

# HELP US

# DECIDE

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# ””

Building better health services  
in Bristol, North Somerset and South Gloucestershire

Summary Consultation Document  
13 September - 10 December 2004

**NHS**

## HOW TO CONTACT US AND GIVE US YOUR FEEDBACK

We hope as many people as possible will tell us what they think of our ideas.

There are pre-printed response sheets (together with our detailed questions) in Appendix Two. Additional copies of these can be obtained by anyone – please get in touch in one of the ways set out below.

Alternatively you can just write to us, send us a fax or e-mail or telephone. You don't need to use the response sheet.

We also welcome your comments and questions on the consultation process itself. Additionally, should you wish to make a complaint about the process please write to us.

You can also contact us if you need to have information in a different format.

Address for all correspondence, return of forms, and requests for information	The Bristol Health Services Plan FREEPOST BS1078 King Square House King Square Bristol BS2 8EE
Telephone contact	Freephone 0800 015 5127
E-mail contact	communications@bristolnorth-pct.nhs.uk
Fax contact	0117 900 3514
Web site address – this provides information about the consultation, and you can also give us your feedback directly on the website.	<a href="http://www.avon.nhs.uk/bhsp">www.avon.nhs.uk/bhsp</a> .

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## **SECTION I : INTRODUCTION**

### **I.1 What is this document for?**

Welcome to this summary public consultation document. The NHS continues to improve its services. However, we want to transform health services for people living in Bristol, North Somerset and South Gloucestershire over the next 10 years. We have the opportunity to invest around £500m in new facilities to improve our services. We expect that everyone will benefit from higher quality healthcare services. We plan:

- A substantial transfer of services out of acute hospital sites into community settings closer to people's homes. They include the development of new/upgraded community hospitals and facilities in South Bristol, Yate, Thornbury, Kingswood, Central and East Bristol, Frenchay and Southmead.
- An investment of over £70m to develop and enhance the Bristol Royal Infirmary (BRI).
- An investment of over £50m to develop a new adult cardiothoracic (heart and lung) hospital next to the BRI, and new cardiology facilities in North Bristol/South Gloucestershire.
- An investment of between £295m and £340m to develop a modern "acute/emergency" hospital on one of the Frenchay and Southmead sites together with new community hospitals with inpatient beds on both sites.
- To strengthen specialist surgical services including children's surgery, ear nose and throat surgery, general surgery and breast surgery by locating them on fewer sites.
- To expand services at Clevedon Community Hospital and Weston General Hospital.

This is the best chance we have had for decades to transform and modernise health services in Bristol. However, it is an opportunity which also brings some difficult decisions along with it. We want local people to give us their views on our ideas, and help us with our decision making. Our proposals cover a lot of areas and so we have produced a full consultation document with as much detail as we can. This document is a summary – so you may find you want more information. If so you should ask for a copy of the main document. (See inside the front cover for all contact details for the consultation).

Our consultation is running from **13 September to 10 December 2004.**

## **1.2 What does the consultation cover?**

The consultation covers our overall vision for services in the future. It also covers all of the specific proposals we listed on the previous page **except**:

- The new community hospital for South Bristol, (which we have already consulted on);
- The new adult cardiothoracic centre at the Bristol Royal Infirmary (BRI) and new investment in the BRI to replace the Old Building built in 1735 (these are not proposals to move services, and so do not need formal consultation. However they received strong support from the public during the recent public engagement process).

This consultation does **not** cover three other important areas:

- Our plan to transfer serious injuries and illnesses from Southmead A&E to Frenchay (this is an urgent proposal rather than a long term plan, and so we are communicating and consulting on it through a more rapid process). See inside the front cover for all contact details.
- Mental health services (separate proposals are being made on these).
- Our plans to expand services at Clevedon Community Hospital and Weston General Hospital (we will consult separately on these).

## **1.3 Taking account of your views – what we have done so far**

We have been involving local people in helping us to develop the ideas in this document for several years. Most recently, we ran the ‘Have your say’ campaign from January to April 2004. The campaign reached many thousands of local people. We have changed our plans because of feedback from patients and the public:

- People tell us they want us to keep hospital services on both Frenchay and Southmead. We have ruled out proposals to close one of these sites, and will ensure we continue to have hospitals with inpatient beds on both of them (although they will be very different hospitals and will not both provide the same services.)
- People tell us they strongly support community based developments. We have ensured that all the options we are considering include new facilities at places like Yate and Thornbury.

We are totally committed to continuing to involve local people in working with us in planning and implementing changes in health provision.

#### **I.4 Who are we consulting with?**

We want the views of the people who will be most affected by the proposals we are making. This consultation is therefore formally being carried out throughout Bristol, in South Gloucestershire and North Somerset. We believe these are the communities which are most likely to be affected by these proposals. However, some of the proposals (such as those for inpatient children's services) affect a much wider population. We are therefore asking the NHS organisations in neighbouring areas to consider if they need to consult with their local populations too.

#### **I.5 How you can help us now**

We want your feedback on what you think of our overall vision for services in the future, and on our detailed proposals. Your views really do count, but remember if you don't tell us what you think, we won't know! The proposals and options in this document are not set in stone and comments are welcome on all of them. You can tell us if you have ideas you think we should consider which are not already in the document

The consultation is running from 13 September to 10 December. When we have received people's views, the four PCTs and the two acute hospital Trusts will jointly consider your feedback, and come to an agreement on what we believe the best way forward in each area will be. We will take all the responses we receive into account. **Appendix Two** of this document sets out all the questions we hope people will give us feedback on, together with a "cut-out" response sheet you can use. **Contact details and phone numbers for all issues to do with this consultation are set out on the inside of the front cover.**

We have a big programme for the consultation, and will have many meetings and other ways of discussing our plans with local people. More details of the public consultation and how you can be involved are available on our website [www.avon.nhs.uk/bhsp](http://www.avon.nhs.uk/bhsp). Alternatively ring us or write and we will let you know more (see inside back and front covers for all contact details). Local councils are also working closely with us on this consultation through their Overview and Scrutiny Committees, and you can also contact them with your views.

If you want to help us develop these proposals after the consultation period there are many ways you could be involved. Please contact us if you would like to be involved further.

## **SECTION 2 : WHY WE NEED TO CHANGE**

Local people deserve healthcare services of the highest possible quality. Health service staff working in hospitals, GP surgeries and other settings in the community are doing the best they can to deliver excellent care, but we know it could be much better. Our local, community based services are underdeveloped, while our hospital services are overstretched. We need to transform both.

The key to achieving this lies in the opportunity we have to make a radical shift from care based at large acute/emergency hospitals to more locally based settings.

