



The Care Forum
Bristol Health Services Plan
Report for PEOG – to 20 October 2004

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1. Number of meetings attended 12

2. Distribution of meetings and number of attendees by PCT

PCT	No of meetings	Number of Attendees
Bristol North	4	46
Bristol South & West	1	43
South Glos	3	61
North Somerset	4	22
Total	12	72

Due to delays in catch-up between meetings and database entry, 9 small group reports are still outstanding over this period. The number of attendees therefore refers to the number of people who contributed information included in the report, not the full number of people who attended meetings.

3. Type of Meeting

General Public	11
PPI Forums	1

4. Key Interest of Meeting

General	11
Bristol Central & East Community Hospital	1

5. Correspondence received

Requests for leaflets or further information	62
Requests for meetings	8
Requests for amendments to mailing list	25
Comments by phone	9
Comments by email	4
Comments by letter	8
Response sheets	31
Total	147

6. North Bristol Acute Hospitals

6.1 Single acute hospital site

Agree with proposal for one main site x 13.

Disagree with proposal: hospital would be too big; increased risk of infection; increased traffic congestion in locality.

6.2 Frenchay site as acute hospital

Agree with proposal for Frenchay as acute site x 21.

Reasons: good access; motorway links; heliport; more room for staff housing; pleasant environment; space for development; emergency services will already be there; better signage; closer for people; high level of new investment; S Glos. needs own hospital; easy to demolish portacabins.

6.3 Southmead site as acute hospital

Agree with proposal for Southmead as acute site x 14.

Reasons: staff live closer to Southmead; accessibility for residents of South Bristol and North Somerset; deprived area should be supported; emergency services should be alongside Avon Orthopaedic Centre, modern labs and physiotherapy dept.

6.4 Retaining both sites as acute hospitals

Want both sites retained as acute hospitals x 15.

Upgrade both hospitals x 4.

Reasons: closing either will mean loss of life; services from two main hospitals will not fit into one hospital; increasing population.

6.5 Greenfield site

Want new acute hospital built on greenfield site x 5.

The reason the new site was rejected was because the question was badly worded.

Costings for a greenfield site should be published.

The potential sites were not clearly presented to the public.

Clinicians wanted a greenfield site with specialist centre. That request was not noted in the public consultation process.

6.6 Other comments about Frenchay

Need to improve cleanliness; beds are being taken away from Blackberry Hill that released beds at Frenchay because people could not be discharged.

6.7 Other comments about Southmead

Poor signage; excellent site for community hospital; Southmead has been neglected for too long; poor state of buildings; need to improve cleanliness; use Filton runway for heliport; reuse good buildings for other purposes.

6.8 General comments

NBT is a poor performer in delivering services.

New build is not necessary for a better service.

Downgrading hospitals is the first step to closure.

Quality of environment is important, should have green spaces.

People will die due to the changes, does anyone care or listen?

Must have capacity for expansion, take growing and ageing population into account, don't make Swindon mistake.

Need more beds, should not reduce bed numbers.

Planning authority should make decisions about the site, not NHS.

Regional specialties need to be maintained.

Local authorities need to cooperate.

Intensive care needs to improve.

Keep both fully running until new facilities are in place.

Older wards could be gradually demolished and replaced.

Need to open more health services not close them.

Need to take into account clinicians' preferences as if they are unhappy they may leave and take their teams with them.

Charities have supplied buildings and equipment.

There will not be enough room on one site for acute and a community hospital.

Concern about waiting lists.

6.9 Access

Whichever is chosen, must improve road access; parking; public transport; traffic congestion.

Southmead is very difficult to get to.

Route between Southmead and Frenchay is congested and often grid locked.

Need proper tram system.

Concern about increased journey times.

There is a shortage of parking at both sites.

Having a car park away from the hospital with park and ride shuttle system.

Have multi-storey car parking.

Concern that new buildings will reduce parking space.

Free car parking is essential.

Public transport is too expensive for older people and families.

Both sites have poor access by public transport

Need to tie bus services into the plan.

Southmead site too spread out, have to walk for miles

6.10 Finance

Concerns about where the finance will come from.

Doubts about long-term outcomes using PFI

Frenchay has been proposed for closure because of value as building land x2

Cutbacks and closures are not improvements, the underlying motive is financial, we can see through you!

Money comes first, then hospital staff, then patients and carers

There are pockets of land with covenants that will affect the value of the site (eg the cricket pitch at Frenchay)

Although you may have dual costings for a while, the cost of the hospital should go down while the cost of community services will go up.

6.11 Staffing levels

Concern about current staff shortages and how new facilities will be staffed, both clinical and administrative.

6.12 Decision-making

Decisions have already been made.

Decision to close Frenchay has already been made x3.

Proposal is based purely on financial need x2.

The plans are too subservient to the powers that be, who are not elected.

