



The Care Forum

Report on
**Recording of Public Engagement Meetings
for the Bristol Health Services Plan
January to April 2004**

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1. In Summary

Over a period of four months between January and April 2004, The Care Forum recorded the comments of 1242 people attending 50 meetings organised as part of the engagement phase of the Bristol Health Services Plan (BHSP). The majority of these were public meetings. There were also meetings held for voluntary and community sector organisations, local residents groups, NHS staff, service user groups, and local authority meetings.

The majority of people attending meetings agree that change was overdue and that the quality and state of repair of buildings needed improvement. They support proposals to provide more and new health services in community settings. There is overwhelming support for the development of a community hospital in South Bristol, which is seen as well overdue.

There is no overall agreement about how many acute hospital sites there should be in North Bristol/South Gloucestershire, or which the preferred sites should be. A significant number of people believe that one acute hospital in the area would be insufficient as it will be unable to meet what they perceive as a growing demand and because access times to Accident and Emergency services will be unacceptable.

Views are mixed over proposed closures at Blackberry Hill, Cossham and Bristol General Hospital. There is general concern that the Bristol Health Services Plan will lead to a reduction in overall bed numbers, and that this will result in increased waiting times and peoples need for care being left unmet. People remain unconvinced that by offering more health care in local communities and at home, demand for beds will reduce.

Dissatisfaction with transport and access to healthcare facilities in the area was raised at all meetings. People cited poor or non-existent public transport services; poor infrastructure for private transport; lack of parking and drop-off facilities across the area; the recruitment and retention of staff; and the availability of resources to offer services in the community, particularly to older and disabled people in their homes.

Those people who attended meetings appreciated the opportunity to give their views, and many wanted the opportunity to take part in further discussions when proposals are further developed.

2. Introduction

2.1 The Care Forum

The Care Forum is an independent voluntary organisation, registered charity and company limited by guarantee. Working primarily within the geographical area of Bristol, Bath & NE Somerset, North Somerset and South Gloucestershire, The Care Forum aims to enable and improve public involvement in health and social care services and provides an infrastructure for effective representation, communication, consultation and networking within the sector. It coordinates and facilitates sector involvement in partnership working with statutory authorities in the joint planning and improvement of health and social care services.

2.2 The Role of The Care Forum within the Bristol Health Services Plan

A representative from The Care Forum sits on the Public Engagement Overview Group (PEOG) of the Bristol Health Services Plan to advise on good practice in engaging voluntary and community sector organisations.

The Care Forum was commissioned by the Bristol Health Services Plan to record responses to the plan at a variety of meetings over the engagement period. The intention was to ensure that responses at meetings were independently recorded and all those who attended meetings were informed that this was happening. Up to six rapporteurs were provided per meeting, on request. Presentations by health service staff and comments made by health service facilitators at the meetings were not recorded, nor were the profiles of those attending the meetings. All requests for rapporteurs were met.

A team of 11 rapporteurs recorded at meetings and those records were entered onto a database. Copies of the relevant database entries were sent to the person booking each meeting, and a full copy of the database was provided to Hugh Ross, BHSP Programme Director. In addition, a cumulative report was presented to each PEOG meeting.

Most meetings covered the complete scope of the Bristol Health Services Plan while some were arranged specifically to engage or consult on one particular aspect of the plan, for example the South Bristol Community Hospital or maternity services. Meetings in South Bristol and Bath & NE Somerset (BANES) formed part of the formal consultation on proposals to develop a South Bristol Community

Hospital. All comments were recorded, whether or not they were immediately relevant to the scope of the meeting, or the BHSP.

3. Profile of Meetings

3.1 Number of meetings attended

During January – April 2004 staff from The Care Forum attended a total of 50 meetings, supplying up to 6 rapporteurs at each.

3.2 Primary Care Trust (PCT) area in which meeting was held

PCT	No of meetings
Bristol North	8
Bristol South & West	20
South Gloucestershire	10
North Somerset	10
Bath & North East Somerset	2
Total	50

3.3 Numbers of people attending within PCT area

PCT	Total Number of Attendees
Bristol North	237
Bristol South & West	523
South Gloucestershire	330
North Somerset	114
Bath & North East Somerset	38
Total	1,242

3.4 Audience at meetings

General Public	27
NHS	6
Local Authority/Other Statutory Agency	4
Voluntary/Community Organisation	13

3.5 Key Interest Area of Meetings Held:

General	38
Older People	3
Children’s Services	2
Maternity Services	1
Staffing/Employment	6

4 Topic and Theme Areas

4.1 Comments made at meetings were divided according to the main topic areas for public engagement as follows.

- North Bristol’s Acute Hospitals
- South Bristol Community Hospital (including Bristol General Hospital)
- Community Facilities for Central and East Bristol
- Clevedon (including comments on other North Somerset areas)
- Yate and Thornbury
- Blackberry Hill Hospital
- Cossham Hospital and Kingswood
- Children’s Services
- Bristol Royal Infirmary Precinct
- Cardiac unit

Comments recorded about the proposal for the South Bristol Community Hospital were sent to Bristol South & West PCT as part of their public consultation process.

4.2 Comments were cross-referenced into four over-arching themes:

- Transport and access
- Finance
- Environment
- Staffing and employment

4.3 There were other themes that emerged from meetings although they were not part of the engagement, and were recorded. These were:

- Reduction in bed numbers/increase in community-based services
- Accident and emergency services
- Maternity services
- The engagement, consultation and public involvement process.

The cumulative reports to the PEOG covered each area in detail, highlighting the recurring themes and concerns that arose at the meetings.

