

# Report on formal public engagement

January - April 2004

May 2004

# Contents

<b>Foreword</b>	<b>i</b>
<b>1. Introduction and Background</b>	<b>1</b>
a) The Avon Acute Services Framework Review	1
b) The Bristol Health Services Plan	1
c) Public Involvement and Engagement	2
<b>2. Public engagement: what is it?</b>	<b>5</b>
a) Introduction	5
b) Our local approach	5
<b>3. The Public Engagement Process</b>	<b>7</b>
a) What did we do?	7
b) The Public Engagement Overview Group	8
c) What did we say?	9
<b>4. The outcome: what were we told?</b>	<b>11</b>
a) Main messages received	11
b) Messages about service or geographical issues	12
c) Messages about the information and the process	12
d) What worked well and what did not	12
<b>5. What happens next</b>	<b>13</b>
<b>Appendices</b>	
Appendix A - Ongoing work with local councils	
Appendix B - Communications and media	
Appendix C - Public engagement meetings: January - April 2004 - a selection	
Appendix D - Bristol City Council Citizen's Panel	
Appendix E - Sample of the organisations and bodies involved	

## Glossary



# Foreword

This report describes the NHS public engagement process that took place in Bristol, North Somerset and South Gloucestershire between January and April 2004. This was the culmination of three years' work that helped us to:

- ▶ Identify and highlight the problems facing the local NHS
- ▶ Hear what people thought about the situation
- ▶ Develop ideas about what should - and could - be done better in future
- ▶ Test our views on problems and possible solutions with the public and their representatives

This report is testament to the importance that the local NHS places on developing plans

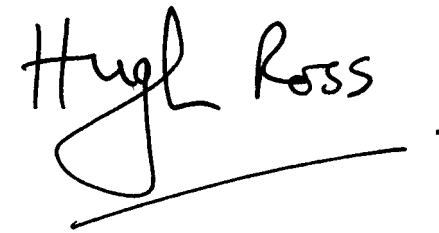
with people, not just for people. Public involvement and engagement in its broadest sense will remain an important part of the way we work.

The report illustrates:

- ▶ The development of public involvement and engagement over time
- ▶ The growing role of local councils in the public debate
- ▶ The focus of that public debate in past years and recent months - 'what we said' and 'what we were told'
- ▶ What needs to be done next - and what needs to be done differently.

It also contains a good deal of factual information both in the main report and the supporting Care Forum report. Thanks are

particularly due to the thousands of local people who have given time to express their views on our ideas. We will now turn those ideas, changed and refined by public debate, into firm proposals for formal consultation.



**Hugh Ross**  
Programme Director  
Bristol Health Services Plan

On behalf of the NHS in Bristol, North  
Somerset and South Gloucestershire  
May 2004

# 1. Introduction and background

This describes how the NHS bodies listed in this section prepared and designed the public engagement process.

## (a) The Avon Acute Services Strategic Framework

The 'old Avon' NHS community has for some years been considering how best to reconfigure its services to meet future challenges and expectations. Health service delivery, standards and roles all continue to change, and the (newly-defined) Bristol, North Somerset and South Gloucestershire Health Community (BNSSG) has worked hard to ensure that it keeps pace with the emerging new models and targets for health care in England. Financial problems, organisational change and a historic lack of strategic direction for the wider area have all played their part in inhibiting change and modernisation of the system.

However, in 2000, the then Avon Health Authority started a review of acute hospital services (i.e. those offering emergency, planned and specialist care - normally on a short term basis) - the Avon Acute Services Strategic Framework. This project not only looked at acute services based in hospitals, but at how a range of acute services could be provided in a variety of acute and non-acute settings. The findings of the review

included:

- ▶ Confirmation that a substantial range of services traditionally based in acute hospitals could and should be provided in local community-based facilities
- ▶ Recognition that the current distribution of emergency, specialist and acute hospital services across three main sites was increasingly untenable, for a number of reasons including:
  - ▷ Increasingly specialist clinical teams that could not be provided on all sites
  - ▷ New government standards and guidance, eg. cancer care pathways.
  - ▷ Reduced working hours, particularly for junior doctors.
  - ▷ The poor quality of much of the

*Financial problems, organisational change and a historic lack of strategic direction for the wider area have all played their part in inhibiting change and modernisation of the system.*

- estate on all three main sites.
- ▶ A conclusion that a single acute hospital would offer the best clinical solution, but would not offer good universal access or be welcomed by the public. It was therefore decided that a model based on two main hospitals should be investigated.



## (b) The Bristol Health Services Plan

In 2002, the Bristol Health Services Plan (BHSP) was established to build on the

- work of the Avon Acute Services Strategic Framework. This specifically focussed on:
- ▶ Working with primary care trusts to ensure a whole-system approach.
  - ▶ Further refining future acute and community-based service options.
  - ▶ Strengthening links with acute partner trusts in Weston-super-Mare and Bath, the Avon and Wiltshire Mental Health



Partnership NHS Trust and the Avon Ambulance Service NHS Trust.

