above.

Please return this questionnaire to: Membership Services, FREEPOST SCE 10918, Foundation Trust office,
Basingstoke and North Hampshire Hospital, Aldermaston Road, Basingstoke, RG24 9BR.
Tel: 01256 313062; Email: hampshire.hospitals@hhft.nhs.uk

Tell us your views

Your local NHS organisations are working together to develop plans which will enable us to deliver safe and sustainable hospital services for the future. Hampshire Hospitals NHS Foundation Trust, North Hampshire Clinical Commissioning Group and West Hampshire Hampshire Clinical Commissioning Group would like to hear your views. Your views will help us shape our plans.

There are 16 questions, this will take around 15 mins to complete. If you would prefer to take part in a longer survey or would like to take this survey online please visit www.HampshireHospitals.nhs.uk/yourhospitals. Thank you for your help. This survey closes on 30 November 2013.

Please think about the five "what if..." scenarios below and tell us what's important to you in each of these situations. (Please complete in **BLACK** ink only).

Please look at the five "what if..." scenarios and tell us what's important to you in each of these situations.

Scenario 1. Non-urgent care: what if...

You are referred by your GP for some tests; you may need to see a specialist consultant for an outpatient appointment.

In this scenario what is important to you? e.g. The sort of place you would like to visit for your outpatient appointment, how far you are willing to travel, skills of the staff, ease of parking/accessibility. (Please comment in the box below)

Scenario 2. Urgent care: what if...

You think you or your child may have broken a bone. You might phone 111, go to A&E, phone or visit your GP, your GP may visit you, your GP may phone an ambulance, or you might dial 999 for an ambulance. You may be seen and treated by your GP; you may have tests or treatment at the hospital; you may be admitted to hospital.

In this scenario what is important to you? e.g. Opening times, ease of contacting/visiting, knowing which service to call. (Please comment in the box below)

Scenario 3. Emergency care: what if...

Your child is suddenly very sick; someone has collapsed; there is a serious car crash. You dial 999. The ambulance or helicopter takes them to hospital.

In this scenario, what is important to you? e.g. Knowing the ambulance can reach them quickly, knowing they will reach the hospital quickly, knowing they will get the right specialist doctors and nurses with specialist equipment even though this might not be at their closest hospital. (Please comment in the box below)

Scenario 4. Visiting: what's important to you?

You are visiting someone in hospital who is very sick.

In this scenario what is important to you? e.g. That your family member or friend is near to home, that they can be moved to a hospital near to home when appropriate, that parking is easy/public transport is easy. (Please comment in the box below)

Scenario 5. Having a baby: what's important to you?

Please skip this question if it does not apply to you.

You know you are pregnant and talk to your GP or midwife. Your midwife arranges tests and check-ups for you and your baby. You and your midwife discuss your birthing plan, relating to want and need. You may also be referred to a hospital doctor. Some mothers give birth at home, supported by community midwives; or at a midwife-led maternity centre; or in hospital because they want or need consultants and specialist equipment.

In this scenario, what is important to you? e.g. Having a choice of place of birth (home, maternity centre, hospital), clarity of choices, choice of facilities, having a

normal birth without medical intervention, access to medical support, access to an obstetrician with specialist equipment in an emergency. (Please comment in the box below)

In this scenario, what is important to you?

What else matters to you?

May we ask about you?

What is the name of your local hospital? (Please **tick one** option below)

- Andover War Memorial Hospital
- Basingstoke and North Hampshire Hospital
- Frimley Park Hospital NHS Foundation Trust
- Portsmouth Hospitals NHS Foundation Trust
- Royal Hampshire County Hospital, Winchester
- Royal Berkshire Hospital, Reading
- Royal Surrey County Hospital, Guildford
- Salisbury Hospital NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust
- Other (Please tick and give more details in the box below)

Have you been seen or treated at hospital in the last year? (either as an inpatient or outpatient)

- Yes
- No

What is your gender?

- Female
- Male

What is your age range?