5. Key Messages

5.1 Transport and Access

Issues about access, transport and parking were raised at every meeting. Patients, families and carers all express concern at the difficulties and delays they experience in travelling to hospitals by both private and public transport, in parking and in dropping off patients. The Bristol Royal Infirmary (BRI) and the Children's Hospital come in for particular criticism. There is a very clear message that people expect the health services to work with other agencies to ensure any plans for health service development take these issues into account. The need to resource community transport/dial-a-ride schemes for the elderly and disabled, and consider the needs of parents with sick and disabled children was raised a number of times.

5.2 Finance

Most people already knew something of the financial difficulties of the local NHS. There is a healthy scepticism amongst some that decisions had already been taken on financial grounds and that closures were proposed in order for the NHS to benefit financially from the sale of sites. Many people said they will find land sales more acceptable if there is a guarantee that proceeds are put into the development of new facilities locally, and not used to offset any current deficit. Some people were concerned about using private finance to build NHS facilities.

5.3 Environment

People expressed a view that new buildings should be sustainable, of good quality and energy efficient. They should maintain as much green space as possible and encourage the conservation of local flora and fauna. Buildings should themselves be 'healthy', that is, making use of natural and sustainable building materials and natural light sources.

5.4 Staffing & Employment

A number of people voiced concern about the difficulty of recruiting and retaining staff in health services and are of the opinion that this problem would be compounded if services grew and diversified. NHS staff who attended meetings arranged specifically for them, or as members of the public, are concerned about who their future employer will be, site moves

and shift patterns, particularly for night nurses. Local residents in different areas highlighted the need to use the local labour force, and want to see structures and systems put in place now to enable this, including partnership working with schools, colleges and local development trusts.

5.5 Reduction in bed numbers/Increase in Community Services

People acknowledge the logic behind delivering more services outside acute hospital settings, but widespread concern remains over proposals to reduce the overall number of beds. People think that history is repeating itself, that cottage hospitals were closed down only now to be replaced, and that community hospitals, the modern equivalent, will face the same threat before too long. People said that the anticipated growth of population in the area, alongside the ageing of the population, means that more beds will be needed in the future, rather than less.

There is strong support for more services to be delivered in community hospitals, other community facilities and in people's homes. However, almost every meeting agreed that closures of current services must not take place until new resources are available. There is a general nervousness that services will be withdrawn without the envisaged replacement services materialising and that services will be closed before they are replaced. Some people are concerned that community services currently do not and in the future will not have the capacity to adequately support those people who would previously have had hospital care. There is general agreement about the need for health and social services to work more closely together, and to ensure that social services have adequate resources to deliver home care and other services.

5.6 Accident and Emergency Services

Accident and Emergency (A&E) Services were not the subject of public engagement, however many people raised issues and concerns about A&E and these were recorded. There is widespread support for minor Injuries services in community locations. People identified the need for information and education about when to use which type of service. Parents are worried that moving children's services to the Children's Hospital will mean the loss of paediatric skills at the North Bristol acute hospitals, particularly in A&E. Many people are concerned at the possible reduction of A&E services in North Bristol/South Gloucestershire and the consequent increase in travel times to acute hospital sites and want all current A&E facilities to remain open.

5.7 Maternity Services

The engagement did not focus on maternity services, but this was a topic that was raised at a number of meetings. There is a strong lobby for the provision of maternity services within community health facilities across the area. These would include community midwife services to enable more home births, and the creation of local birthing centres. It is felt that this would reduce levels of unnecessary medical intervention in childbirth and would also help in the recruitment and retention of midwives who prefer to work in community rather than acute settings.

5.8 North Bristol's Acute Hospital Services

There is no consensus about how many acute hospital sites there should be in North Bristol/South Gloucestershire, or the preferred sites. A significant number of people believe that one acute hospital in the north of the area will be insufficient as it will be unable to meet what they perceive as growing levels of demand and because of unacceptable access times to a single Accident and Emergency unit.

Opinion is equally divided over where acute hospital(s) should be sited in North Bristol/South Gloucestershire, and support for individual sites broadly accords with where in the area the meeting was held. There is an equal split between those who wanted to retain Frenchay as the single main site, and those who want to retain Southmead, and limited support for a greenfield site. However, the majority of those who stated a view said that acute hospital services should be retained on both Frenchay and Southmead sites.

5.9 South Bristol Community Hospital

There is widespread support for the development of a South Bristol Community Hospital. A strong lobby of people voiced the view that the development should meet local needs, and both the planning and the running of the hospital should have input from local people. Residents in the Bath & NE Somerset (BANES) area are concerned about any knock-on effect the hospital would have in terms of the viability of Keynsham Hospital. Residents in BANES and North Somerset want to have a choice between accessing services in South Bristol and the Bristol Royal Infirmary. Some residents local to Hengrove Park are concerned about the loss of parkland and the increase in local traffic.

5.10 Central & East Bristol Community Facilities

Many people are confused about the details of the proposal. There is broad support for a new community facility in the area, with some people

wanting a community hospital and others thinking that a community healthcare centre would be adequate. People agree that a facility in central or east Bristol could offer an improved service to black and minority ethnic communities and that translation services should be included.

5.11 Clevedon Hospital & Services in North Somerset

People agree that Clevedon Hospital currently provides a valuable service, and they would like to see it enhanced. At the same time, they appreciate the fact that it is small and personal. They are also concerned that the site may not be big enough to support expansion. Everybody raised the issue of poor transport links within North Somerset and between North Somerset and the acute hospital sites in Bristol. A number of people are concerned about the lack of services in Portishead and they expressed an urgent desire for a new expanded health centre.