### **2.1 Providing more services more locally**

We all know that travelling to large acute hospital sites is difficult for patients. They can be some distance from home, hard to get to by public transport, short of car parking spaces. When you arrive you often have to walk a long way to get to the services you need, and then may wait a long time. However, for many services it no longer needs to be like this. We now have the opportunity to provide them close to people's homes in smaller, community focused facilities, and patients are telling us that this is what they want. Services which could be more local include:

- **Minor injuries/illnesses.** 45% of the people who come to busy A&E departments could be treated in local minor injuries units (for things like cuts and sprains).
- **Outpatient clinics and diagnostics.** Over 300,000 people who come to the main hospitals for outpatient clinics and diagnostic tests could have the same service in more community based facilities.
- **Daycases.** Over 20,000 people currently coming to one of the three main hospitals could be treated under local anaesthetic in a community setting.

This care would be provided by high quality, well trained staff – doctors, nurses, therapists and other clinicians.

This substantial transfer of care into more local settings will inevitably mean our main hospitals need to do different things in the future. The next sections explain more about how these hospitals are currently arranged, and the pressures on them to change.

## 2.2 How hospital services are arranged now

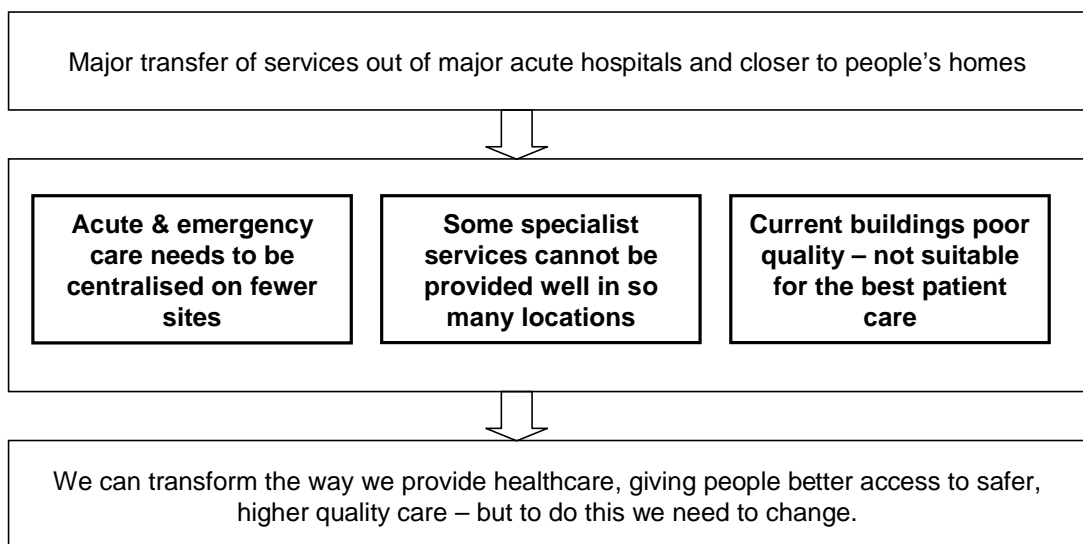
Acute and emergency hospital services are provided from three main hospitals in Bristol and South Gloucestershire. These are at Frenchay, Southmead and at the UBHT central hospitals precinct around the Bristol Royal Infirmary (Weston General Hospital provides services in North Somerset, but is not directly affected by these consultation proposals). These hospitals provide a wide range of care:

- Highly specialist services (e.g. neurosurgery and cardiac services).
- General hospital services such as emergency medical care and surgical operations.
- Many services which could actually be provided more locally.

We also provide services at a number of other locations including Blackberry Hill Hospital (mainly care for older people and for people with mental health problems), Cossham Hospital (mainly outpatients and diagnostic care), Bristol General hospital (mainly beds for older people), and Keynsham (mainly beds for older people).

These arrangements have enabled us to provide good healthcare to local people over a long period, but now we need to change. There are three main pressures for change which we have highlighted in the diagram below. Each of them is then explained in more detail.

Figure 1: Why we need to change our hospital based services



### 2.3 Pressures to centralise specialist acute and emergency care

People come to one of our acute/emergency hospitals when they need specialist services for their care – whether they are in an emergency or are having higher risk “planned” treatment (such as a serious operation). The hospitals provide the right doctors, specialist staff and equipment to ensure they can be treated quickly and safely. For example, if someone is having a major operation it is vital that there is an intensive care unit nearby in case there are problems.

It is increasingly difficult to provide this specialist support at both Frenchay and Southmead. The diagram below shows the pressures which mean patients cannot get the best possible acute/emergency care if we try to keep our hospitals as they are. Each of these is explained in much more detail in our main consultation document.

Figure 2: The pressures on acute/emergency services



#### The need for specialist doctors and staff, not generalists

When a patient comes to a hospital as an emergency it is vital that there are doctors (and other specialist clinical staff) instantly available who are expert in whatever is wrong with them. In the past, doctors tended to be

trained as “generalists” expecting to deal with a wide range of care. This meant one person could provide emergency cover for people with a wide range of illnesses. We no longer think this acceptable. Clinical research has shown that patients benefit from receiving their care from expert doctors and other specialist staff who work with a lot of people with their specific illness rather than generalists who only see a few.

However, what this means is that for every site where we have emergency admissions we need expert doctors in every area, available 24 hours a day. So we need more doctors overall (because instead of having a small number of “generalists” on duty at any one time, we need several “experts”). However, doctors can only become expert if they see enough patients in their expert area every day.

This gives us particular problems at Frenchay and Southmead. Keeping a full range of expert doctors and other specialist staff at both hospitals means we need a lot more staff just to maintain 24 hour emergency cover. However, the two hospitals individually are not large enough to ensure that doctors on each site will see enough patients to allow them to become expert and stay expert. This is why acute hospital doctors at both Frenchay and Southmead believe it would be best to have a single acute/emergency site.

#### More doctors and specialist staff needed, but working fewer hours

We explained above that we need more doctors overall in order to ensure we are treated by the right experts. However, this problem is made worse, because doctors are now working shorter hours.

In the past, doctors worked very long hours (around 80-100 hours a week) as a norm, and also slept on hospital sites so they could be available in an emergency. The law has now changed so that from 2009 it will be 48 hours a week maximum. This is a good thing, and should ensure that patients can be confident their doctor is properly rested and functioning effectively. However, it has a major impact on the number of doctors we need to provide care. For example: An emergency rota that might have only needed three doctors before 1991 might now need seven.

We are already trying to recruit new doctors – but we know there will not be enough available in the future. Our only option is to use them as efficiently as possible. This means we need to do everything we can to improve working practices, and also to bring these vital expert staff together in fewer locations.

### Accident and emergency services

Both Frenchay and Southmead currently have accident and emergency departments looking after patients with serious illnesses. However, the consultants and nurses working in A&E are very clear that they can no longer provide a safe service for major injuries and illnesses on both sites. The particular problems are at Southmead where the A&E department is a long way away from other key support facilities, and also has problems with:

- Not enough senior medical cover (so that inexperienced Junior Doctors might have to make decisions without help).
- Poor access to X-Ray and imaging facilities for diagnosis.
- Poor access to intensive care, theatres and the acute medical unit.
- Poor access to resuscitation and anaesthetic teams.