- Under 16
- 16-24
- 25- 35
- 36-45

- 46-55
- 56-65
- 66-74
- 75-85
- Over 85

Are you a member of Hampshire Hospitals NHS Foundation Trust?

- Yes
- No

Do you work for Hampshire Hospitals NHS Foundation Trust?

- Yes, my base is Andover
- Yes, my base is Basingstoke
- Yes, my base is Winchester
- No

How did you hear about this survey?

- GP surgery
- In Hospital
- Town centre
- Foundation Trust member event/email
- Newspaper
- Other (Please tick and give more details below)

Would you like to be involved in further research about your views?

- Yes
- No

Would you like to be kept up to date with the progress of our plans?

- Yes
- No

If yes, please give us your details so we can contact you:

Please note you do not have to give your contact details, unless you want to be contacted for further research or kept up to date with the progress of our plans.

Name:

Email Address:

Thank you for taking the time to complete this survey, your views will help us shape our plans for your hospital services for the future.

This survey will close on 30 November 2013.

We will store and process your information in accordance with the Data Protection Act and only use it to contact you for the purposes you have agreed to above.

Please return this questionnaire to: Membership Services, FREEPOST SCE 10918, Foundation Trust office,
Basingstoke and North Hampshire Hospital, Aldermaston Road, Basingstoke, RG24 9BR.
Tel: 01256 313062; Email: hampshire.hospitals@hhft.nhs.uk

Tell us your views – HHFT Staff (In Touch)

Please look at the five “what if...” scenarios and questions on the boards. From your perspective as a member of NHS staff please give us your views.

Scenario 1. Non-urgent care

How could we improve outcomes/ the patient experience and ensure safety for the patient?

How could we improve efficiency and effectiveness for HHFT?

Scenario 2. Urgent care

How could we improve outcomes/ the patient experience and ensure safety for the patient?

How could we improve efficiency and effectiveness for HHFT?

Scenario 3. Emergency care

How could we improve outcomes/ the patient experience and ensure safety for the patient?

How could we improve efficiency and effectiveness for HHFT?

Scenario 4. Visiting

How could we improve outcomes/ the patient experience and ensure safety for the patient?

How could we improve efficiency and effectiveness for HHFT?

Scenario 5. Having a baby

How could we improve outcomes/ the patient experience and ensure safety for the patient?

How could we improve efficiency and effectiveness for HHFT?

Is there anything else you would like to add?

May we ask about you?

Where is your base?

- Andover War Memorial Hospital
- Basingstoke and North Hampshire Hospital
- Royal Hampshire County Hospital, Winchester
- Other (Please tick and give more details in the box below)

Which division and department do you work in?

- Corporate. Department: Role:
.....
- Family and Clinical Support Services. Department:
Role:
- Medical Services. Department: Role:
.....
- Surgical Services. Department: Role:
.....

Would you like to be involved in further research about your views? Yes No

If yes, please give us your details so we can contact you:

Please note you do not have to give your contact details, unless you want to be contacted for further research.

Name:

Thank you for taking the time to complete this survey. Your views will help us shape our plans for hospital services for the future. We recognise that you are staff **and** members of the local community. If you would also like to take part in the public survey online please visit **www.HampshireHospitals.nhs.uk/yourhospitals**. This is also where you can view the scenarios that we refer to below if you want to take this survey away and fill it in.

This survey will close on 30 November 2013.

We will store and process your information in accordance with the Data Protection Act and only use it to contact you for the purpose you have agreed to above.

If you're not handing this questionnaire in at the In Touch session, please return it to the Communications Team, B Floor, Basingstoke and North Hampshire Hospital.



Your hospital services – fit for the future

We want your views on the shape of future hospital services for people living in north and mid Hampshire.

What's important to you...

- ✓ when you need an outpatient appointment?
- ✓ when you need urgent care?
- ✓ in a life-threatening emergency?
- ✓ when having a baby?
- ✓ when visiting a friend or relative in hospital?