5.12 Yate and Thornbury Community Facilities

There is general agreement that new community facilities should be built in Yate and that community facilities in Thornbury should be expanded. Residents in South Gloucestershire are concerned about travel times to the acute hospitals and value the opportunity to have more local services. There is confusion about what level of facility is being proposed in Yate, with strong support both for a community hospital and for a community healthcare centre. People want Thornbury Hospital to keep its beds and for bed numbers to increase if possible.

5.13 Blackberry Hill Hospital

People are concerned about the loss of beds at Blackberry Hill, which they understand will not be replaced elsewhere. They want to be assured that any bed losses will be compensated for by a real increase in levels of community care. They think that in-patient services for people with dementia should be increased rather than reduced. Some people believe that decisions about Blackberry Hill Hospital closure have already been made, based on the financial situation of North Bristol Trust.

5.14 Cossham Hospital and Kingswood Community Facilities

There is widespread agreement that a community healthcare facility would be well situated in Kingswood. However, local people told us that they value the service offered at Cossham Hospital, which they see as being at the heart of their local community and they regret proposals to close it.

5.15 Children's Services

There is general agreement that many children's services should be centralised so long as more children's outpatient clinics take place in community settings. People voiced ongoing concern that the Children's Hospital is sited in the wrong place because of transport, access, space and environmental issues. A number of people commented that they had made these points when the new hospital was first planned and felt that they had been ignored at the time, but that they continued to be valid criticisms.

5.16 Bristol Royal Infirmary (BRI) precinct

There is general agreement that the Old Building should no longer be used to care for patients and that other alternatives should be found. The biggest concerns about the BRI precinct are about transport and access issues and the quality of the city centre environment.

5.17 Cardiac Services

There is general agreement among those who commented, that the BRI is a centre of excellence for cardiac services and should be maintained and enhanced through centralisation. However, as with the rest of the BRI precinct, people are concerned about poor transport and access, including emergency access.

5.18 Public Involvement and the engagement and consultation process

Those who attended the meetings clearly appreciated the opportunity to make their voice heard and to engage directly with decision makers within the NHS. However, some people said that the events had been poorly publicised. Some feel that the engagement period is purely a publicity exercise and that decisions have already been made. People asked for further meetings to be held when plans have been progressed, and to receive feedback on why particular choices have been made. Some feel that particular communities have not been adequately engaged, and that every household should receive written notice of proposals.

6. Transport and Access

Everybody agrees that resolving transport and other access issues will be crucial to the success of any future developments in local healthcare services. People agree that adequate transport and access is part of good patient care, and must be high on the planning agenda. There is general agreement that transport is 'appalling' across the sub region and that transport to and parking at all the acute hospital sites is 'impossible'. They support proposals to place services in localities outside the city centre, in order to reduce the need to travel.

People are concerned about increased traffic congestion, and the time it takes to reach services, both from the motorways and through town. Residents living near proposed new or upgraded sites, eg Hengrove and Southmead, are particularly worried about the increase in local traffic and the effect this will have on their neighbourhoods.

Access to the BRI and Children's Hospital was particularly criticised as being 'impossible', 'nightmare', 'horrendous', 'totally unacceptable' and 'diabolical'.

Disabled people, carers, parents of sick children and low-income families feel themselves to be particularly disadvantaged. They pointed out that 10,000 disabled people in the area cannot get on a bus, and have to make alternative, expensive arrangements. People want to see more resources put into community transport, Dial-a-Ride, hospital shuttle buses and volunteer driver schemes to meet this need. People living in rural areas want improved public transport, including buses with disabled access.

Parents of disabled children and children with special educational needs are concerned that ambulances often do not have wheelchair access, and that their children often have to be taken to hospital without wheelchairs. A number of people are critical of the poor availability of wheelchairs at hospital entrances.

Lots of people mentioned the lack of parking at NHS facilities, and said that adequate parking must be made available when new services are designed. People said they want free parking, allocated parking spaces and pick up/drop off points for the disabled, for parents with children and for community transport and volunteer driver schemes. Some such schemes have withdrawn from particular hospital sites because of this difficulty. People suggested creative solutions to the parking problem, such as multi-storey or underground car parks, renting floors from

existing car parks and using park-and-ride or valet parking schemes. They want car parks to have lifts, be wheelchair accessible and designed with safety and security in mind. People are concerned that new developments might eat into what little parking space already exists, for example at the BRI. People also want schemes in place to reduce car transport, with safe walking and cycling routes identified.

A number of people raised the problem of inadequate bus services, and suggested that bus services should be subsidised to ensure routes were planned to include health facilities. At present, buses to the city centre stop at the Central Bus Station, leaving an uphill walk to the BRI and Children's Hospital, which patients say they are often unable to manage.

People asked for improved signposting to NHS facilities, particularly from the M32 motorway.

7. Finance

People think that services should be needs led and not purely finance-driven. Most people are aware of the financial situation within the local NHS and many believe that the proposals within the Bristol Health Services Plan are financially driven. Many people said that closures and sales of land and property is only acceptable if proceeds are invested in developing local services, and that they would be unhappy to see proceeds used to offset current deficits. Others are concerned that the proposals for local services, which they support, will be overridden in order to meet financial recovery and that achieving financial recovery will include loss of services and jobs.

People are aware that local services can be costly, and that this was one of the justifications for closing cottage hospitals. They think that new community facilities may be developed at some cost, only to be closed down again for the same reasons.