The presentation suggested strongly that the decision had already been made.

7. South Bristol Community Hospital

I want an acute hospital in South Bristol, not just a community hospital.

Cleaning services should be in-house.

Concern about balance of skill mix and whether there will be consultants on site.

Concern that site will not be big enough.

Concern about loss of parkland.

South Bristol residents should not pay for North Somerset or South Gloucestershire residents to use the new South Bristol Community Hospital.

7.1 Access

Need to increase bus services to Hengrove.

Must take expansion of airport into consideration.

7.2 Bristol General Hospital

Concern about its future and where patients will go.

Concern about where proceeds of sale will go.

BGH is very convenient.

Keep BGH.

7.3 Consultation

The promised involvement in selection of the architect did not happen, we put our names down at Bush Centre meeting but we have not heard from you

Where was the notification of this meeting? You're not getting through to the community.

Terms of reference of the work groups should be the remit of all members, we should be involved from the start.

Evening meetings are better, but afternoons are generally offered.

8. Bristol Central and East Community Hospital

What is the timescale on building the Central & East Bristol facility?

Information provided is outstanding for detail on this locality and its diverse communities.

The best report that I have read on that area, brilliant level of detail.

Build it in Easton.

If the community hospital is in central Bristol we will be mugged and our cars stolen

9. Social and Community Services

Community care is good in theory but not in practice.

Concern about lack of resources and effectiveness of community services.

Keeping people at home is important alongside intermediate care services x 2.

Community services must be in place before changes or there will be a catch up period with poor services in the meanwhile x 2.

Changes are happening already with no new resources in place.

Concern about bed blocking due to lack of social services and shortage of nursing and residential places.

Concern about quality, consistency, long waiting lists and pressure on social services provision.

Social services provision 'patchy', 'awful', 'terrible'.

Insufficient services, particularly at night, over holiday periods and for respite care
Current services are inadequate and will get worse when Blackberry Hill closes x 4.
More coordination is needed between hospitals and GP surgeries and between health and social services.

Must factor in extra funding for social services

Social services should be here to make assurances about the part they are expected to play.

Social care in S Glos. and Bristol does not rank highly in the league tables, confirmed by SSI and Nuffield.

Intermediate care is a weasel phrase – it means whatever you want it to mean.

Assumptions should not be made about the level of community support available for BME communities.

Community hospitals are wonderful and much needed for communities, it makes people feel comfortable and they are accessible. Large hospitals can be impersonal and cold.

Evercare is not working in some instances.

A joint trust to provide services for older people could look at the whole picture more effectively.

9.1 Carers

Where is the community support for carers? X 4

Concern about low levels of respite for carers.

Care at home is really offloading process onto folk who cannot cope and with no back up.

Carers suffer; only when they fail to continue to care do community services get involved.

9.2 Staffing

Concern at lack of staff to provide community services.

Concern at extra pressure on GPs if community services are increased.

10. Yate and Thornbury

10.1 Yate community health facility site

Proposed site on car park is too far from pharmacy.

Needs to be close to leisure centre and shopping precinct x 2

Needs to allow for expansion.

Concerns about use of Chipping Sodbury Memorial Hospital, should be given back to the community for maternity services or intermediate care.

Access to Yate is difficult and costly.

Concern about staff skill mix.

Why has the issue of the document showing the proposals for building better health services in Yate been delayed, and why was it not given to the health scrutiny committee?

10.2 Thornbury Hospital

Concerns about viability if AWP withdraws from the site.

NBT closed beds at Thornbury without consultation.

It is a nice hospital.

11. Blackberry Hill Hospital

Keep BHH x 3.

To close BHH would be sacrilege.

Agree with proposals to move services from BHH, it makes sense x 1

Agree with proposals, older people don't want to be in a geriatric hospital.

Concern over proposed closure, should update instead of close.

Change is happening too quickly before other resources are ready.

Older peoples services need increasing not reducing.

Concern over what happens to people needing respite care.

Closure of Blackberry Hill will increase pressure on community services, there are already long waiting lists.

Proposal for closure has come from people who are living in cloud cuckoo land – NHS managers were obviously never patients.

Services must continue until replacements are ready but closures already taking place without future plans or resources.

This is a downsizing of services, not transfer.

Proposals are 'diabolical', issues have been fudged, timing is grossly inappropriate. Plans to close wards before replacement and to move physically ill people with dementia to Southmead are misguided, most of them are from S Glos and are being moved further away from home.

NHS is shifting patients as though they are sacks of beans.

Residents don't want to get much older if they live in this NHS territory.

Close and sell at profit, but don't dump patients in an odd forgotten corner of a main hospital.

BHH has reputation second to none for elderly care, support to families, even has a chapel, pleasant atmosphere, clean, entertainment for patients, everything patients need to help them recover, they will be worse off at home.