- ▶ Close liaison with local authorities in the light of the introduction of overview and scrutiny powers and the 'Keeping It Local' Department of Health guidance.<sup>(1)</sup>
- ▶ Turning well-established public involvement activity into a pro-active

*In 2001 alone, over 1,700 members of the public contributed to a wide range of meetings*

programme of public engagement culminating in a formal period of public engagement.

- ▶ Ensuring the emerging Strategic Outline Cases for major capital investment were co-ordinated and presented as a 'whole-system' approach to a wide range of stakeholders and were compatible with the plans for mental health services also being developed.

### (c) Public involvement and engagement

The Avon Health Authority and local NHS bodies have increasingly made considerable efforts to involve local people in the planning and development of local health services. In depth sessions with 100 people drawn from across the area - the Citizen's Forum - were the most important feature of this.

In 2001, over 1,700 members of the public contributed to a wide range of meetings that included:

- ▶ Local government-led area forums and community development forums in South Gloucestershire
- ▶ Care Forum networks in Bristol and South Gloucestershire
- ▶ Links and Liaison in North Somerset - a project of The Care Forum
- ▶ Community groups in Emerson's Green, Southmead, Lockleaze, Horfield and Clifton.
- ▶ Town and parish councils in Portishead, Clevedon, North Somerset and South Gloucestershire.

These were supplemented with a wide range of meetings in primary care groups, local partnership boards, and NHS staff councils.

Ref: <sup>(1)</sup>Keeping the NHS Local - A New Direction of Travel. Department of Health February 2003

All of this work gave the new primary care trusts a good foundation on which to carry out their remit of providing a more local focus to the planning and commissioning of health services. In the period from April 2002 to December 2003, over 40 further meetings were organised by Avon Acute Services Strategic Framework/ Bristol Health Service Plan (AASSF/BHSP) to discuss the emerging findings. These meetings included:

- ▶ Members of Parliament
- ▶ Councils, Officers and Overview and Scrutiny Committees in Bristol, North Somerset, South Gloucestershire and Bath and North East Somerset
- ▶ Bristol and District Community Health Council
- ▶ University of Bristol
- ▶ University of the West of England
- ▶ Local media representatives
- ▶ Bristol Chamber of Commerce
- ▶ West of England Strategic Partnership Support Group
- ▶ and groups such as:
  - ▷ St Pauls Unlimited - Local Health and Well Being Task Group
  - ▷ Bristol Racial Equality Council
  - ▷ Bristol Common Purpose.

These meetings were backed up by newsletters and outcomes were recorded on a database for future use. In addition, the primary care trusts were developing a wide range of local community links that further informed the development of ideas for reconfiguration and modernisation of local health services. General Practitioners and other health professionals working in

the community were fully involved in this.

By the end of 2003 there was a substantial and increasing level of knowledge in the wider community about the strategic issues facing the local NHS. The local NHS bodies decided that a three month period of formal public engagement would be held from January 2004 to the end of April 2004. The April deadline did not, however, signal the end of public engagement; the local NHS is determined to make it a continuing feature of local health care planning and delivery. Importantly, it enabled a focussed process to be put in place and then be the subject of a formal report both to health boards and Local Authority Overview and Scrutiny Committees. The public engagement process ran alongside the formal consultation by Bristol South and West PCT on the proposed South Bristol Community Hospital which is the subject of a separate report. This is available from the Communications Department, King Square House, King Square, Bristol, BS2 8EE, telephone 0117 900 2681.

This report summarises the process and outcome of the BHSP public engagement process between January and April 2004. It forms an important foundation for decisions on the formal public consultation that must precede substantial change in local health services. It is also a public document of record that will be shared as widely as possible with local people, their representatives, NHS staff and the Department of Health.

The six NHS bodies that ran the BHSP Public Engagement process were:

**Bristol North Primary Care Trust**

King Square House  
King Square, Bristol, BS2 8EE  
[www.bristolnorthpct.nhs.uk](http://www.bristolnorthpct.nhs.uk)

**Bristol South and West Primary Care Trust**

King Square House  
King Square, Bristol BS2 8EE  
[www.bristolswpct.nhs.uk](http://www.bristolswpct.nhs.uk)

**North Bristol NHS Trust**

Trust Headquarters  
Beckspool Road  
Frenchay, Bristol BS16 1JE  
[www.northbristol.nhs.uk](http://www.northbristol.nhs.uk)

**North Somerset Primary Care Trust**

Waverly House  
Old Church Road  
Clevedon, North Somerset BS21 6NN  
[www.northsomerset.nhs.uk](http://www.northsomerset.nhs.uk)

**South Gloucestershire Primary Care Trust**

1 Monarch Court  
Emerald Business Park  
Emerson's Green  
South Gloucestershire, BA16 7FH  
[www.sglos-pct.nhs.uk](http://www.sglos-pct.nhs.uk)

**United Bristol Healthcare NHS Trust**

Trust Headquarters  
Marlborough Street  
Bristol, BS1 3NU  
[www.ubht.nhs.uk](http://www.ubht.nhs.uk)