People asked for more information about how new developments will be funded. Some are apprehensive about the use of private sector funding, which they consider to make poor economic sense, 'like selling your house and then paying rent', with the private sector making the profit and the NHS losing control of its premises. They are also concerned that local people will be put under pressure to fundraise to support local services.

Some people said that old buildings are not necessarily inadequate and that money should be spent on doctors, not buildings.

There is concern in South Bristol that the NHS may negotiate to purchase land at Hengrove Park at below market value, as they have been told that profit from land sale will be directly reinvested into local facilities.

8. Environment

People expressed a view that all new buildings should be sustainable, of good quality and energy efficient. They should maintain as much green space as possible and encourage the conservation of local flora and fauna. They want buildings should to be 'healthy', making use of natural and sustainable building materials and natural light sources.

People asked for major proposals to be subject to environmental impact assessments. Residents in the Frenchay area do not want its green and leafy aspect to be compromised by new buildings, and the fact that it is a conservation area to be respected. People using Southmead Hospital also appreciate the trees and green spaces on the site and would like these to be preserved.

A number of people commented that the BRI and Children's Hospital environment is poor, due to traffic congestion, poor air quality and lack of open space. In particular, people think that sick children would benefit from a more rural environment.

South Bristol residents want an to see an integrated plan for South Bristol which is clear about the development of Hengrove Park and plans for other green spaces in the area. They want to see as much green space as possible to be retained in Hengrove Park, and the conservation of flora and fauna in the Mounds. Residents living on the St Giles Estate in Whitchurch are concerned that the recent flooding they have experienced is due to local land works, and this will be exacerbated if the South Bristol Community Hospital is built on Hengrove Park. They want assurances that this will be investigated. People also commented that the Hengrove Park site is too noisy for a hospital, as flight paths from Bristol International Airport have recently been diverted over the park.

9. Staffing and Employment

Staff said that morale is low, particularly in North Bristol Trust. Those who are currently working in facilities that are proposed for closure want reassurance about the redeployment process and who their future employer will be. Night staff at the Bristol General Hospital (BGH) are particularly concerned since they are aware of a proposed overall reduction in 24-hour beds. They would like more information about possible changes and training opportunities to allow them to meet new opportunities. Some said that they cannot make an adequate contribution to planning new or improved services without being given more information than they currently have access to.

Staff and members of the public are concerned about staff shortages, how staff will be recruited to new services and how they can be retained. At the same time, they are worried that bed reductions as a result of closures at the BGH and Blackberry Hill will mean less staff are needed overall and there will be consequent redundancies.

People are very concerned about how services in the community will be staffed, as they are aware of staffing shortages in district nursing, community midwifery, physiotherapy and occupational therapy services as well as in home care.

Parents of disabled children and children with special educational needs are particularly concerned at the lack of skills and understanding within community services. If their children are to receive more community based services, they want to be reassured that staff will receive training in working with special needs children and children with physical and sensory impairment.

With regard to recruitment, people were vocal about wanting opportunities for the employment of local people, and the consequent benefits for local communities, especially in South Bristol. They want to see early training and back-to-work schemes put into place, with the involvement of local agencies, development trusts, schools and colleges. They want resources put into opportunities aimed at the unemployed, local residents, single parents and equalities groups.

Staff were keen that their employment in new services should reflect a work/life balance, with flexible hours for single parents and carers; childcare facilities; counselling facilities; restrooms, showers and restaurant facilities. They also want to see an emphasis on staff safety and security in the planning of services.

10. Reduction in bed numbers/Increase in community services

There is widespread support for the introduction of community hospitals and an increase in community services and services delivered in the home. People are nevertheless concerned that an increase in community services will be accompanied by a reduction in bed numbers. People are aware of local population growth and anticipated increases in population, particularly in South Gloucestershire, as well as the growing proportion of older people. They think that this means that more beds will be needed in the future, rather than less. They see the development of community hospitals as a return to the cottage hospitals of the past, and are sceptical that they will be closed down in their turn.

There is unanimous agreement that current services must not close until new resources are available within community settings. People are apprehensive that services will be withdrawn without replacement services materialising. Some people are concerned that community services by health and social services do not have the capacity to meet current demands and that sufficient resources will not be made available to enable them meet future demands. They said that there are 'huge deficiencies' in current levels of care and that shortages are 'acute'. People want health and social services to work more closely together, and to be assured that social services have adequate resources to deliver home care and other services.

People want to see an improvement in access to services on discharge, particularly if patients are likely to be discharged sooner from hospital. They want increased resources for voluntary services such as Care & Repair, and advice services.

Carers identified the need for more support, especially on discharge, and for their own needs to be better taken into account, including the need for respite care. They are concerned that moving care from hospital settings into the community passes the burden of care, including the cost, onto families.

Some people are concerned that care in the home will mean patients experiencing increasing levels of isolation, and that alongside proposed reductions in social services day care, people will lose contact with statutory services, resulting in increased crises and hospital admissions. People want services in place to address issues of social isolation.

People are worried that an increased dependency on home care services will put a financial burden on patients. One person observed that patients are not getting the support in the home that they need, even when a package of care has been agreed and that the situation will be worse when there are less hospital beds available. They referred to staff shortages within the Hospital at Home service which meant that an inadequate service was delivered. People want improved and expanded intermediate care services that are flexible and responsive and can be accessed quickly. Staff want computerised access to information so that they are up-to-date when they visit.

People expressed concern about the increasing demands placed on GPs who will be expected to work in community hospital settings and the possible knock-on effect this may have on GP surgeries.

There are concerns about the ability of the NHS to recruit and retain community staff. If staff are working independently in community settings, people think that the ability to cover services will be diluted.