North Hampshire Clinical Commissioning Group, West Hampshire Clinical Commissioning Group and Hampshire Hospitals NHS Foundation Trust are working together with NHS England to develop plans that will help make sure local hospital services are fit for the future, particularly for those who need emergency or complex care.

You can share your views by taking part in our online survey – just go to www.hampshirehospitals.nhs.uk/yourhospitals. Or you can fill in a paper survey: download the printable version from the website (return using the Freepost address on the survey). Or pick up a paper copy in Basingstoke, Winchester or Andover hospitals. Email: hampshire.hospitals@hhft.nhs.uk if you have any queries.

Your feedback will play an important part in helping us shape hospital services that are fit for the future.

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**Your local hospital services
Public meeting - all welcome**

**Tuesday 8 October 2013, 6.30pm – 8pm
The Education Centre, Royal Hampshire
County Hospital, Winchester**

In partnership with our commissioners,
hear about our future plans, share your views
and hear how Hampshire Hospitals performed
in 2012/13.

Refreshments available.

For more information call 01256 313062 or see
www.hampshirehospitals.nhs.uk

1 PRESS RELEASE

NHS roadshows – hear our future plans and share your views

Local NHS organisations are holding a roadshow to hear the public's views on Tuesday 1 October at The Point in Eastleigh, at 6.30pm.

West Hampshire Clinical Commissioning Group, North Hampshire Clinical Commissioning Group and Hampshire Hospitals NHS Foundation Trust invite the public to attend the local roadshow being held in Eastleigh. The three NHS organisations are working together to make sure the NHS can continue to offer safe, high quality hospital services now and for the future. GPs and hospital staff will be available to talk to the public and listen to their views.

As part of the public meeting, Hampshire Hospitals NHS Foundation Trust will also be presenting a review of the year 2012/13, the first full year of Hampshire Hospitals NHS Foundation Trust, which is responsible for Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital, Winchester.

Dr Andrew Bishop, Chief Medical Officer at Hampshire Hospitals NHS Foundation Trust said:

“Patient care is at the heart of what we do. We aim to provide high quality services that are local where possible, close to people's homes, and central where necessary for patient safety. We are working with our commissioners to develop future plans for delivering hospital services and we want to hear from local people about what's important to them.”

The roadshows are free and open to everyone. Light refreshments will be available.

More information about North Hampshire Clinical Commissioning Group can be found at www.northhampshireccg.com, information about West Hampshire Clinical Commissioning Group can be found at www.westhampshireccg.nhs.uk and Hampshire Hospitals NHS Foundation Trust on www.hampshirehospitals.nhs.uk

-Ends-

Notes for editors

1. Hampshire Hospitals NHS Foundation Trust provides hospital services to a population of approximately 600,000 people in Hampshire and parts of west Berkshire. HHFT delivers one hospital service across multiple locations including its own hospitals, Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital in Winchester. It also provides outpatient and assessment services from Bordon and Alton community hospitals.
2. North Hampshire Clinical Commissioning Group (CCG), led by local GPs, commissions (plans and purchases) healthcare services for a population of 216,000 residents across north Hampshire. The CCG has 21 member GP practices from a geographical area of 316 square miles broadly ranging from Tadley in the North, Alton in the South, Overton in the west and Hook and Hartley Wintney in the east.
3. West Hampshire Clinical Commissioning Group (CCG), is led by local GPs, and plans and buys healthcare services on behalf of local people. It covers an area from Milford-on-Sea to Whitchurch and Ringwood to New Alresford, including Winchester, Andover, Eastleigh, Romsey and the west of the New Forest. The CCG works with 53 GP practices which between them care for over 540,000 patients.
4. There are five roadshows being held. Tuesday 1 October at The Point, Eastleigh SO50 9DE, Tuesday 8 October at the Education Centre at the Royal Hampshire County Hospital, Winchester, Wednesday 9 October at the Ark Conference Centre, Basingstoke, Tuesday 22 October at the Lights Andover, SP10 1AH and Tuesday 29 October at the Maltings, Alton GU34 1DT. All events start at 6.30pm.