The public engagement process was supported by:

**Avon, Gloucestershire and Wiltshire Strategic Health Authority**

Jenner House  
Langley Park Estate  
Chippenham, Wiltshire, SN15 1GG  
[www.agwsha.nhs.uk](http://www.agwsha.nhs.uk)

Other NHS bodies supporting the process were:

- ▶ Avon Ambulance Service NHS Trust
- ▶ Avon and Wiltshire Mental Health Partnership NHS Trust
- ▶ Bath and North East Somerset Primary Care Trust
- ▶ Royal United Hospital Bath NHS Trust
- ▶ Weston Area Health Trust

## 2. Public engagement: what is it?

### (a) Introduction

Formal consultation processes have been a familiar part of the way the NHS works for many years. Increasingly, both the public and their representatives have become concerned that these processes do not allow adequate time for consultation and that proposals are often far-advanced before being published. The potential result is increasing public cynicism and disinterest.

In the Health and Social Care Act 2001, (sections 7 and 11) the Government established for the first time a statutory duty on strategic health authorities, primary care trusts and NHS trusts, **to make arrangements to involve and consult patients and the public in:**

- ▶ Planning services for which they are responsible
- ▶ Developing and considering proposals for changes in the way those services are provided
- ▶ Decisions to be made that affect how those services operate.

The policy guidance<sup>(2)</sup> that accompanied the Act states:

*'The overall aim ..... is to make sure*

*Ref: <sup>(2)</sup> Strengthening Accountability - Policy and Practice Guidance , Department of Health, February 2003*

*patients and the public are involved and consulted from the very beginning of any process to develop health services or change how they operate. This will lead to patient-centred care and improvements in the patients' experience.'*

This Act and guidance were supplemented in February 2003 by 'Keeping the NHS Local - A New Direction of Travel', published by the Department of Health. This document identified three core patient principles:

- ▶ Developing options for change **with** people, not **for** them ... working with staff to develop new ways of delivering services.
- ▶ Focus on **redesign** not **relocation**:

*The overall aim is to make sure patients and the public are involved and consulted from the very beginning*

extending the range of options for developing new configurations that meet local needs and expectations

- ▶ Taking a **whole-systems view**: the NHS needs to exploit the contribution of different hospitals, primary, intermediate and social care providers by working in partnership, with genuine integration and joint planning of services.



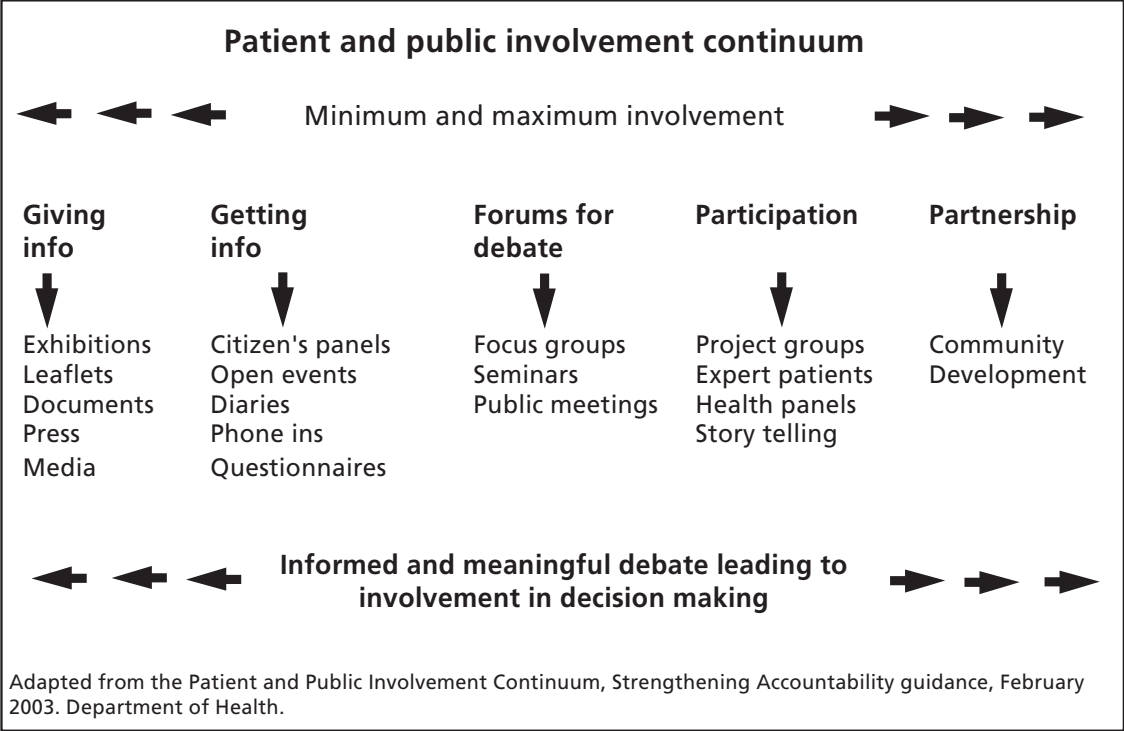
### (b) Our local approach

- ▶ We wanted to take a very comprehensive approach to seeking public and patient views, drawing on all sorts of methods.