People emphasised that well resourced community transport and other voluntary services are needed to make community care a reality.

11. Accident and Emergency Services

A&E services were not a topic of the engagement but were raised as an area of interest at a number of meetings. There is widespread support for minor injuries services to be delivered in community locations. People want these services to include x-ray and diagnostic facilities. The need for good information and education about when to use which service was identified.

Many people clearly stated that they want all current A&E facilities to remain open and they are particularly concerned at the possible reduction of A&E services in north Bristol and consequent increase in travel times to acute hospital sites. They said that if there was only one A&E department in North Bristol, it would need to expand to deal with the extra demand, and that this would increase further if there is a reduction in night time GP services.

Parents are worried about the potential loss of paediatric skills at the North Bristol acute hospitals if Children's Services move to the Children's Hospital. One person said that children should be taken by ambulance to the 'right' A&E first of all, rather than the nearest, to avoid transfer

problems. They want doctors at A&E to listen to parents of special needs children, and take notice of the protocols they carry with them for their care. One person said that children's cases should be prioritised by taking into account family circumstances.

One person said that A&E departments are not user friendly for disabled people and another said that South Bristol needs a full A&E service. Others think there should be full A&E services within community hospitals.

12. Maternity Services

Maternity services were not the subject of the engagement, but the topic was raised at a number of meetings. There is a strong lobby for the provision of maternity services within community health facilities across the area. People asked for midwifery services to be delivered from community settings, home birth facilities and the local birthing centres. There is evidence that this would reduce levels of unnecessary medical intervention in childbirth; be cheaper than acute care services; and help in the recruitment and retention of midwives who prefer to work in community rather than acute settings. They said that current maternity services are too acute-focussed, and that women having babies should not be treated as patients but be offered services in the community.

Midwives said they want to be treated as primary health workers, not acute workers, and can offer services tailored to meet local need, for example for pregnant teenagers.

Some people commented that there was inadequate engagement and consultation with women about health services. They criticised the meeting set up to discuss maternity services for being arranged for 2pm – 4pm, the worst time for mothers, and failing to offer crèche facilities.

13. North Bristol Acute Hospitals

Opinion is divided equally over where North Bristol's acute hospital(s) should be sited, broadly according with where people live. However, the majority of those who stated a view said that acute hospital services should be retained on both Frenchay and Southmead sites. The main reasons given were speedy access to accident and emergency services; the growing and ageing population, particularly in South Gloucestershire; concern that rationalisation would mean a bed shortage; and the increased risk of vulnerability to disaster and infection on a single site.

There is an equal split between those who wanted to retain Frenchay as the single main site, and those who want to retain Southmead. Only three people supported plans for a greenfield site.

Support for the Frenchay site is based on: access for South Gloucestershire residents; access from the M32 motorway; access for the air ambulance service; and concerns about South Gloucestershire population growth. Support for the Southmead site is also based on ease of access for local residents. Sixteen people said they do not wish to lose new facilities which have been funded by public donation, to general agreement at the meetings. This applies to both sites, but there is particular strength of feeling about the Barbara Russell Unit.

Many members of the public are aware of the difficult financial situation within local health services, and particularly within North Bristol Trust. They are of the view that decisions about Frenchay, Southmead and Blackberry Hill Hospitals have already been taken based primarily on financial need. They gave as evidence small changes that they have already observed, eg the transfer of trauma services to Frenchay, and the closure of beds at Blackberry Hill Hospital. Two people said that even if the majority of the public support keeping both Frenchay and Southmead as acute hospitals, this will be overridden. There is general agreement that proceeds from land sales should go towards new services and not towards the reduction of current financial deficits.

A number of people are aware of the survey undertaken in South Gloucestershire by Steve Webb MP, and are anxious that responses he received will be taken into account.

Every meeting raised issues about access and transport to whichever site(s) are selected, and adequacy of car parking. People want to be assured that whichever site is selected will have adequate transport links for public and private transport from both urban and rural areas. They also identified the need for transport links between community and acute facilities.

14. South Bristol Community Hospital/Bristol General Hospital

Discussions about proposals for a South Bristol Community Hospital formed part of a formal consultation process. There was unanimous agreement for this proposal which has been greeted with great enthusiasm.

There was general agreement that the South Bristol Community Hospital should offer a wide variety of services. A small number of people want full A&E and acute care facilities, but most accept that this is not likely to be possible. People identified a long list of services and equipment they would like to see available including diagnostic, assessment and treatment clinics; complimentary health services; day surgery; dentistry; drug abuse services; hydrotherapy; maternity services; paediatric clinics and services; pharmacy; preventative and health promotion services; and a sexual health clinic.

They highlighted the need for support services including crèches; restaurant facilities; good access for disabled people; affordable accommodation for staff; and the capacity for future expansion.

Local residents are very keen to be involved in the development of the proposal from the outset, at all levels. They expressed a desire for some level of community ownership of the facility, via board membership, reference and project groups. There is strong support for the South Bristol Community Hospital to engage with the local community, linking in with the local economy, local development trusts, education and businesses, in preparing local people for and providing employment.

Local residents said that they should have been the first to be consulted about any proposals to their area, and that their views should carry more weight than those of people outside the area. They would have appreciated more discussion and consultation, using existing networks and community groups. Some people think that issues about the proposed use of the Hengrove Park site has caused conflict between communities, and that they have been given misleading information. Others commented that the Primary Care Trust has made a strong effort to involve and consult people, and that they respect and appreciate this effort.

