

Consultation on proposed changes to acute hospital services in Hampshire: Update for Southampton Health Overview and Scrutiny Panel

1 Introduction

Hampshire and Isle of Wight Integrated Care Board is consulting on proposals for changes to services provided by Hampshire Hospitals NHS Foundation Trust (HHFT).

We are delighted to be included in the government's national New Hospital Programme. It is a once-in-a-generation opportunity to invest between £700 million and £900 million to improve hospital facilities and hospital services for decades to come.

The money will help transform the care and treatment patients receive. It will enable us to meet the changing needs of our growing and ageing population, attract and retain the best staff, provide better and more consistent care, help people stay healthy for longer, and – crucially – provide safe, sustainable, high-quality services for the future.

We want to do this by creating two excellent acute hospitals; with significant investment in refurbishing the Royal Hampshire County Hospital in Winchester, and by building a brand-new specialist acute hospital on either the existing Basingstoke and North Hampshire Hospital site, or at a new location near Junction 7 of the M3.

We have worked together with patients, local communities, and health and care staff to develop proposals for how we might best use this significant investment.

We are now undertaking a public consultation on the proposed options. The consultation began on 11 December 2023 and will run for 14 weeks until midnight 17 March 2024.

Accompanying this paper is the summary and full consultation document, providing more detail on the proposals.

2 Rationale for change

There are four key reasons why we are proposing changes to services, rather than simply building a new hospital and continuing to provide services in the same way as now:

- our population is growing and getting older, meaning healthcare needs are changing.
- duplicating services across two acute hospital sites means we can't always consistently deliver great care, because resources – particularly specialist staff – are spread too thinly. This isn't sustainable.
- many of our hospital buildings are approaching the end of their usable lives.
- we are facing a worsening financial position. Money spent on duplicating services and patching up old buildings is money that can't be spent on improving patient care.

Pages 10 to 13 of the full consultation document provide more detail on the case for change.

3 The options for consultation

We are consulting on three options for the future of acute hospital services in Basingstoke and Winchester.

In all options there would be:

- a **new specialist acute hospital** that would provide specialist and emergency care, such as strokes, heart attacks, trauma (treating life and limb threatening injuries), emergency surgery, obstetrician-led (specialist doctor) maternity care and a separate children's emergency department. Depending on the option, this would be located either on the site of the current Basingstoke hospital (Option 1) or near to Junction 7 of the M3 (Options 2 and 3)
- **significant investment in Winchester hospital** which would focus on planned operations and procedures and provide a 24/7 doctor-led urgent treatment centre that would see and treat around 60% of the patients who currently go to Winchester A&E, same day emergency care services, doctor-led inpatient beds for care of the elderly and general medicine, and a midwife-led maternity services and birthing unit
- **day-to-day hospital services** for example, clinic appointments, tests, x-rays, scans, and appointments with physiotherapists, occupational therapists or other members of the healthcare team provided at Winchester hospital and the current Basingstoke hospital site, as well as at the site near to Junction 7 of the M3 if either Option 2 or Option 3 is chosen.

Under Option 3, there would also be some nurse-led step-down reablement and rehabilitation beds at the current Basingstoke hospital site.

The options are set out in detail on pages 26 to 29 of the full consultation document.

4 Potential impact on other providers

In developing our proposals for consultation, we have considered the potential impact on other providers. While we know that the decision about which hospital to go to is not based solely on which is nearest (for example ambulance services consider journey times as well as distance to hospital, waiting times in emergency departments and the specialist services available at particular hospitals), our proposals could increase the number of patients going to other hospitals.

The potential impact on University Hospitals Southampton (UHS) varies by option. We have been, and will continue to, work with UHS (and the ambulance services and other nearby providers of acute hospital services) to understand the potential impact our proposals could have on them and if this would be manageable in the long term. We have received letters of support to consult on our proposals from UHS.

We look forward to discussing the potential impact on UHS in more detail when we meet with scrutiny colleagues at the HOSP meeting on 8 February 2024.

ENDS