Media contacts

Hampshire Hospitals Communications team (01256) 313062 e-mail communications@hhft.nhs.uk

NHCCG Communications team (01256) 705507 or email annephillips@nhs.net

WHCCG Communications team

Sarah Ponsford, Associate Director for Communications and Corporate Affairs, 07971 103275

Sarah.Ponsford@westhampshireccg.nhs.uk

Nicki Smith, Communications and Engagement Manager, 02380 627576, 07796 175695

Nicki.Smith@westhampshireccg.nhs.uk

2 PRESS RELEASE

NHS roadshows – hear our future plans and share your views

Local NHS organisations are holding a roadshow to hear the public's views on Tuesday 8 October in The Education Centre at Royal Hampshire County Hospital, Winchester, at 6.30pm.

West Hampshire Clinical Commissioning Group, North Hampshire Clinical Commissioning Group and Hampshire Hospitals NHS Foundation Trust invite the public to attend the local roadshow being held in Winchester. The three NHS organisations are working together to make sure the NHS can continue to offer safe, high quality hospital services now and for the future. GPs and hospital staff will be available to talk to the public and listen to their views.

As part of the public meeting, Hampshire Hospitals NHS Foundation Trust will also be presenting a review of the year 2012/13, the first full year of Hampshire Hospitals NHS Foundation Trust, which is responsible for Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital, Winchester.

Dr Andrew Bishop, Chief Medical Officer at Hampshire Hospitals NHS Foundation Trust said:

“Patient care is at the heart of what we do. We aim to provide high quality services that are local where possible, close to people's homes, and central where necessary for patient safety. We are working with our commissioners to develop future plans for delivering hospital services and we want to hear from local people about what's important to them.”

The roadshows are free and open to everyone. Light refreshments will be available.

More information about North Hampshire Clinical Commissioning Group can be found at www.northhampshireccg.com, information about West Hampshire Clinical Commissioning Group can be found at www.westhampshireccg.nhs.uk and Hampshire Hospitals NHS Foundation Trust on www.hampshirehospitals.nhs.uk

-Ends-

Notes for editors

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Nicki Smith, Communications and Engagement Manager, 02380 627576, 07796 175695

Nicki.Smith@westhampshireccg.nhs.uk

3 PRESS RELEASE

NHS roadshows – hear our future plans and share your views

Local NHS organisations are holding a roadshow to hear the public's views on Wednesday 9 October at The Ark Conference Centre, Basingstoke and North Hampshire Hospital, at 6.30pm.

West Hampshire Clinical Commissioning Group, North Hampshire Clinical Commissioning Group and Hampshire Hospitals NHS Foundation Trust invite the public to attend the local roadshow being held in Basingstoke. The three NHS organisations are working together to make sure the NHS can continue to offer safe, high quality hospital services now and for the future. GPs and hospital staff will be available to talk to the public and listen to their views.

As part of the public meeting, Hampshire Hospitals NHS Foundation Trust will also be presenting a review of the year 2012/13, the first full year of Hampshire Hospitals NHS Foundation Trust, which is responsible for Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital, Winchester.

Dr Andrew Bishop, Chief Medical Officer at Hampshire Hospitals NHS Foundation Trust said:

“Patient care is at the heart of what we do. We aim to provide high quality services that are local where possible, close to people's homes, and central where necessary for patient safety. We are working with our commissioners to develop future plans for delivering hospital services and we want to hear from local people about what's important to them.”

The roadshows are free and open to everyone. Light refreshments will be available.

More information about North Hampshire Clinical Commissioning Group can be found at www.northhampshireccg.com, information about West Hampshire Clinical Commissioning Group can be found at www.westhampshireccg.nhs.uk and Hampshire Hospitals NHS Foundation Trust on www.hampshirehospitals.nhs.uk

-Ends-

Notes for editors

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11. West Hampshire Clinical Commissioning Group (CCG), is led by local GPs, and plans and buys healthcare services on behalf of local people. It covers an area from Milford-on-Sea to Whitchurch and Ringwood to New Alresford, including Winchester, Andover, Eastleigh, Romsey and the west of the New Forest. The CCG works with 53 GP practices which between them care for over 540,000 patients.
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4 PRESS RELEASE

NHS roadshows – hear our future plans and share your views

Local NHS organisations are holding a roadshow to hear the public's views on Tuesday 22 October at The Lights, Andover, at 6.30pm.