Bristol residents think that if patients from outside Bristol, eg Keynsham, use the hospital, the cost should be underpinned by funding from health services in those areas.

Knowle residents want reassurance that the proposed transfer of the Walk In Centre will not mean the general running down of Knowle West Health Park, which they value highly as a local resource.

People remain confused between proposals for a South Bristol Community Hospital and the plans for a mental health hospital at Callington Road. They would like more information about how mental health services fit into the overall picture.

A number of concerns were raised about occupational therapy & physiotherapy services, in particular about the need for hospital physiotherapists and social services occupational therapists to work better together, and for assessments to be more thorough and to take place in peoples' own homes. They want integrated teams, based in the community hospital.

Local residents voiced a number of concerns about the choice of Hengrove Park as the preferred site for the hospital, in the context of the whole redevelopment of the park. They do not want to lose the green space and amenities the park currently offers and are unhappy at the high number of new houses proposed for the development. Some think that the choice of site has already been decided, but that the reasons for that decision have not been adequately explained. Residents living on the St Giles Estate have experienced recent flooding which they say has been caused by local land works and they are worried in case any building on the park exacerbates the problem. They also said that Hengrove Park is too noisy for a hospital site as it is now under the flight path from Bristol International Airport. A number of Hengrove and Whitchurch residents expressed a preference for the site at Imperial Park.

People want to be assured that the Hengrove Park development is part of an integrated plan for the whole area, with links to Neighbourhood Renewal and other schemes.

Residents of Bath & NE Somerset, and North Somerset want choice as to whether they use the South Bristol Community Hospital or other facilities. They are also anxious that proposals for new services in Keynsham won't materialise if the community hospital opens.

People asked to see and be involved in the design of the site. They want the site to retain as much green space as possible, with open spaces for patient use and the conservation of flora and fauna in the Mounds area.

The proposal to close the BGH raised serious concerns about the overall loss of beds. People understand that the number of new beds proposed for the South Bristol Community Hospital will be less than the number of

beds lost at the BGH, but they believe that the demand for beds is likely to increase because of a growing and ageing population. They want reassurance that the Stroke and Sleep Disorder Units will be reprovided at another site.

People are concerned that proposed bed closures will mean the need for a substantial increase in home care and community services. A number of people said that home care and community services already lack the capacity to meet current need, and they are sceptical that the necessary resources will be available within health or social services to meet future need. They highlighted the burden that any shortfall puts on families and carers.

Local residents are concerned about the future use of the BGH building and are anxious that it will not be run down and left at risk of vandalism. They want assurances that proceeds from the sale of the building will be reinvested in new services.

There were a number of questions about the redeployment of staff from the BGH, in particular about the future of night staff if the new community hospital only offered day services. They identified the need for training and support for staff in the redeployment process.

Some people are concerned that care for older people across the area will be broken up once the BGH closes, and that services for older people within the South Bristol Community Hospital will be inadequate.

People expressed major concerns about how people from South Bristol and rural areas will reach the hospital and the impact on local traffic congestion in conjunction with the new housing developments that are proposed, especially in the region of Airport Rd, Hengrove Roundabout and Whitchurch Lane where road junctions are already at capacity. Some people said that there are already very high rates of asthma in the area because of poor air quality, and that this will be exacerbated.

People asked to see a traffic impact assessment and overall transport plan. They would like improved and extended bus services and routes, subsidised if necessary. They identified the need for buses with disabled access; improved community bus services; dedicated routes for cyclists and pedestrians; extended Dial-a-Ride services; free parking; good signposting; shuttle buses and improved hospital car services.

Residents living in Keynsham are worried that the development of a community hospital in South Bristol will have a long-term impact on the viability of Keynsham Hospital. Some of them said that they will not choose to go to South Bristol for treatment. There is general agreement that it would make more sense for Keynsham Hospital should come under the management of Royal United Hospital Trust in Bath rather than the United Bristol Healthcare Trust in Bristol.

15. Central and East Bristol Community Facilities

There is general support for the proposal to develop community facilities in Central and East Bristol. People asked that services should be offered over 24 hours. However, confusion remains about what exactly is proposed. Some people think that the needs of Central and East Bristol residents are very different and should not be grouped together. It was agreed that a facility in Central Bristol could meet the needs of Black and Minority Ethnic communities and particular thought should be given to how this should be provided. People want to see the facility provide community midwifery; sexual health services; and stroke and rehabilitation services. One person said that East Bristol should have its own Walk In Centre.

16. Clevedon Hospital/North Somerset

People agree that Clevedon Hospital provides a valuable service, which they would like to see enhanced and developed. Two people commented that it is 'brilliant'. At the same time, they appreciate the fact that it is small and personal and would like it to remain that way. Two people think that the site is not big enough to support expansion and think a new site should be considered.

People are asking for a variety of services to be provided at Clevedon Hospital, including HIV/Aids and sexual health services; hydrotherapy; isolation wards; maternity services; mental health resource centre; older people's services including a memory clinic; podiatry; radiology and respite care beds.

Many people raised the issue of poor transport links within North Somerset and between North Somerset and the acute hospital sites in Bristol. They highlighted particular problems for disabled and older people in accessing community facilities. They said that it is essential that voluntary driver schemes are supported and resourced, and that the

schemes should have parking permits. People said that the parking facilities at Clevedon Hospital need redesigning.

A number of people are concerned about the lack of services in Portishead and say there is an urgent need for a new expanded health centre.