A&E patients at Southmead have to be moved by ambulance across the site if they need emergency surgery, to be admitted as an inpatient or to have a key test. We have worked hard to try to sustain good, comprehensive Accident and Emergency services at Southmead, but doctors and nurses no longer believe this can be done safely.

### Access to specialist support services and equipment

As well as being able to see the right doctor at a hospital, it is also vital that patients have access to a comprehensive range of support services and diagnostic equipment. We could provide these services much more effectively at a single acute/emergency hospital that we currently do over the two sites at Frenchay and Southmead.

### The choice we face

Nearly all the hospital doctors at Frenchay and Southmead are now telling us that moving to a single acute emergency site in North Bristol/South Gloucestershire is vital. They believe this is essential if we want to provide high quality, sustainable services that meet the needs of patients who need life-saving care. The alternative is to try and keep two hospitals going without change, accepting the risk that some patients with life threatening conditions will not get the care they should have. Almost inevitably the services at one hospital will start to decline, as it increasingly proves unable to deal with the most seriously ill patients. Patients will then frequently have to be moved by ambulance from the first site they came to, to another site which can meet their needs safely.

## 2.4 The need to centralise some specialist services

As well as the general pressures on Frenchay and Southmead, four specific service areas where we need to change are:

- **Children's inpatient services.** Inpatient services for children in Bristol are currently provided from the main Bristol Royal Hospital for Children (BRHC) and from Southmead and Frenchay. This is not a good model of care. The consultants providing care for children in Bristol and a number of outside experts have all made it clear that we can provide a much better, child focused, high quality service if all children's inpatient services are concentrated at the BRHC. This is particularly because this is the only place where we can provide dedicated intensive care for children, and a concentration of staff all specialising in meeting children's needs.
- **Ear, nose and throat services for adults.** Inpatient services are currently provided at both Southmead and St Michael's (in the UBHT central hospitals precinct). The services are under pressure, and doctors believe they need to provide adult ENT services as a team from one core location in Bristol. There is also the opportunity to locate these services alongside neurosurgery and plastics and burns at Frenchay, all providing care for patients with head and neck problems.
- **Breast Surgery.** This is currently provided at both Frenchay and St Michael's Hospital. We believe that a higher quality of service could be provided if we were able to operate this as a women's service alongside other services for women such as obstetrics and gynaecology. It would also help to provide breast cancer care if the service was close to the cancer centre at the Bristol Royal Infirmary. For these reasons we believe this service should be centralised at St Michael's Hospital.
- **General surgery at the North Bristol NHS Trust.** Emergency general surgery services are no longer viable at both Frenchay and Southmead because with two sites we will not be able to have sufficient Junior Doctors (doctors training to be consultants) to keep services going. This is because the two separate hospitals are not big enough for us to meet the national training requirements for Junior Doctors. We also face a situation where people's planned (elective) surgery is often disrupted by emergency cases.

## **2.5 Improving the quality of our buildings**

The most important thing when patients come to hospital is the quality of services they receive. However, the quality of their surroundings is also important. High quality modern buildings can give patients privacy and dignity, help infection control, and support people's recovery in an environment which promotes their well being. They can also ensure that key services which need to work well together are located next to each other.

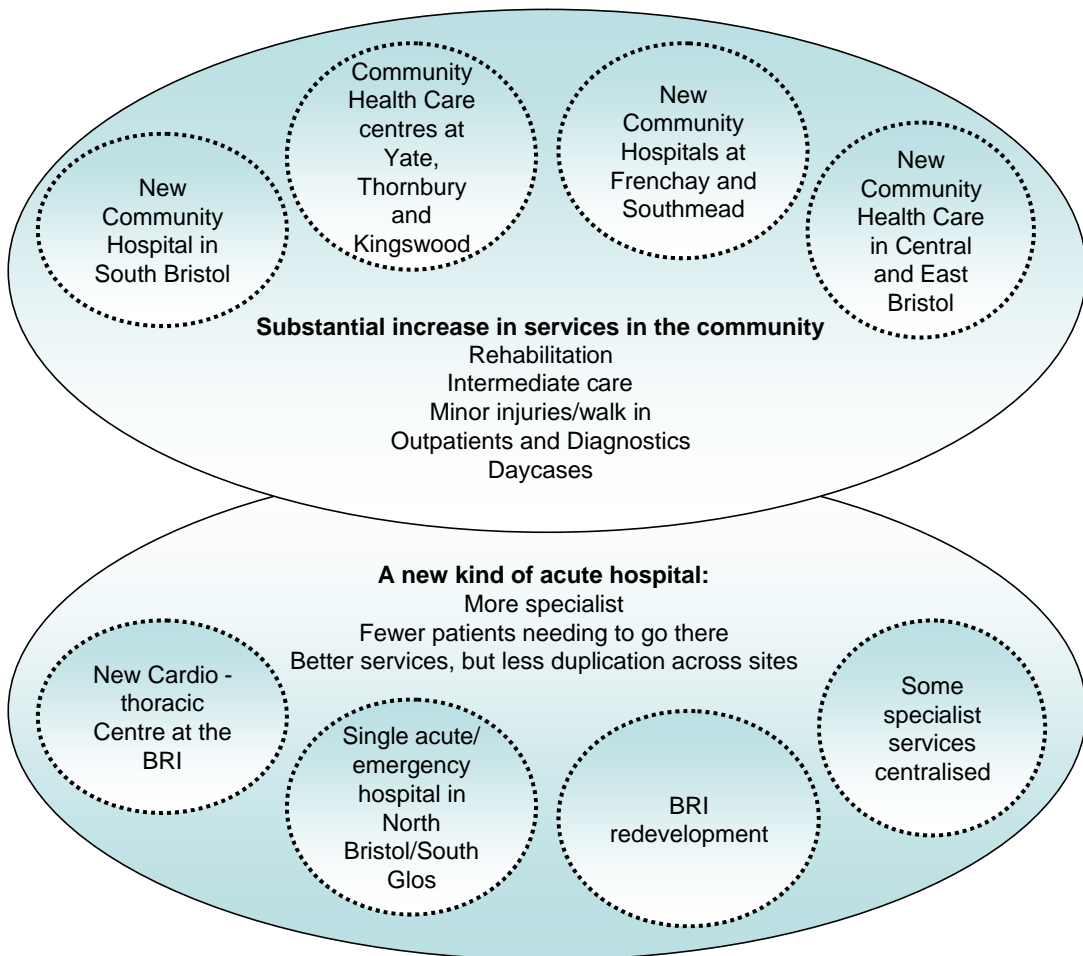
In general our hospital buildings are in poor condition and in great need of investment. All of our major hospitals need substantial investment to ensure patients can receive high quality care in high quality surroundings. Services are provided in cramped conditions in buildings which are well past the end of their useful lives.

## SECTION 3 : SERVICES IN THE FUTURE – OUR VISION

### 3.1 Fitting it all together

The section above has explained why we cannot stay as we are. We have developed a plan for how services will work in the future which we have summarised in the diagram below.

Figure 3: Changing services, and new facilities delivering better, safer healthcare



Most of the proposals in the diagram are explained in the following sections, as we want your views on them. However, there are a number of developments which are not part of this formal consultation, but which are important background.