- ▶ We would then use this to shape our thinking on the size and scope of services.
- ▶ We are committed to public involvement in our planning and design processes - and supporting people to contribute directly on a long-term basis to our planning groups.

In all this we are indebted to MPs and local councils for the sound advice they

have offered us. We also found the diagram below a helpful framework:



# 3. The public engagement process

## (a) What did we do?

The public engagement process was supported by a one-off funding grant from the Department of Health. These welcome funds enabled the local health community to plan and deliver a public engagement process that was more ambitious than previous public involvement activity undertaken. We named the initiative 'Building Better Health Services - Have Your Say'. Key components included:

i. Early and full briefing of local **Overview and Scrutiny Committees** on the engagement plans, enabling them to be refined and improved. (See Appendix A for further details.)

ii. **A full communications and media plan including** a series of paid 'advertorials' on radio and in print, as well as regular press releases and features. These encompassed a number of local and council newspapers, in addition to radio and television. (See Appendix B for a more detailed description of this activity).

iii. **A leaflet** (shown on the cover of this report) that was distributed via a substantial electronic and traditional mailing list. It was also made available in local supermarkets, pharmacies, GP

surgeries, dental surgeries and hospitals as well as via community and parish websites. 70,000 copies were produced in total.

iv. **A 10-minute video** that highlighted the need for change in local health services. This explored new ways of working and the achievement of good clinical outcomes - in spite of the scattered configuration of current acute services and the poor estate that characterises local health services. It also emphasised the need to make more services available locally, and thereby enable rationalisation of the three main hospital sites to a new configuration that was sustainable in the light of new government standards and regulations such

## *Deliver a public engagement process that was more ambitious than previous public involvement activity*

as the European Working Times Directive.

v. **An eight week radio campaign** on GWR (Great Western Radio), the local station with the biggest audience and the widest 'reach' in terms of socio-economic groups. A series of paid advertisements briefly described an issue facing the local health service and how it might be tackled. Listeners were invited to 'Have Their Say'



and were told how they could do so. The station also regularly broadcast dates and times of public meetings that were being held. Topics covered in the advertisements included:

▶ children's services

- ▶ changes to the major hospitals
- ▶ services for older people
- ▶ development of services in the community
- ▶ the plans for a South Bristol Community Hospital.

vi. **Over 50 meetings** were held that were either geographically based or with a particular patient/client focus. Some were



open to all; others were just for specific groups. A schedule of the meetings held in the public engagement period is included at Appendix C. Meetings were held during the week and at weekends, at lunchtime,

*It is important to note that we did not ask people to make choices, but to give general views and comments*

afternoon and in the evening. Every area of Bristol, North Somerset and South Gloucestershire was covered. Meetings usually offered the opportunity to share some core information and then contribute to 'round-table' facilitated discussions on a choice of topics. This enabled everyone to be heard rather than just those people that were more confident or used to participating in public meetings. All meetings were attended by rapporteurs

from the Care Forum, who were commissioned to provide an independent report of all the issues raised during the public engagement process. (Their report supporting this document is available from the Communications Department, Bristol North PCT, King Square House, King Square, Bristol, BS2 8EE, Telephone 0117 900 2694.) Over 1,250 people attended the meetings and many were asked what they thought about the way we facilitated them.

vii. A website was maintained containing historic and current documents, presentations and news features, together with a query page and links to the websites of all the relevant primary care trusts and NHS trusts. This was supplemented by a freepost and freephone service, and in total over 500 detailed queries, statements or responses were dealt with by the central BHSP office during the period. A target established for each respondent to be sent a full reply or acknowledgement (to be

followed by a full reply) within three working days was met in the case of over 98% of contacts. The website received more than 2,000 visits over a four-month period. This public engagement report is available on the website: [www.avon.nhs.uk/bhsp](http://www.avon.nhs.uk/bhsp)

viii. The Bristol City Council Citizen's Panel was asked a structured range of questions. This was designed to test

knowledge of the issues being raised and views on major themes such as transfer of acute services to more local community bases. Their views are summarised in Appendix D.

ix. Individual and collective briefing meetings were arranged with the new Patients and Public Involvement Forums established in the area.

x. An ongoing series of meetings with NHS staff was organised in all areas of the local health community, including two days of training on new ways of working with stakeholders. The training days were attended by chairs, chief executives, non-executive directors, patient and public involvement leads and service managers.

## (b) The Public Engagement Overview Group

The whole public engagement process was overseen from an NHS perspective by a Public Engagement Overview Group. This was chaired by a Primary Care Trust Chief Executive, and reported to the local Chief Executives Group. The group met regularly to ensure that all aspects of the public engagement process were being thoroughly followed through.