17. Yate and Thornbury Community Facilities

There is general agreement that new community facilities should be built in Yate and that those in Thornbury should be developed and enhanced. South Gloucestershire residents are concerned about travel times to the acute hospitals and want to have more local services although they are confused about what type of facilities are being proposed in Yate. At the same time, they are worried that asking consultants to travel to clinics is an inefficient use of resources, and two people commented that clinic appointments do not run to time even when the consultants stay in one place.

Transport is again an issue. People said that community transport schemes such as Yate Ring and Ride are vital to supporting community services, but they are aware that funding is coming to an end.

Some people are of the opinion that the memorial hospitals, eg Chipping Sodbury and Cossham, belong to the community and should not be sold.

People want a variety of services in Yate, including accident and emergency services; cardiac and other outpatient services; day case unit; dialysis services; a 24-hour service and evening appointments; intermediate care and other beds; MRI scanner; maternity services; neurology services; x-ray facilities. They want to feel safe and secure when using the facilities.

People agree that Thornbury hospital provides a high quality service but think that there will not be space for the expansion they think is needed to meet the local population growth. At Thornbury they want to see A&E services, an increase in intermediate care and other beds; Berwick Unit reopened; dental services; outpatient clinics; maternity services; mental health resource centre; minor injuries unit and x-ray facilities.

18. Blackberry Hill Hospital

People are concerned about the loss of beds at Blackberry Hill, which they understand will not be reprovided elsewhere. They want a firm assurance that any bed losses will be compensated for by a real increase in levels of community care. Some people believe that decisions about Blackberry Hill Hospital closure has already been made, based on the financial situation of North Bristol Trust.

Carers said that in-patient services for people with dementia should be increased rather than reduced. Three people said that their relatives had had to wait in an acute hospital setting before being allocated a bed at Blackberry Hill Hospital, and that if Blackberry Hill closes, bed blocking will increase. They want services on the site to expand, not close. Others supported the proposal to integrate services within other settings so that all the medical needs of patients could be dealt with in one place.

People commented that Blackberry Hill Hospital is easier for an older person to cope with than a large acute hospital, and that they have a feeling of safety when there. They also said that it is more convenient for visitors than the acute hospitals.

One person said that the buildings at Blackberry Hill are superb, that Devon ward was selected for praise by CHI and that recent refurbishment had been costly, and proposals for closure are therefore misguided.

19. Cossham Hospital and Kingswood Community Facilities

There is widespread agreement that Kingswood would be a good place for a new community healthcare facility. However, local residents say that they value the service offered at Cossham Hospital. They are concerned that recent improvements at Cossham will be wasted and they strongly regret proposals to close it.

Some people think that proposals for closure are cost-driven, that decisions have already been made and that the service at Cossham is already being wound down. A number of people believe that the hospital was given to the people of Bristol and therefore proceeds from any sale of the Cossham site should be ploughed back into the local community. Three people think that one community hospital will be insufficient to meet the level of need.

Local residents want reassurances about the future of the building, which they think of as being at the heart of their local community. One person said that if Cossham closes the area 'will be a desert in terms of health facilities, like South Bristol has been'.

People are concerned that physiotherapy and occupational therapy services offered at Cossham will be wound down, even though they have long waiting lists. They say that the x-ray service is very efficient at Cossham and much faster than the service offered at Frenchay, and they would like that retained.

If new community health facilities are developed at Kingswood, people would like it to contain beds for hospital stays. They also asked for a hospital bus service to run between Kingswood and Frenchay.

20. Children's Services

There is general agreement that many children's services should be centralised. However a number of people still think that the Children's Hospital is sited in the wrong place because of transport, access, space and environmental issues. They said that they had made these points when the new hospital was first planned, their views had been ignored but their criticisms continue to be valid. A number of people think the urban environment is inappropriate for children because of poor air quality and the lack of open and green space.

People want follow-up at outpatient clinics to take place in community settings including South Bristol Community Hospital. Parents want clinics held outside school hours so that their children do not miss their schooling.

Parents and carers of disabled children and children with special needs said that both hospital staff and staff working in community settings must be aware of the needs of their children. One parent said that hospital admissions could be reduced if equipment such as blood pressure monitors is made available in people's homes. A carer of a special needs child said that staff need to be available to give the parent a break from child's bedside, as many find themselves there full-time and unable to leave.

There were a number of comments about the Children's Hospital. People think that the site is too small and will not allow for adequate expansion as consulting rooms should be big enough to accommodate

staff members, family members, patient and wheelchair. One person said that the intensive care unit needs expanding, as when operations are cancelled because of emergencies this has considerable effects on those children and their families who have a planned admission cancelled.

People said that access is particularly difficult for children with special needs; canteen facilities must be improved; translation and interpretation services are needed; a crèche is needed for siblings; a separate crèche and waiting area is needed for children with special needs; more accommodation is needed for families. People commented that the family information room is hidden away and is often closed, that there should be information points in reception with access to the Internet, bus timetables and information about how to access the PALS service.

There is general agreement that transport to the Children's Hospital is impossible, and that parking, visiting and dropping off patients is extremely difficult. People are concerned that centralisation of services at the site will mean more travel to the centre of town and the problems that causes.

One person said that the NHS should actively support those voluntary organisations which young people are happy to use, such as the YWCA at Totterdown. One person said that residents near the Children's Hospital have not been consulted about plans for expansion.

People would like to see more partnership working between statutory and voluntary services, with increased sharing of patient records and information. They also want patient records to be transferred on transition to adulthood. They want sets of patient records to be available simultaneously in the community and the hospital, so that information is ready and available to enable fast and correct treatment. Parents of special needs children also asked for better liaison with social services.