We have some plans which do not require consultation because they do not involve significant service moves. These are:

- ***New investment in the Bristol Royal Infirmary (£70m capital investment)***. We plan to transform the BRI, ending the use of the poor quality Old Building, and allowing some patients from the Bristol General Hospital who would be better cared for in a full acute hospital to move to the BRI.
- ***Transformed cardiothoracic services (£53m capital investment)*** We will have a new adult cardiothoracic centre at the Bristol Royal Infirmary, together with new cardiology facilities at either Frenchay or Southmead. This will substantially improve the patient environment and allow more people access to potentially life saving treatment.

Two other proposals are the subject of different consultation exercises:

- ***A new community hospital for South Bristol (£25m investment)***. We will have a new hospital for the people of South Bristol providing a minor injuries and illness service, diagnostic and outpatients services and around 50 beds for people recovering from illness or operations. (We have already consulted on this, and the public has enthusiastically supported the proposal).
- ***Improving accident and emergency care in North Bristol/South Gloucestershire***. We have explained above the pressures on the Southmead A&E department. For the reasons explained emergency doctors believe we have no choice but to centralise A&E for all major illnesses and injuries onto the Frenchay site. Southmead will continue to offer a daytime/evening service for less seriously ill patients. This proposal is the subject of a separate consultation to a shorter timescale. (See Section 1.3 for details on how to get information on this.)

### 3.2 Short term and long term proposals

It is important that we separate out some of the plans and proposals we have for the short term from our longer term ideas. In particular, our overall proposal for a single acute/emergency hospital site at one of the Frenchay and Southmead hospital sites could not be delivered until about 2012. There are some things we must do before then, simply to ensure we can continue to provide good services safely. Examples of these are our plans to:

- Transfer all major illnesses and injuries from Southmead's A&E to Frenchay.
- Have all emergency surgery provided by the North Bristol NHS Trust provided at Frenchay.
- Have adult ENT services at Frenchay.
- Replace services at Cossham and Blackberry Hill Hospitals.

People may think that these plans mean Frenchay will inevitably be chosen as the site for acute/emergency hospital. ***This is not true at all.*** We are putting these services on Frenchay only because it is the best short term location. In the longer term these services could be provided very well from whichever site is chosen as being the best for acute/emergency services. The short term proposals have no impact at all on this longer term decision.

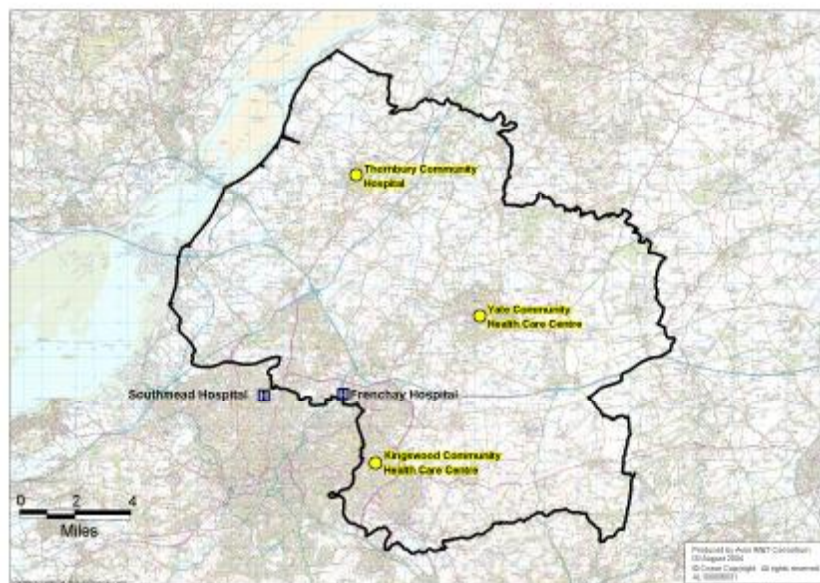
## SECTION 4 : NEW COMMUNITY FACILITIES FOR SOUTH GLOUCESTERSHIRE

Our proposals mean that people living in South Gloucestershire will have access to a whole range of new services, complementing our primary care services. The proposed new developments are:-

- A new community hospital on the current Frenchay site – around 48 beds, minor injuries services, outpatient and diagnostic services.
- A new community health care centre over two locations at Kingswood – helping to reprovide services from Cossham Hospital, and focussing on outpatients, diagnostics and physiotherapy
- A new community health care centre at Yate with minor injuries services, outpatients and diagnostics. This could be at a number of different locations in Yate and we would like people’s view on these.
- A new community hospital at Thornbury – potentially with 24 rehabilitation beds, and also with diagnostics and outpatient clinics.
- A new community hospital on the current site at Southmead (with similar services to the one at Frenchay).

More details of these facilities are provided in our main consultation document. The map below shows where these facilities would be.

Figure 4: New Community Facilities for the people of South Gloucestershire



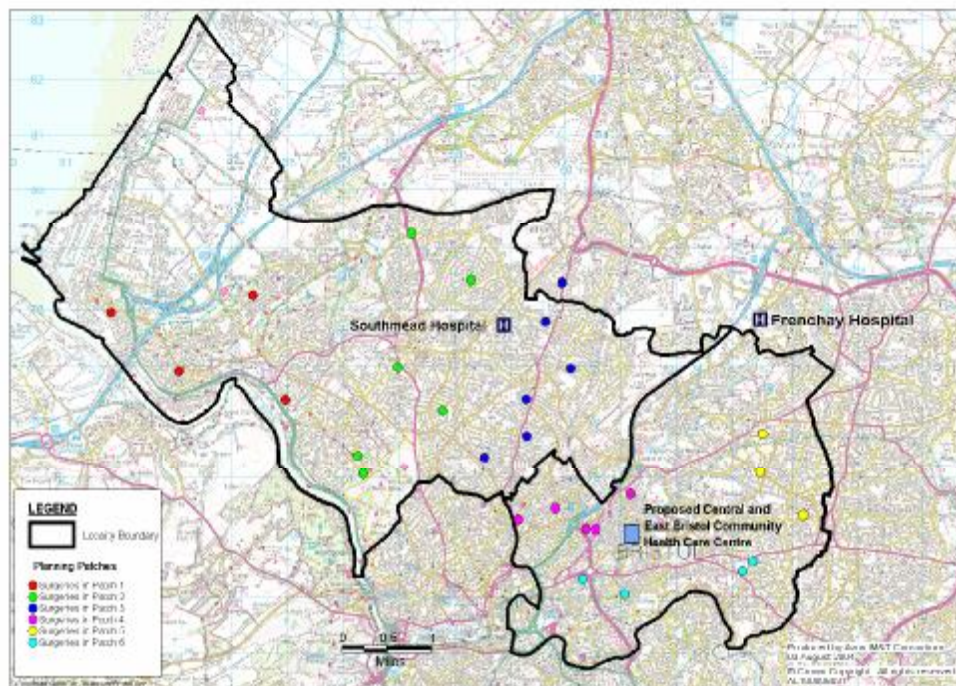
## SECTION 5 : NEW COMMUNITY FACILITIES IN NORTH BRISTOL

We are ensuring that local people in North Bristol will have much better access to health services. We plan a network of services across the area in GP surgeries and primary care centres, working alongside two new major community based facilities. These would be:

- A new community health care centre in Central and East Bristol. This would have a minor injuries service, diagnostic facilities, outpatient clinics, minor surgery and community team bases supporting a network of local sites providing services very close to where people live.
- A new community hospital at Southmead with around 48 intermediated care beds, a minor injuries service, and outpatient and diagnostic services.