Regular topics included planning for, and reviewing, the many public meetings; ensuring all requests for presentations were met; stimulating ongoing media coverage; and liaising both with individual scrutiny committees and emerging joint scrutiny

arrangements. The group benefited from early advice from NHS 'Critical Friends' led by the Department of Health 'Patient's Czar', Mr Harry Cayton.

### (c) What did we say?

The content of the public engagement process was both community-wide and locally-directed. The broad themes introduced in Section 2 were ever-present in all our communications whether they involved meetings, the radio, printed material or our website. They included:

- ▶ The need and desire to move a range of services from acute hospitals to community-based facilities
- ▶ The wish to reduce numbers and distance of patient journeys by providing more local services
- ▶ The need to reconfigure acute hospital services in response to new UK and European standards and guidelines
- ▶ The importance of achieving this on modern sites through major capital investment in both acute and community-based facilities.

Each primary care trust or NHS trust added specific information and raised issues in respect of their role in the health community. This enabled the many participants in the public engagement process to debate the issues that most concerned them.

It is important to note that we did not ask people to make choices, but to give

general views and comments.

Many NHS clinical and managerial staff attended meetings to listen and to give their views on the changes that were necessary in local health services. The public engagement process asked how we might:

- ▶ Enhance local services in Clevedon
- ▶ Provide new services in Yate
- ▶ Combine children's hospital services whilst providing more local children's services
- ▶ Develop a new cardiac centre for Bristol and the sub-region
- ▶ Replace the Old Building at the Bristol Royal Infirmary with new facilities
- ▶ Reorganise hospital services at Frenchay and Southmead, bringing together specialist and emergency services
- ▶ Support these changes with new community hospitals or facilities in north and central Bristol
- ▶ Replace services at Cossham Hospital with a new development in Kingswood
- ▶ Replace medical services for older people at Blackberry Hill Hospital with alternative services in another hospital or in the community.

A number of new issues emerged during the engagement process. For example these concerned services in Thornbury, Keynsham and Portishead. They are reflected in section 4 of this document.



## 4. The outcome - what were we told?

The most important section of this report deals with the outcome of the public engagement process. It summarises:

- a) The main messages given to the health community during the public engagement process
- b) Those messages that were geographically, or in some other way, distinct to one part of the health community.
- c) What people told us - both about the information given and the way the process was handled - good and bad.

The attached Care Forum Report covers in considerable detail what we were told.

- d) What we think worked well and what we think did not - with lessons for any formal consultation that will follow.

### a) Main messages received

#### Support for:

- ▶ More local services in community hospitals and centres that will mean journeys to main hospitals are less necessary
- ▶ The closure and replacement of Bristol General Hospital as part of the development of the South Bristol Community Hospital
- ▶ Plans to redevelop the Bristol Royal Infirmary, including the closure and replacement of the Old Building
- ▶ Bringing together specialist children's services at the Children's Hospital, together with the development of more local children's services
- ▶ Major investment in local NHS facilities
- ▶ The excellent work done by staff throughout the local NHS
- ▶ Bringing together specialist services where this will speed up the patient's journey through the system
- ▶ The local employment, training and recruitment opportunities that major investment will bring
- ▶ Keeping all the main hospitals and adding new community-based facilities.

#### Concern about:

- ▶ All aspects of access to services (in a travel sense) - public transport and car parking deficiencies were raised constantly
- ▶ Access to Accident and Emergency (A&E) services
- ▶ The implication that fewer beds will be necessary in the long-term as new models of care develop (given a local history of insufficient capacity and a traditional bed-based model)
- ▶ Decisions being driven by financial criteria alone rather than the best interests of patients and patient services
- ▶ Possible loss of one major acute site in the North Bristol/South Gloucestershire area (with support for Frenchay or Southmead largely reflecting the location of the meeting or the participant)
- ▶ The genuineness of the engagement - i.e. there was concern that decisions had already been made.
- ▶ Community services and facilities being developed in advance of any reductions in services at the main hospitals - this was seen as essential.

## **b) Messages about service or geographical issues**

- ▶ Concern that the development of services in Portishead must be made a priority
- ▶ Concern about the future of services in Keynsham Hospital and the impact on Keynsham of the South Bristol Community Hospital
- ▶ Concern that services at Thornbury Hospital must be included in any plans for the South Gloucestershire area
- ▶ Concern that poor parking and access at the Bristol Children's Hospital will be worsened by increased services there
- ▶ Concern that different models of care for older people are just not available and that a reduction in beds for older people's services is unjustifiable
- ▶ Concern about the future of buildings and services that have benefited from substantial public donation
- ▶ A view that maternity services should be included in any review, with support for midwife-led services and birthing centres in community settings
- ▶ The importance of better working together between health and social services
- ▶ Concern that the local NHS would not allow for substantial population growth in certain areas when developing its plans.
- ▶ The publication of a survey undertaken by Steve Webb (MP for Northavon) before the public engagement process, which indicated majority support in his constituency for maintaining both Frenchay and Southmead as 'full-service' acute hospitals with Accident and Emergency

facilities, together with enhanced facilities in local communities.