Many discharged patients return within 3 weeks, especially when they have been sent home alone, older people are vulnerable to becoming roundabout patients

Acute hospitals discharge older people incompletely and improperly assess, it is a problem of ultra specialisation, not thinking of people in the round.

NBT is extremely reluctant to provide readmission figures.

The worrying thing is that specialist wards are being moved from Blackberry Hill, like Charlton Ward. There is an increasing need for this provision but bed numbers are being reduced.

They have been gradually closing BHH for a long time, reducing services and putting people out into the community.

Sell BRI to build at BHH.

There should be sheltered housing on offer at BHH.

Beds are being taken away from Blackberry Hill that allowed Frenchay to discharge bed-blockers.

Blackberry Hill and Cossham should be kept open to provide for people until they can go home.

If proposed Blackberry Hill plans go ahead the site will not be viable and will need to be sold.

BHH is very clean, no viruses like MRSA or CDIF and has high success rate for curing sores and infections.

Concern about loss of respite care eg Badminton ward.

11.1 Consultation

Concern about lack of involvement, dialogue, communication or visible process.

Devon ward was shut without consultation
Changes haven't been taken to PPIFs or scrutiny.
If majority don't want it to close it should stay as it is.
PPIF found significant flaws in proposals regarding Elgar and Dorset wards. We have not released these reports; they are to go to NBT under rules of engagement before they become a public document.
PPIF has have been asking to go to Malvern ward for month to determine whether changes are appropriate before you move people.
Decision has already been taken to close, staff have been informed.
You are already closing wards, so will inevitably close the hospital
We don't truly believe you have looked at all options.

11.2 Mental health services

Mental health services are poor relation; we want clarity about future of mental health facilities at BHH.

AWP is not engaged in the BHSP proposals.

If NBT pull out, BHH will not be viable with catastrophic impact on MH services.

11.3 Staffing

Concern over what will happen to staff on closure.

BHH lacks doctors at night and there is huge pressure on nurses.

Concern over finding staff for new facilities.

Staff need to be consulted or it will reflect on the care of patients.

Staff have said that if the unit goes to Southmead they will leave.

11.4 Stroke services

Stroke services should be in Frenchay, close to Ward 106.

Stroke rehab service has a superb reputation and should not be moved

S Glos carers and relatives will suffer if long-term admissions are moved to Southmead.

Leave Elgar ward alone.

Stroke rehab is extremely complex and community contacts with patients are vital.

12. Cossham and Kingswood

12.1 Cossham

Agree with proposals to move services x 2.

Keep Cossham open x 9.

Expand and develop Cossham.

If X-ray services close at Cossham, Frenchay will need extra facilities.

There is passion around that hospital, it belongs to the community and we want it kept for the community.

Cossham has good access, free parking nearby and public transport x 3.

Staff like working at Cossham and don't want to leave it.

Concern over future of building, must not be left to decay and vandalism.

Cossham was left for benefit for local people, this should be respected x 4.

Closure proposed because of value as building land.

A lot of affection for Cossham in local community x 2.

Just because building is old doesn't mean it is no good, just needs refurbishing x 5.

Cossham is underused and has been deliberately run down x 3.

Existing building is easy to access for local people.

12.2 Kingswood

Concern over where sites will be.

Must be in place before closure of Cossham.

Consider detrimental effect of expansion on local residents.

Kingswood will need X-rays and medical records.

Put one of the Kingswood site elsewhere eg Emersons Green.

Not enough space at Orchard Medical Centre for expansion, already overstretched and overcrowded x 3.

Will be inadequate parking provision.

Kingswood needs minor injuries unit.

Does not need a pharmacy, there is already one locally.

The idea of 20,000 being treated at outpatients is unrealistic.

Kingswood poor access, poor patient parking, no disabled parking, traffic congestion which will only increase, it will be a nightmare x 4.

12.3 Decision-making

The closure of Cossham is a foregone conclusion.

The timetable has already been set x 2.

Decision is financial, not based on best interest of patients x 3.

12.4 Finance

Concern over where money from sale of Cossham site will go to, should come back into the community not to offset the cost of new acute hospital.

Concern over loss of facilities bought by fundraising.

13. Children's services

13.1 Children's Hospital

Agree to centralise children's services at children's hospital x 7.

Disagree with centralisation x 1.

Agree with centralisation but Children's Hospital is on wrong site: poor access; no parking; expensive parking; site too small; too urban x 13.

Access is really hard with small children

Information is sent to parents about parking is limited and sometimes arrives late. People attending in an emergency do not have parking information in advance.

There should be a multi storey car park at the BRI site.

Parent emergency parking is needed (especially when they have followed an ambulance) To get my daughter to the children's hospital is a nightmare, she fights me all the way. We all have to get her down in a car. If it was closer it might help, no one understands her condition.