More details of these facilities are provided in our main consultation document. The map below shows where these facilities would be. (The precise location for the Central and East Bristol facility is not yet finalised).

Figure 5: Our new facilities for North Bristol



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## **SECTION 6 : OPTIONS FOR ACUTE HOSPITAL SERVICES**

Section 3 explained the particular pressures we face in trying to keep both Frenchay and Southmead going as major acute/emergency hospitals. This is clearly a vital issue, so we have carefully thought through what the possible options are. We believe there are three possible options for the future. All of them maintain hospital services on both the Frenchay and Southmead sites, although two of them mean significant changes. All the options assume we go ahead with developments in the community as well.

- **Option 1.** Keep as we are with two main hospitals at Frenchay and Southmead (although Southmead would not have either a full A&E or emergency surgery for the reasons we have described earlier). This would involve investing £162m to make essential improvements to buildings and services on these sites.
- **Option 2.** Have an acute/emergency hospital at Southmead with community hospitals at both Southmead and Frenchay. This would need about £300m of capital investment.
- **Option 3.** Have an acute/emergency hospital at Frenchay with community hospitals at both Frenchay and Southmead. (About £340m capital investment.)

We have carefully considered the pros and cons of each option and have come to some initial conclusions. We want your views on these before we come to a final decision. Please note that in this summary we could not possibly include all the evidence we have used to reach our conclusions, so you may want to read our main consultation document to understand this in more detail.

***We do not believe that keeping acute/emergency hospitals at both Frenchay and Southmead (Option 1) will allow us to provide you with good quality acute/emergency healthcare.***

This is because:

- We would not be able to have enough doctors and other specialist staff at each site to provide a high quality service.
- There would be a gradual decline in the quality of services at Southmead, as more and more services gravitate to the site with a higher concentration of emergency services. (We can see this

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happening already, as we have described above for A&E services and emergency surgery).

- Our doctors and other specialist staff would be used inefficiently, and would be less able to provide the services that patients want more locally in community hospitals and health care centres.
- If we continue with two sites, we would continue to suffer from the current poor configuration of buildings and services on each site, even after substantial capital investment.
- Keeping two acute/emergency hospitals would cost between £4.5m to £5.1m more per year than moving to a single acute/emergency site. This is money we want to spend on developing health services in the community.

Keeping two acute/emergency hospitals would mean more local people lived close to a main hospital and it would take patients and their visitors less time to get there. **But**, as we have described above, far fewer people will need to be treated in these hospitals than at present. Instead many people will get their treatment in a community facility much closer to their home. Overall, people will be travelling **less** not more.

Our doctors believe that it is more important for patient safety that when people arrive at hospital they receive the right care, than that they get there more quickly.

All these reasons suggest we should choose one of the Options 2 and 3, focusing acute and emergency services on one site, while keeping community hospital services on both. The question is then, should we go with Option 2 (Southmead as the acute/emergency site) or Option 3 (Frenchay as the acute/emergency site).

***We consider that both Options 2 and 3 offer an excellent opportunity for us to provide high quality services. This gives us a difficult decision! We have identified the factors which we think are important in the decision, but we want to know what you think.***

Areas where there is little difference between Options 2 and 3

- Both sites have sufficient space to provide the new facilities we would want to build.

- Clearly the exact building solutions would be different on each site. Our architects have come up with initial design proposals which have shown us that we could have an excellent modern hospital at both. The work also shows that both options would be significantly cheaper over the long term than Option 1 in terms of annual running costs. However, we now need to do more detailed work on the best possible architectural option for each site to support the final decision. At this stage we have no reason to assume that on one site we would have better buildings than the other. Equally, although the initial design proposals resulted in a solution which is £0.5m per year cheaper for Southmead than Frenchay, we think that this is too small a gap to rely on at this stage, until we have carried out the more detailed work. (Although Frenchay costs £40m more in overall capital terms, it has “offsetting” savings which mean that the annual cost is not significantly different).
- We do not think either option would be better in terms of recruiting and retaining specialist staff.

#### Areas where there is a difference between the Options 2 and 3

- Frenchay currently provides a more attractive environment, which may be better in terms of patients’ overall recovery and recuperation. It might also be more attractive to staff as a place to work. However, we believe that with the opportunity of a major new building programme at Southmead on such a large site, we could create a good environment there too.
- There is a mental health service hospital based on Southmead site. It could benefit patients who have both physical and mental health problems if this was on the same site as the main acute/emergency hospital.
- Southmead is easier to access by public transport and is closer to more people without cars who may need to go by bus or walk to hospital than Frenchay.
- For access by private car there are some differences. Clearly, for those people living closer to Southmead, Southmead would be better while Frenchay is better for people living in its local area. More people live within 30 minutes travel time of Southmead than Frenchay (420,400 compared to 381,200). Fewer people would be negatively affected (ie would have longer journeys than now) if we choose Southmead rather than Frenchay. If we choose Southmead there would around 110,000 journeys longer than now, and if we

choose the Frenchay option there would be around 165,000 journeys longer than now.

- Southmead is closer to areas of low employment, which will be important in recruitment of staff in some roles. Having the hospital located at Southmead could help by providing more employment in these areas, and we know that people's health partly depends on issues such as employment.
- The Southmead site can offer more flexibility for the future (it has 61 acres we could use to build on, while Frenchay only has 42).

### Conclusion

You can see that the decision is not going to be easy. There is little difference between the options in clinical and cost terms. The health community, doctors and managers are united in believing that either of Options 2 and 3 would be substantially better than Option 1.

However, it would clearly be possible to argue the merits of both Southmead and Frenchay. Further work on the architectural solutions and the costs could make a difference, and we do not yet know which option this would favour.

Most importantly, before we take any decision, we need to know what local people think about which options are best, and which factors you think we should take into account.

We will continue to work on developing evidence and information to support the final decision on which option we should go for. (This will include more detailed design and costing work, and further analysis of travel times, and of the impact of the option choice on people's health). As we get new information which is important for the decision, we will make it available. After this public consultation is complete we will need to make the decision, taking account of your feedback, and of any further information which emerges during the consultation period.