## **c) Messages about the information and the process**

- ▶ 91% of people who saw the video rated it useful (sample size 134 at six meetings)
- ▶ Some people said we had already made our minds up
- ▶ When an opening presentation was used, 93% of people found it clear and easy to understand (sample size 180 at seven meetings)
- ▶ Some people were disappointed at the lack of precise numbers and other information to illustrate the implications of possible change
- ▶ Some people said they were fed up hearing about it and nothing would change anyway
- ▶ The most usual format for meetings included smaller 'round-table' discussions with facilitators. These proved popular and were rated 'useful' by 96% of people (sample size 139 at six meetings). In the same sample, 98% of people felt they had been able to contribute their views
- ▶ It became clear that in spite of our efforts we were not successful in engaging 'hard-to-reach' groups to the degree that we had hoped
- ▶ Some people were concerned that they had not heard about the public engagement process in time to attend a meeting
- ▶ A Department of Health review team described the public engagement process and links with stakeholders as 'an exemplar of good practice'.

## **d) What worked well and what did not**

### **What worked well:**

- ▶ Having an independent group such as the Care Forum to capture detailed information from meetings
- ▶ The video was generally well received (but see below)
- ▶ 'Round table' discussions rather than 'theatre-style' meetings
- ▶ The training we gave our staff about new ways of working with the public
- ▶ Nurses, doctors and other clinical staff meeting the public face-to-face
- ▶ Our developing relationship with local Overview and Scrutiny Committees after an uncertain start.

### **What did not:**

- ▶ Reaching all the groups we hoped to - this will have to be improved in future
- ▶ Television, radio, leaflets and newspapers do not reach everybody and we need to consider what else we can do to make sure people know what is happening
- ▶ Making a distinction between involvement, engagement and consultation - many people see them all as 'consultation'
- ▶ Some people felt our presentations at meetings were too long
- ▶ Our video did not fully reflect the diverse nature of our staff or the community they serve
- ▶ Some people felt frustrated by the 'round-table' format because they wanted to address the whole meeting or because they felt it limited their discussions.

# 5. What happens next?

## May/June 2004

- ▶ This public engagement report (and a summary version) will be made widely available in the local area to MPs, local NHS bodies, local authorities, the Department of Health and local media.
- ▶ Local NHS Boards will consider all of the views received in the public engagement process as they decide which proposals should be developed in detail for formal public consultation.
- ▶ Local Authorities will consider the report alongside the detailed work undertaken by their own Overview and Scrutiny Committees. They will expect to be informed and to comment on any consultation processes planned by local NHS bodies.
- ▶ NHS staff throughout the area will be briefed on the outcome of the public engagement process.
- ▶ We will be contacting people who have asked to be further involved to seek their advice on future consultation.

## July 2004 onwards

- ▶ The Strategic Health Authority will be asked by the Bristol, North Somerset and South Gloucestershire Health community to give permission for formal consultation, its content and timescales.
- ▶ The Department of Health will give a view on major investment proposals that have been developed in outline form to enable the modernisation and reconfiguration of the local NHS.
- ▶ The local health community will absorb the lessons from the public engagement process, in particular:
  - ▷ The major concerns expressed by the public and how to ensure these are fully addressed.
  - ▷ Any shortcomings in the engagement process, be it communication, presentation, or failure to include all sections of the community and then ensure that these are put right in any subsequent engagement or consultation processes.

## September 2004

- ▶ This is the earliest date at which formal consultation on major service changes could commence, subject to Strategic Health Authority approval.

## January 2005

- ▶ This is the earliest date at which decisions could be made following formal consultation. These decisions are the responsibility of local NHS boards.

# Appendix A

## Ongoing work with local councils - a sample

Date	Committee	Subject discussed
25 September 2003	Bristol City Council Health Scrutiny Commission	BHSP
30 October 2003	Bristol City Council Health Scrutiny Commission	BHSP
2 December 2003	Bath and North East Somerset Council Scrutiny Committee	BHSP and Keynsham issues
10 December 2003	Bristol City Council Health Scrutiny Commission	Public engagement process
10 December 2003	South Gloucestershire Council Overview and Scrutiny Committee	Public engagement process
14 January 2004	South Gloucestershire Council Overview and Scrutiny Committee	Cossham Hospital Centralisation of Children's Services BHSP
21 January 2004	Bristol City Council Health Scrutiny Commission	Blackberry Hill Southmead/Frenchay sites Cossham Hospital Central and East Bristol community facilities Children's Services
2 February 2004	North Somerset Council Overview and Scrutiny Committee	BHSP
4 February 2004	South Gloucestershire Council Scrutiny Committee	Blackberry Hill Hospital
18 February	South Gloucestershire Council Overview and Scrutiny Committee	BHSP
10 March	South Gloucestershire Council Overview and Scrutiny Committee	Community facilities
18 March	Bristol City Council Health Scrutiny Commission	Central and East Bristol community facilities Bristol Royal Infirmary North Bristol/South Gloucestershire Strategic Outline Case

# Appendix B

## Communications and media

### 1. The purpose:

- ▶ To ensure that the formal public engagement process (and parallel consultation on the South Bristol Community Hospital) was highly visible
- ▶ To ensure that a wide range of contributions to the debate were received.