West Hampshire Clinical Commissioning Group, North Hampshire Clinical Commissioning Group and Hampshire Hospitals NHS Foundation Trust invite the public to attend the local roadshow being held in Andover. The three NHS organisations are working together to make sure the NHS can continue to offer safe, high quality hospital services now and for the future. GPs and hospital staff will be available to talk to the public and listen to their views.

As part of the public meeting, Hampshire Hospitals NHS Foundation Trust will also be presenting a review of the year 2012/13, the first full year of Hampshire Hospitals NHS Foundation Trust, which is responsible for Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital, Winchester.

Dr Andrew Bishop, Chief Medical Officer at Hampshire Hospitals NHS Foundation Trust said:

“Patient care is at the heart of what we do. We aim to provide high quality services that are local where possible, close to people's homes, and central where necessary for patient safety. We are working with our commissioners to develop future plans for delivering hospital services and we want to hear from local people about what's important to them.”

The roadshows are free and open to everyone. Light refreshments will be available.

More information about North Hampshire Clinical Commissioning Group can be found at www.northhampshireccg.com, information about West Hampshire Clinical Commissioning Group can be found at www.westhampshireccg.nhs.uk and Hampshire Hospitals NHS Foundation Trust on www.hampshirehospitals.nhs.uk

-Ends-

Notes for editors

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5 PRESS RELEASE

NHS roadshows – hear our future plans and share your views

Local NHS organisations are holding a roadshow to hear the public's views on Tuesday 29 October at The Maltings Centre, Alton, at 6.30pm.

West Hampshire Clinical Commissioning Group, North Hampshire Clinical Commissioning Group and Hampshire Hospitals NHS Foundation Trust invite the public to attend the local roadshow being held in Alton. The three NHS organisations are working together to make sure the NHS can continue to offer safe, high quality hospital services now and for the future. GPs and hospital staff will be available to talk to the public and listen to their views.

As part of the public meeting, Hampshire Hospitals NHS Foundation Trust will also be presenting a review of the year 2012/13, the first full year of Hampshire Hospitals NHS Foundation Trust, which is responsible for Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital, Winchester.

Dr Andrew Bishop, Chief Medical Officer at Hampshire Hospitals NHS Foundation Trust said:

“Patient care is at the heart of what we do. We aim to provide high quality services that are local where possible, close to people's homes, and central where necessary for patient safety. We are working with our commissioners to develop future plans for delivering hospital services and we want to hear from local people about what's important to them.”

The roadshows are free and open to everyone. Light refreshments will be available.

More information about North Hampshire Clinical Commissioning Group can be found at www.northhampshireccg.com, information about West Hampshire Clinical Commissioning Group can be found at www.westhampshireccg.nhs.uk and Hampshire Hospitals NHS Foundation Trust on www.hampshirehospitals.nhs.uk

-Ends-

Notes for editors

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6 PRESS RELEASE

Fit for the future – help shape your local hospitals

What is important to you when you need hospital tests or treatment? What matters to you when you're having a baby? What about when someone you care about is in hospital and you need to visit them?

The communities served by Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital are being asked for feedback on what's important to them about their local hospital services.

Hampshire Hospitals NHS Foundation Trust, which runs the local hospitals, is working in partnership with North Hampshire Clinical Commissioning Group and West Hampshire Clinical Commissioning group to define and provide safe, high quality hospital services now and for the future.

The views of the local communities will help shape the future plans and ensure that hospital services are fit to meet the needs of the future.

At a series of roadshows with GPs and hospital staff around Hampshire throughout October, the three NHS organisations listened to people's views. In Alton, Andover, Basingstoke, Eastleigh and Winchester a number of scenarios including emergency care, non-urgent care and maternity were presented and people were asked about what was important to them.