Some people are concerned that if services are centralised at the Children's Hospital, expertise currently available at Frenchay in neurology and plastic surgery, and at Southmead in oncology and orthopaedics will not be available to their children. They are also worried that A&E services in North Bristol will no longer be able to call on the necessary skills to work with children. Many people are alarmed that the Barbara Russell Unit will be lost after the public raised £4 million towards its development.

21. Bristol Royal Infirmary Precinct

There is general agreement that the Old Building is no longer suitable for patient care and a poor environment for staff to work in and that there is an urgent need for modernisation. People said that the Old Building is 'a dump', 'appalling' and 'extremely unpleasant'. In particular they mentioned the lifts, mixed wards, lack of necessary equipment, ward temperature and the ventilation system. A number of people do not want an overall loss of beds within the hospital when the old building closes, and said that a repeat of the scenario at Swindon must be avoided. Two people said that the chapel should be resituated in the new building, nearer to wards. Others suggested that the Old Building could be put to good use for administration, university offices or as accommodation for visitors.

One person said that the BRI is a 'mad place to have a hospital' and a number of people agreed with this, saying that the site is unacceptable because of problems with pollution, access, parking and 'general filth', and that it should be closed and services moved to Frenchay. Others think the site should be kept but that parking must be improved. People commented that cleanliness in the hospital is poor, as are facilities for disabled people. One person said that the surgery they experienced was excellent but that the aftercare was poor, and that over a period of seven and a half weeks in hospital they stayed in eight different wards. Others mentioned waiting lists and waiting times in clinics.

One person said that reorganisation would create chaos and affect services, and people asked for reassurance that quality of care will not reduce while changes are made, and that medical teaching by the university is not affected. One person said that the new buildings should be built within the BRI precinct and should not encroach into Kingsdown.

The most pressing problems that people identified with the BRI precinct are transport and access difficulties, for patients, families, carers, suppliers, ambulances, community transport and volunteer driver schemes. They said that the current situation is 'a nightmare', 'impossible', 'horrendous' and 'totally unacceptable'. They said that volunteer driver schemes need recognition so that they can park legally and drop off patients and there is an urgent need for disabled parking bays and a park-and-ride system. People are also concerned about the poor air quality due to traffic pollution.

People agreed that on the closure of the Bristol General Hospital, the BRI should have a stroke unit.

22. Cardiac Services

There is general agreement that cardiac services at the BRI are a centre of excellence and should be maintained and enhanced. People are concerned that facilities for cardiac care have only recently been upgraded at some expense, and they do not wish to see this investment wasted.

As with other BRI services, people remain unhappy about poor transport, parking and access to the site, particularly in case of emergencies, and one person suggested that cardiac services should move to an alternative site for this reason.

23. Public Involvement, Engagement and Consultation

Those who attended the meetings clearly appreciated the opportunity to have their say and to engage directly with decision makers within the NHS. People asked for further meetings to be held when plans have been progressed, and to receive feedback on why particular choices have been made. Some felt that particular communities had not been adequately engaged, and that every household should receive written notice of proposals. Four people said that the events had been poorly publicised.

Three people commented that public engagement just makes the whole process of change more expensive and that money spent on holding meetings and making videos should be spent on patient care. One person said the Bristol Health services Plan website is too fancy and inaccessible. Three people said that the video failed to include people from ethnic minorities, and one person was 'appalled and offended' by this omission and asked for an apology. Another person said that the video was 'appalling propaganda'. Some people said that health services had failed to engage North Somerset residents in discussions because they thought the proposals were about Bristol.

A number of people said that the engagement period was just a publicity exercise and that decisions had already been made. They said that consultations about local health services have gone on for years and that people have lost interest and faith in the process.

While many people appreciated the format of the public meetings, one wanted an open forum and thought that the small group structure failed to allow people to get answers to the questions they wanted to ask.

24. Conclusion

Over a period of four months The Care Forum recorded comments from 1,242 people at 50 meetings. This information was gathered into a database spanning over 250 pages.

The following messages were received:

- There is overwhelming support for new investment in local NHS facilities and proposals to develop health services based in local community-based facilities, reducing the need for journeys to main hospitals.
- People understand the need to replace old and outdated buildings with modern facilities and agree that this would improve patient care and provide a better working environment for staff.
- South Bristol residents strongly welcome the proposal to develop a community hospital in their area.
- People welcome the opportunities that major investments in health services to bring in terms of local employment, training and recruitment.
- Parents and carers of sick children agree with the benefits of centralising specialist children's services but they would like more local children's services and remain unhappy at the location of the Children's Hospital.
- People are unconvinced by the argument that fewer beds will be necessary in the long-term and are unhappy that bed numbers will reduce.
- People want reassurance that new services in the community will be developed before any current services are withdrawn, that they will be adequately resourced and that partnership working with social services will improve.

- People are concerned that access to major Accident and Emergency services may reduce.
- People are concerned at the possible loss of a major acute hospital site in North Bristol/South Gloucestershire, support of a particular site being largely dependent on where they live. Residents displayed strong loyalty to their local health services and are reluctant to lose them.
- People are concerned that proposals are financially driven rather than needs led and some believe that decisions have already been made.
- People are concerned about the future of buildings and services that have benefited from substantial public donation.
- People want improvements in private and public transport, access and parking at all sites but in particular at the BRI and Children's Hospital
- North Somerset residents want priority to be given to the development of services in Portishead
- Residents of Bath and NE Somerset are concerned about the impact of a South Bristol Community Hospital on Keynsham Hospital.
- A strong lobby asked for maternity services to be included in any review, with support for community midwife-led services and birthing centres in community settings.

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