## **SECTION 7 : PROPOSALS FOR CENTRALISING CHILDREN'S INPATIENT SERVICES**

We set out in Section 2 why we need to change children's inpatient services. Our proposed changes are as follows:

- ***All inpatient children's' services*** will be based at the Bristol Royal Hospital for Children (BRHC). This will mean that the children's ward (20 beds) at Southmead will move to the BRHC in 2006, and the specialist services at Frenchay (mainly children needing support from the specialties of neurosurgery and burns – 50 beds) will move between 2009 and 2011.
- ***Accident and emergency for children.*** The A&E service at the BRHC will be the main A&E for children. Children arriving by ambulance will be taken to the BRHC. We will continue to have facilities at both Frenchay and Southmead during the daytime to assess and treat patients. (However, when there is a single acute/emergency hospital in North Bristol/South Gloucestershire this service would only be on this site). If children need to be admitted as inpatients they would be taken to the BRHC as soon as this was clear.

We would need to put a number of temporary arrangements in place as the new facilities at the BRHC are developed. These are described in our main consultation document.

These changes would result in an overall increase of 71 beds at the BRHC. This would be delivered as part of the major investment in the BRI services which we described in Section 3.

As the children's hospital grows, the need to ensure the best possible access for children and their families is a priority. We know this is an area of concern for people, given the location of the BRHC. We have received a range of good ideas from the public so far about how we could make the hospital more accessible and will build these into our plans.

## **SECTION 8 : SHORT TERM CHANGES TO SURGICAL SERVICES IN BRISTOL AND SOUTH GLOUCESTERSHIRE**

### **8.1 Ear, Nose and Throat services**

We are proposing that adult ENT services will move from Southmead and St Michael's Hospitals to Frenchay where they will form part of an integrated head and neck service.

This means moving the 1500 cases currently treated each year at St Michael's/The Bristol Royal Infirmary and the 2000 cases at Southmead to a combined service at Frenchay Hospital.

ENT outpatient and audiology services would continue to be provided at St Michael's, Southmead and Frenchay.

These changes would help us to provide better emergency cover, ensure that patients needing support from ENT and other related specialties such as neurosurgery and plastics can receive all their care in one place, and would help in the recruitment of specialist staff.

### **8.2 Breast services**

We described in Section 2.4 how we need to change the way we provide breast services so that women can benefit from a specialist, integrated service working alongside obstetrics and gynaecology. In order to address this, we propose to:

- Bring together all inpatient and daycase breast surgery at St Michael's Hospital. This will mean combining the 470 cases currently treated at St Michael's and the 640 cases currently treated at Frenchay into one service at St Michael's Hospital.
- Continue to provide breast outpatient services at both Frenchay and the Bristol Royal Infirmary. A move of the BRI outpatient service to St Michael's Hospital will be considered if suitable accommodation can be found.

We are confident this would allow us to provide better care for women suffering from breast cancer. It would strengthen the specialist team providing the service and ensure that all women have access to a service linked to other women's services and to other cancer care (e.g. the radiotherapy service at the BRI).

### 8.3 General surgery services at Frenchay and Southmead

We set out in section 2.4 how a reconfiguration of general surgery services between Frenchay and Southmead is essential. Our proposal is as follows:

- **Emergency inpatients.** We would have a single service for North Bristol and South Gloucestershire. We would centralise the admission of emergency patients onto Frenchay Hospital. A consultant-led surgical team would be based at Frenchay to assess and treat patients, with no other clinical duties.
- **Elective inpatients (planned operations).** We would centralise this service on Southmead.
- **Daycases and outpatients** would not be affected by this proposal. As part of our wider proposals we expect that an increasing level of daycase surgery and outpatient appointments will be handled in more community settings in future.

We believe that the benefits of these proposals are that they are the only way in the short term for us to continue to provide emergency surgery safely and effectively. In addition, they would allow us to ensure that elective (planned) operations are not disrupted by emergency surgery cases.

These proposals are for the short to medium term. Clearly if our proposal for a single acute/emergency hospital in North Bristol/South Gloucestershire is agreed, both emergency surgery and elective inpatient surgery would be on whichever of Frenchay and Southmead is chosen as the main site.

## **SECTION 9 : PROPOSALS FOR MOVING SERVICES FROM COSSHAM HOSPITAL**

Cossham hospital is located close to Kingswood. It currently provides a range of services including outpatients, x-rays, physiotherapy, staff working with people to help them recover in their own homes (rehabilitation care), and mental health day services.

It has a number of buildings in considerable need of upgrading and modernisation. The site is very difficult to get around, particularly for disabled patients. We cannot continue to provide services from the hospital unless we invest in it significantly. Cossham is situated on the border between North Bristol and South Gloucestershire, with poor public transport access, and so is not ideally placed for either population.

We therefore believe that it would be better to reprovide the services elsewhere rather than spend more money on old buildings which are not really suitable for providing modern healthcare. We have already received some feedback from the public on the plan to move services from Cossham and the key messages we have received are that:

- Kingswood would be a good place for new facilities to replace Cossham.
- Residents value the service at Cossham, and any new service must be at least as good.

We have therefore put together detailed plans to reprovide the services currently at Cossham, mainly in the new facilities we are planning in Kingswood. Some would also move to Frenchay, and in the longer term some to the proposed community health care centres at Central and East Bristol and Yate. These detailed proposals are set out in our main consultation document.

## **SECTION 10 : PROPOSALS FOR MOVING SERVICES FROM BLACKBERRY HILL HOSPITAL**

Blackberry Hill hospital is used for two main purposes:

- Services for older people and inpatient rehabilitation.
- Mental health services.

Our proposals do not affect mental health services directly, and the Avon and Wiltshire Mental Health Partnership NHS Trust have already consulted on their main plans for mental health. (These mean that acute mental health services will continue to be provided from this site.)

We have been carefully considering the role of Blackberry Hill hospital and have come to the conclusion that it is no longer the best place to provide services for older people and rehabilitation services. It is expensive to operate and maintain, and we do not believe we should continue to invest in it at the expense of other services.

We have reviewed the needs of patients at Blackberry Hill and have identified the best way to care for each patient group in the future. The key elements of our proposals are that:

- We develop services in the community to support people in their own homes, meaning that nearly 50 people could be cared for at home rather than in a hospital.
- Stroke rehabilitation services would be provided on wards at Frenchay (a ward for patients who have just had a stroke) and Southmead (a ward for patients recovering their independence over the longer term).
- People with acute dementia currently at Blackberry Hill would be cared for at Southmead.
- People recovering from orthopaedic operations would be cared for at Frenchay.

We believe that Blackberry Hill is a poor setting for all of these services, and in each case we should be able to provide better care in the new locations in future. The detail of our proposals for each patient group is included in our full consultation document.

## SECTION II : TIMETABLE FOR PROPOSED CHANGES

The table below sets out our best estimates of when our plans would be implemented. As you can see, we are definitely planning to develop community facilities before we go ahead with the proposal to have a single acute/emergency hospital.