The scenarios are now available online, along with a survey which will remain open until November 30 2013. Visit www.hampshirehospitals.nhs.uk/yourhospitals to find out more and complete the survey.

The three NHS organisations are keen to listen to the views of local communities, and there will be more opportunities to give feedback throughout November. The surveys will be available in Andover, Basingstoke and Winchester hospitals and also in local shopping centres and community venues around the region. Last week the displays and surveys were at Fleming Park leisure centre in Eastleigh and the remaining dates are:

Tuesday 12 November	Morning	Sainsburys, Alton
Friday 15 November	Morning	The Brooks Centre, Winchester
Wednesday 27 November	10am – 4pm	Tesco Superstore, Andover
Thursday 28 November	All day	Festival Place, Basingstoke

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-Ends-

Notes for editors

21. Hampshire Hospitals NHS Foundation Trust provides hospital services to a population of approximately 600,000 people in Hampshire and parts of west Berkshire. HHFT delivers one hospital service across multiple locations including its own hospitals, Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital in Winchester. It also provides outpatient and assessment services from Bordon and Alton community hospitals.
22. North Hampshire Clinical Commissioning Group (CCG), led by local GPs, commissions (plans and purchases) healthcare services for a population of 216,000 residents across north Hampshire. The CCG has 21 member GP practices from a geographical area of 316 square miles broadly ranging from Tadley in the North, Alton in the South, Overton in the west and Hook and Hartley Wintney in the east.
23. West Hampshire Clinical Commissioning Group (CCG), is led by local GPs, and plans and buys healthcare services on behalf of local people. It covers an area from Milford-on-Sea to Whitchurch and Ringwood to New Alresford, including Winchester, Andover, Eastleigh, Romsey and the west of the New Forest. The CCG works with 53 GP practices which between them care for over 540,000 patients.

Media contacts

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 Basingstoke and North Hampshire Hospital 01256 473 202
 Royal Hampshire County Hospital 01962 863 535

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 NHS Foundation Trust

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- News & Events
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- Work with us
- GPs & doctors

Welcome to Hampshire Hospitals NHS Foundation Trust, including hospitals in Andover, Basingstoke and Winchester



Our services



Royal Hampshire County Hospital

- A-Z Departments & Specialities
- A-Z Consultants
- A-Z Wards
- Our hospitals
- Fundraising
- Research

Our staff



WOW Awards
 Director of Nursing Awards

Our performance



Performance
 We are committed to providing patients, visitors and staff with a high quality and safe environment. We regularly monitor and assess our services to see how well we are doing.
 Read our Annual Review 2012/13 and Plan 2013/14

Fit for the Future

Fit for the Future
 Tell us what's important to you

Fit for the Future
 Council of Governors elections

Patients place Hampshire Hospitals in top 20% for cancer care

Worried about mouth cancer? Walk-in clinic in Basingstoke to mark awareness month

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 Basingstoke and North Hampshire Hospital 01256 473 202
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Fit for the Future

Hampshire Hospitals NHS Foundation Trust, North Hampshire Clinical Commissioning Group and West Hampshire Clinical Commissioning Group are working together to make sure the NHS can continue to offer safe, high quality hospital services now and for the future.

We will be visiting various places during November

- 15 November - The Brooks Shopping Centre, Winchester, SO23 8QY
- 27 November - Tesco, Andover, SP10 1UZ
- 28 November - Festival Place Shopping Centre, Basingstoke, RG21 7LJ

We would like to invite you to complete our survey. We would like to know your views on your hospital services. They will help us shape our plans for the future.

To help you we have created five "What if..." scenarios you may want to take a look at before completing the survey.

- non-urgent care
- urgent care
- emergency care
- having a baby
- visiting someone.

Please complete our survey

Survey (alternative, short version)



Share your views

"What if..." scenarios - it may help to read through these before completing the survey

- Survey
- Survey (alternative, short version)
- Survey (printable version)