### 2. The aims:

- ▶ To encourage contribution to the health service debate from as wide a cross-section of the population as possible, with an emphasis on hard-to-reach groups
- ▶ To explain why the local NHS thinks change is necessary, and to emphasise the importance of public debate on this issue
- ▶ To ensure that members of the public understand their opportunity to comment and influence the decision-making processes
- ▶ To ensure that NHS staff are well-informed and empowered to contribute.

### 3. Target audiences:

- ▶ The general public in Bristol, North Somerset and South Gloucestershire, and their representatives
- ▶ Patients
- ▶ Hard-to-reach groups such as black and minority ethnic groups, disabled people and people living in isolated communities
- ▶ Partner organisations in the statutory and voluntary sector
- ▶ NHS staff and independent contractors

### 4. Details of the media and communications effort:

These are available from the Communications Department, Bristol North Primary Care Trust, King Square House, King Square, Bristol BS2 8EE. Telephone: 0117 900 2694.

Headlines are:

- ▶ 400 x 30 second commercials were aired on GWR over an eight-week period
- ▶ Eight different themes covered

- ▶ Over 430,000 different adults reached in the area (source RAJAR 2004)

- ▶ The initial news documentary that was extensively promoted and followed up by GWR, reaching over 268,000 different adults in the eight-week period

- ▶ The fact that GWR Bristol/Classic gold has the largest local listenership, and reaches more minority ethnic, young and low-income listeners than any other local station

- ▶ 10 different newspapers featured the public engagement process, delivering a total circulation of over 850,000. They included Primary Times, the Bristol Observer, Bristol City Council News, Weston and Worle News, Clevedon Mercury, South Gloucestershire Gazette and the Bristol Evening Post.

# Appendix C

## Public engagement meetings from January to April 2004 - a selection (continued overleaf)

Date	Health Community	Organisation	Area
<b>January 2004</b>			
21	BSWPCT	Hotwells Community Forum	Hotwells
26	BSWPCT	Knowle West Health Park Steering/Policy Group	Knowle West
28	BSWPCT	PCT Open Staff meeting	Knowle West
<b>February 2004</b>			
3	BSWPCT	PCT Joint Consultation and Negotiation Council	Central Bristol
3	BHSP	Weston Super Mare Partnership Forum	WSM
5	North Bristol Trust/Care Forum	Network meeting for the elderly	Fishponds
6	BSWPCT	SBCH Stakeholder Workshop	Southville
16	BSWPCT	Open public meeting	Chew Valley
16	BSWPCT	Knowle West Partnership	Knowle West
20	NSPCT	Open public meeting	Winscombe
23	NSPCT	Open public meeting	WSM
24	NSPCT	Open public meeting	Nailsea
26	BHSP	Open public meeting	Central Bristol
<b>March 2004</b>			
1	BSWPCT	Open public meeting	Keynsham
1	BSWPCT	Brislington Community Forum	Brislington
2	NSPCT	Open public meeting	WSM
2	Downend & Bromley Heath Parish Council	Open public meeting	Downend
3	UBHT/Patients' Forum	Open public meeting	Central Bristol
3	NSPCT	Open public meeting	Portishead
4	SG/BNPCT/NBT	Open public meeting	Winterbourne
8	SG/BNPCT/NBT	South Glos Parents' & Carers' forum	South Glos
8	NSPCT	Open public meeting	Clevedon
9	BSWPCT	Bristol Health Interest Group	Fishponds
9	SG/BNPCT/NBT	Open public meeting	Bradley Stoke
10	SG/BNPCT/NBT	Open public meeting	Thornbury
11	BSWPCT	Special meeting for Knowle West Community Groups	Knowle West
11	BHSP	Patients' forums	Bristol & S Glos
12	BSWPCT	Workshop on children's services	Brislington
12	The Care Forum	Open public meeting	Fishponds
15	BHSP	West of England Coalition for Disabled People	Bristol
16	BSWPCT	Stakeholder event on Older People's Services	Knowle West
16	SG/BNPCT/NBT	Open public meeting	Filton
16	UBHT/Patients' Forum	Open public meeting	UBHT Education Centre
19	SG/BNPCT/NBT	Open public meeting	Warmley

# Appendix C (continued)

Date	Health Community	Organisation	Area
<b>March 2004 (cont'd)</b>			
23	SG/BNPCT/NBT	Open public meeting	Whitchurch
23	The Care Forum	Children's & Young People's Voluntary & Community Sector	Fishponds
23	BSWPCT	Open public meeting	Hartcliffe
24	BSWPCT	Open public meeting	Hengrove
25	SG/BNPCT/NBT	Open public meeting	Chipping Sodbury
26	BSWPCT	Open public meeting	Hotwells
29	BSWPCT	Long Ashton Parish Council	Long Ashton
30	BSWPCT	PCT open staff meeting	Knowle
30	BSWPCT	Bristol City Council Women's Equalities Forum	College Green
30	BHSP	BMA/Med-Chi Society	Bristol
31	BSWPCT	Bedminster Avontide Club	Bedminster
31	BSWPCT	Open public meeting	Long Ashton
<b>April 2004</b>			
13	NSPCT	Probus Club	Clevedon
22	SG/BNPCT/NBT	Open public meeting	Kingswood
29	NSPCT	Open public meeting	Winscombe