*Table 1: Timetable for proposals*

<b>What</b>	<b>When</b>
Changes to General Surgery services at Frenchay and Southmead	Spring 2005
Changes to ENT services – adults	Summer 2005
Changes to ENT services – children	Summer 2005
Transfer of services from Blackberry Hill	Spring/Summer 2005
Changes to breast surgery services	Summer 2005
Transfer of services from Cossham	Winter 2006/07
Children's inpatient services from Southmead to the BRHC	2006
Kingswood Community Health Care Centre	January 2007
Yate Community Health Care Centre	January 2007
Thornbury Community Hospital	Probably January 2008, but further planning required
Central and East Bristol Community Health Care Centre	March 2008
Children's inpatient services from Frenchay to BHRC	2009-11
Frenchay Community Hospital	2012/13 (but we are hoping to bring this forward)
Southmead Community Hospital	2012/13 (but we are hoping to bring this forward)
New acute/emergency hospital at Frenchay or Southmead	2012/13

## **SECTION 12 : TRANSPORT, FUNDING AND WORKFORCE**

### **12.1 Transport and travel**

We know how important this issue is to patients and their visitors, and that getting to health services quickly and easily is a prime concern. Our proposals overall mean that more patients will be able to receive care close to their homes. Fewer patients will have to travel to the main acute hospital sites for outpatient appointments, diagnostics, care for minor injuries, minor procedures and daycases. There could be well over 300,000 fewer journeys to the acute/emergency hospitals. This should make access to these hospitals easier for those people who still need to attend them, and their visitors.

Clearly some of our proposals mean that some people (patients, carers and visitors) would need to travel further. However, we believe people would not want to sacrifice the quality of the care for improvements in their travel time to hospital.

We will do what we can to improve transport access to all our sites. Solutions will range from ensuring that car and cycle parking is part of the design to good signage and travel information for people who are coming to the health facilities. We are already working with organisations which control and influence transport in the area. These include the local authorities, community groups, the ambulance trust and the private sector (e.g. bus companies). We have identified for each of our proposals how many people would be affected, and have provided this detail in our main document.

### **12.2 Funding our proposals**

Many people know that for some time we have been spending more on healthcare provision than we can afford, and so wonder if we can afford these developments. We believe that we can, although we know it will be a challenge. Our first priority is to get back to a position when we will be spending no more than our income. We have made a lot of progress towards this through more efficient ways of working and reducing our spending on agency staff. We expect to be back "in balance" within three years.

We have looked carefully at all the main elements of these proposals to see how we will be able to fund them. Many of the proposals imply providing services in new locations. This means more money being spent in the community – and we expect to achieve this by shifting funding from

out of the main acute hospital services. However, we also expect to provide services more efficiently in the future. We will do this partly by bringing specialist services onto one site and partly by running our services more effectively (for example by reducing unnecessary visits to hospital).

We have also calculated what extra funds the local NHS is likely to receive to respond to changes in population, medical advances and to improve services. This will also help fund new services and buildings.

### **12.3 Our workforce**

None of these changes will be successful unless we ensure we have the right staff with the right skills in the future. We are proud of the staff in local health services, and we will work with them to develop the detail on how all these proposals can be made to work best for patients. We know this will mean:

- People working in new roles – for example we will have emergency nurse practitioners who will be more than capable of carrying out tasks which used to be done by doctors. This will be key in our minor injury units.
- Many roles shifting from the acute hospital setting to locations in the community. This means more specialist nurses, therapists and GPs working locally.
- Working flexibly in teams rather than depending so much on individual highly skilled staff (although we will always need these too). This means designing new training for staff to take on new skills.

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**APPENDIX ONE : FREQUENTLY ASKED QUESTIONS**

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## FREQUENTLY ASKED QUESTIONS

These are some of the questions we know people are asking – so we have tried to provide some answers!

1. *Isn't it more risky to have one A&E not two in North Bristol/South Gloucestershire? What will happen if one of them has to close because of some disaster or infection outbreak?*

It's actually more risky for patients to keep two. If we have two we know that some patients will definitely not see the right specialist as quickly as they should, and that this may mean they don't get the right treatment when they need it. (This is because there are not enough specialists to serve several A&E departments). It is very unlikely that anything will happen to make the A&E in the main acute/emergency hospital close. In the very unlikely event that it did, we would still have the BRI A&E department as backup.

2. *Why does it cost more to keep two full acute/emergency hospitals than to have one?*

It is more expensive because we are paying to maintain two old sets of buildings in which it is difficult to provide care efficiently. It is also because we have to duplicate lots of expensive equipment and have duplicate staff working round the clock on both sites.

3. *You say we can only have high quality healthcare in one acute/emergency hospital in North Bristol/South Gloucestershire. Why can't we have high quality healthcare in both?*

This is mainly because the single most important thing in having high quality healthcare is having quick access to the right kind of expert staff and equipment. If we have two hospitals we are spreading our specialist staff thinly across the two sites, and there is always the risk that the doctor you need is on the other site. We can't simply recruit more doctors because there is a limited pool of them available nationally, and they would be more likely to choose to work in larger hospitals where they believe they could provide higher quality care.

4. *Isn't it more risky in an emergency if you have to travel further by ambulance to reach the Accident and Emergency department*

For most people, it is important to get an ambulance to them quickly so that para-medical staff can assess and stabilise them. Once the patient is fit to travel, the distance to be travelled to the Accident and Emergency Department is of course important, but it is more important that the department to which the patient goes to has the correct staff and equipment to treat them well. It can be far more risky for an ill patient to have a short journey to a hospital that cannot provide the care that they need than it is to have a longer journey to a hospital which has all the facilities needed to provide expert care for them.

*5. Won't concentrating all acute and emergency care at one site create massive traffic congestion and parking difficulties?*

It would if we did not change anything else. But in fact, traffic congestion should ease up because in the future so many more people will be treated in the new community facilities or in GP surgeries.

*6. Isn't the proposal for a single acute/emergency hospital in North Bristol/South Gloucestershire all about saving money?*

No. The main reasons are all about providing better services for patients. The reason doctors and clinicians want to have a single acute emergency hospital is that they want to be able to provide the best possible care, and they cannot if we keep two. It's true that we wish to spend money on the new services in the community which patients are telling us they want, rather than use it to prop up two hospitals. It would be wrong for us to spend more money on something that would lead to providing worse care, and this is what would happen if we pumped money into keeping two acute hospitals rather than moving to one.

*7. Why can't we have more detail about exactly what services will be provided where in the community in future?*

This is because our plans constantly evolve as medical technology changes and new opportunities emerge. For example, in a few years time it may be that far more procedures can be carried out safely under a local anaesthetic than now. This might mean we would do more daycase surgery in local community hospitals and health care centres.

*8. Why isn't there an option which invests big sums of money in both hospital sites?*

There is! Option 1 actually involves spending over £160 million on Frenchay and Southmead. We could of course find options that spend more. The trouble is that we know that while spending more would give us better buildings it would not resolve the clinical problems we have with two sites.

*9. I've heard the government has approved expenditure of £310m on our hospitals. Why can't we simply use this to upgrade both Frenchay and Southmead?*

Because spending all this money on the two sites would still leave us with all the major service problems we have now. We don't just need better buildings, to provide good healthcare, we need to have services working effectively together, and that can only be done if we move to one site or the other for emergency/acute care. The other problem would be that we simply could not afford it. Although we would have the capital, it is just like a mortgage, and each year we would need to pay off the "interest". If we added another £150m capital expenditure to our current Option 1, it would not simply be £4m per year more expensive than the others, but closer to £20m. It is simply impossible we could find this money. With the other options we can afford this "interest" because we will be able to be much more efficient overall, and because we will make savings from not using nearly as many buildings.

*10. How will I know whether to go to a minor injuries unit or to the main A&E department?*

If you are not sure whether you have a major illness or injury, you will get expert advice from your GP or over the telephone from NHS Direct, the Ambulance Service or your local minor injuries unit. If you arrive at a minor injuries unit, but your condition means you need the major emergency hospital, you will have a speedy transfer (by ambulance if necessary).

*11. We do not have enough beds at the moment. Aren't your plans for new services and the new acute/emergency hospital based on even fewer beds? How can that be right?*

It is true that we do not think we will need as many beds in future. This is partly because with medical advances, people need to spend much less time in hospital than they used to. For example: a hernia operation 10 years ago would have required a week in hospital, but is now done as a day case without even one night spent in hospital.

We have carefully forecast the numbers of beds we will need, taking account of expected population growth and other changes. We will need less than now, because we know that our hospitals currently have many people in beds who do not need to be in an acute/emergency hospital. Our plans to build up community services will mean they do not need to be admitted. We know that it's essential that we build up the services in the community first before we reduce any beds. The other thing is that the proposal to move to a single new acute/emergency hospital is nothing to do with bed reductions. We expect bed reductions to take place within our existing hospitals at Frenchay and Southmead, long before we have the new hospital, as the new community facilities come on stream.

*12. Will the new buildings be funded through the Private Finance Initiative?  
I've heard that this always means things are more expensive, that our hospitals would be run for the benefit of the private sector.*

The Private Finance Initiative is the governments preferred approach for large scale capital investments (such as our proposals for Frenchay and Southmead). However, before we start the scheme we will have to show this is good value for money and costs no more overall than if we were using public money. It is true this means the new buildings would be owned by the private sector. However, the NHS would have total control of how clinical services in them are operated. In the longer term, at the end of the PFI contract ownership could be passed back to the NHS.

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**APPENDIX TWO : SUMMARY OF QUESTIONS AND  
RESPONSE SHEET**

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## Summary of questions

### Questions about our overall vision

Q1	What do you think about our vision to improve healthcare by providing more services locally, while we centralise some acute hospital services in order to provide them safely?
Q2	Are there parts of our vision that you think we need to improve or change? What are they and why?

### Questions about our plans for people living in South Gloucestershire

Q3	What do you think about our proposals for new and enhanced community facilities at:
Q3.1	Yate?
Q3.2	Thornbury?
Q 3.3	Kingswood?
Q 3.4	Southmead?
Q 3.5	Frenchay?
Q4	Do you have any specific comments on what we are proposing for these services and facilities?
Q5	Where would it be best to locate the Yate Community Healthcare Centre?

### Questions about our plans for people living in North Bristol

Q6	What do you think about our proposals for new and enhanced community facilities at:
Q6.1	Central and East Bristol?
Q6.2	Southmead?
Q6.3	Frenchay?
Q7	Do you have any specific comments on what we are proposing for these services and facilities?
Q8	Where in your view would it be best to site the Central and East Bristol Community Health Care Centre?

**Questions about our plans for acute/emergency hospital services**

Q9	What do you think about our proposals to keep hospital facilities on both Southmead and Frenchay sites, but to concentrate all acute services on one of them?
Q10	Which of the two sites, Frenchay or Southmead, would be best for the acute services and why?

**Questions about our plans for children’s services**

Q11	What do you think about our proposals to centralise inpatient services for Children at the Bristol Royal Hospital for Children?
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**Questions about our plans for surgical services**

Q12	What do you think about our proposals for changes to the following surgical services:
Q12.1	Ear, Nose & Throat?
Q12.2	Breast surgery?
Q12.3	General Surgery at Frenchay and Southmead?

**Questions about our plans for moving services from Cossham**

Q13	What do you think about our proposals to move services from Cossham Hospital and provide them from other locations?
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**Questions about our plans for moving services from Blackberry Hill**

Q14	What do you think about our proposals to move services for older people from Blackberry Hill Hospital, and provide them from other locations?
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### Cut out response sheet

You can use this form for your answers to any of the questions we are asking. Alternatively you can e-mail us your comments ([communications@bristolnorth-pct.nhs.uk](mailto:communications@bristolnorth-pct.nhs.uk)) or respond on our website ([www.avon.nhs.uk/bhsp](http://www.avon.nhs.uk/bhsp)). The return address is at the bottom of the form. You can cut out the form along the perforations.

Please use the left hand column to tell us which questions you are responding to. If there is not enough space, you can always use another sheet and attach it (or write on the back of this one).

#### Contact Details (optional)

Name.....

Organisation (if relevant).....

Address.....

Phone/email.....

Which question?	Your response

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Please post this form to: The Bristol Health Services Plan, FREEPOST BS1078, King Square House, King Square, Bristol, BS2 8EE



Building Better Health Services – the Bristol Health Services Plan

Help us to decide - Summary

Appendix Two

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<b>Which question?</b>	<b>Your response</b>

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Please post this form to: The Bristol Health Services Plan, FREEPOST BS1078, King Square House, King Square, Bristol, BS2 8EE



**GLOSSARY**

<i>Acute/emergency hospital</i>	Hospital with full accident and emergency services, and able to assess and treat the full range of emergency patients with serious illnesses, and patients needing relatively high risk operations.
<i>Anaesthetics</i>	Administering medication or gas to induce loss of sensation or awareness, usually before an operation
<i>Audiology</i>	Assessment of hearing function
<i>Cardiac services/cardiology</i>	Health services for heart problems
<i>Cardiothoracic hospital</i>	Hospital for heart and lung problems
<i>Day case</i>	Person who attends for surgical treatment (an operation) and does not have to stay overnight in hospital
<i>Diagnostics</i>	Tests and investigations carried out to determine what the illness is
<i>ENT</i>	Ear, nose and throat
<i>GP</i>	General Practitioner
<i>Gynaecology</i>	Treatment for problems in female reproductive system, excluding pregnancy
<i>Inpatient</i>	Person staying in hospital for treatment
<i>Intensive care</i>	Close and constant monitoring of seriously ill patients
<i>Obstetrics</i>	Maternity care i.e. for women during pregnancy and childbirth
<i>Outpatient</i>	Person visiting a clinic for health advice or treatment
<i>Neurosurgery</i>	Surgery (operation) on the brain or spinal cord
<i>Plastics and Burns services</i>	Repair and reconstruction of damaged or deformed skin and muscle
<i>Physiotherapy</i>	Treatment of injury or illness using exercise, massage, heat or water treatment, etc
<i>Rehabilitation</i>	Care and treatment to restore normal or near-normal functions
<i>Resuscitation</i>	Revive person from unconsciousness or apparent death