Key:

NSPCT: North Somerset PCT

BSWPCT: Bristol South & West PCT

SG/BNPCT/NBT: South Gloucestershire /Bristol North PCTs & North Bristol Trust

BHSP: Bristol Health Services Plan

UBHT: United Bristol Healthcare NHS Trust

# Appendix D

## Bristol City Council Citizen's Panel - headline results

The survey also asked for views on what services people would most like to see in community hospitals, and which of the proposals would do most to improve health services in Bristol. The response rate was approximately 1000 citizens from a panel of 1700 (approx. 56%). The full report is available from the BHSP office on freephone 0800 015 5127.

	<b>In support</b>	<b>Against</b>	<b>Need more information not applicable/no answer</b>
1. Modernising the BRI	58%	5%	37%
2. One major hospital in the north, supported by community hospital(s)	39%	27%	37%
3. The South Bristol Community Hospital	64%	5%	31%
4. Developing other community hospitals/ centres in north, central and east Bristol	66%	3%	31%
5. Replacing Cossham with a new facility	44%	3%	53%
6. Bringing services for seriously ill children together at the Children's Hospital and expanding local children's services	75%	3%	22%
7. More care at home and in community hospitals for older people	82%	2%	16%

# Appendix E

## A sample of the organisations and bodies involved

- ▶ Bath and North East Somerset Council
- ▶ Bristol and District Community Health Council
- ▶ Bristol Chamber of Commerce
- ▶ Bristol City Council
- ▶ Bristol Common Purpose
- ▶ Bristol Health and Social Care Partnership
- ▶ Bristol Race Equality Council
- ▶ Care Forum
- ▶ Church of England
- ▶ Leagues of Friends
- ▶ Local Medical Committee
- ▶ Members of Parliament
- ▶ North Somerset Council
- ▶ Patient and Public Involvement Forums
- ▶ South Gloucestershire Council
- ▶ South Gloucestershire Parents and Carers Forum
- ▶ St Paul's Unlimited - Local Health and Well Being Task Group
- ▶ The Grand Appeal
- ▶ Trade Unions
- ▶ University of Bristol
- ▶ University of the West of England
- ▶ Voluntary sector - a wide range of groups
- ▶ West of England Coalition of Disabled People
- ▶ West of England Strategic Partnership Support Group
- ▶ Weston-super-Mare Partnership Forum

# Glossary

Acute services	Emergency, planned and specialist hospital care, usually requiring an in-patient stay for a relatively short period.
Avon, Gloucestershire and Wiltshire Strategic Health Authority (AGW SHA)	The body responsible for strategic oversight and performance management of local NHS services.
Bristol Health Services Plan (BHSP)	The project to modernise NHS Services in Bristol, North Somerset and South Gloucestershire.
BHSP Project Reference Group	Consisting of chairs and chief executives from the primary care trusts and NHS trusts, representatives from local councils and universities and the Strategic Health Authority. The top management group for the BHSP.
BNSSG	Bristol, North Somerset and South Gloucestershire (Health Community)
Bristol and District CHC	The Community Health Council was the local health 'watchdog' body prior to the introduction of patients forums.
Care Pathway	The journey that the patient takes through the healthcare system.
NHS Trusts	NHS bodies that deliver patient services
Overview and Scrutiny Committee (OSC)	Part of the scrutiny machinery of local councils. All have committees with health scrutiny as a major part of their role.
Patient and Public Involvement Forums	New bodies linked to each PCT and trust to ensure patient and public involvement in health.
Primary Care Trusts (PCTs)	NHS bodies responsible for commissioning and providing health services within their area.
Primary Care Groups (PCGs)	The forerunner bodies to PCTs.
Public Engagement	Formal process of pro-actively seeking patient and public views.
Public Consultation	Formal process of consulting on specific options and plans.
Public Engagement Overview Group (PEOG)	The local NHS group set up to oversee and advise NHS bodies on the public engagement process.
Strategic Outline Case (SOC)	A document that asks the Department of Health for permission to prepare detailed investment plans. Usually used for planning major service developments.
Whole system	Refers to the whole network of health and social care.

If you would like further copies of this report or it in another language or format such as Braille, large print, ASCII or as an audio cassette, please call 0800 015 5127.

Cover leaflet is reproduced by kind permission of Picador Design: 0117 929 2969

Report produced and designed by the Communications Team for the Primary Care Trusts in Avon, King Square House, King Square, Bristol, BS2 8EE, telephone: 0117 900 2681.