The reality of bus use with an ill child is minimal.

Some children with rare diseases still have to be treated on adult wards.

Want more family facilities, better canteen facilities with longer hours.

Will need extra beds here to cover transfer of children from Frenchay and Southmead.

Emergency department in the Children's Hospital is too small.

If parent and child both injured in an accident they will be separated under the new plans.

Centralisation will be attractive to staff.

Staff communication will be easier.
There isn't much room for staff sometimes.

13.2 Community services

Community services are inadequate; I have to wait for weeks on end to get community support for my child.

Children's community services are not coping with demand.

I can wait weeks for community support, and then I have to scream for it.

Families are asked to take on too much.

Concern over services for children with learning difficulties.

13.3 Frenchay and Southmead

Concern about loss of facilities for which the public fundraised.

Have EDOC service where children are observed and transferred later if necessary.

13.4 Weston

Have some children's services at Weston, not all concentrated at Children's Hospital, I had an 8-year-old patient who had to go all the way from Weston to the Children's Hospital for a blood test; it should have been possible locally.

14. Bristol Royal Infirmary

Don't spend more money on the BRI, it's terrible.

The whole hospital should be renewed and be moved out of the city.

The windows at the BRI are really dirty and difficult to clean.

Safety issues for staff and visitors late at night.

BRI should be closed down, dirty, old, men and women in mixed ward.

BRI has given us excellent service and very convenient, must be maintained.

Eye hospital - Patient records went missing.

Dental hospital - treated by students, not experienced enough.

BRI, eye and dental hospitals should be closed, in wrong place and no free parking or gardens.

There is no reception at the BRI at present, it is unwelcoming, no one to help you, no information, no maps, signage is appalling.

The whole place is baffling with nothing to help visitors find their way around.

At the moment, the ward for heart surgery patients at the BRI is not very clean. The high dependency and ITU are satisfactory.

14.1 Access

Better than Southmead and Frenchay for most people.

Car parking at the BRI is major problem, 'atrocious' x 5.

Poor arrangements for patient drop-off, especially if you need a wheelchair.

There needs to be increased provision for parking for emergency patients.

Consider valet parking.

The transport system needs improving before the new buildings are put in.

There should be a bus and taxi zone only from the area from the bottom of St Michael's Hill to the end of the BRI precinct between the hours of 9am – 4pm.

Car parking spaces for BRI staff should be vetted better.

Need close and well-lit parking provision for staff who work late at night.

Use UBHT Trust HQ car park at night for staff who work late shifts.

There should be more park and ride schemes, and a dedicated shuttle service.
Park and rides close too early at 6-7pm.
Use shuttle buses for staff, patients and medical records.

14.2 New buildings

Sequencing of the building phases is important for staff. People must be moved before non-clinical buildings in zone 3 are demolished.
Concern that some of the areas of the hospital to be retained are substandard. There needed to be longer term phases of redevelopment for parts of the hospital not in the current plans.
Concern about design and height of new buildings.
Concern that although there may be a good planning and design process, plans will be pared down due to cost restraints.
Spare capacity should be built into the plans.
Attention should be given to the environment surrounding the wards: existing 'pods' which have no natural light.
New buildings need canteen facilities with longer opening hours.

15. Emergency services and minor injuries unit

Agree with proposals to move services to Frenchay x 3.
Retain emergency services at Southmead x 3.
Keep both emergency centres because of traffic congestion.
Have A&E at Frenchay because of helipad.
Concern about extra burden changes will bring on BRI x 2.
Examples given of patients who would not have survived the extra distance to Frenchay.
People use emergency services inappropriately due to reductions in GP services.

15.1 Access

Motorway congestion can block access to Frenchay.
Difficult to reach Frenchay.
Motorway from North Somerset to Bristol is often blocked.
Need adequate parking for emergency services.

15.2 Children's services

Emergency dept at Children's hospital is too small.
Concern about children who are taken to Southmead at night.

15.3 Information

People don't know where to go to get the service that they need, need educating on what is acute/emergency/major/minor problem.
Must ensure people understand capabilities of minor injuries unit.

15.4 Minor injuries unit

Kingswood needs minor injuries unit x 2
Southmead minor injuries unit should be open 24 hours

16. Maternity Services

Maternity services should be included in the Bristol Health Services Plan x 2.

Shortage of midwives, especially in community.

17. Breast care services

Agree with proposals x 2.

Disagree with proposals.

This service has a charter mark, a move is unnecessary.

It makes sense to have all the specialists in one place.

Brilliant proposal, should also have outpatient at St Michaels.

Concern about men with breast cancer having to be treated at a womens' hospital.

St Michaels is claustrophobic and unsuitable.

Centralising is right option but to a pleasant environment, not St Michaels

Parking problems and possible congestion charges will make access harder.

From my personal experience, the breast care service was great, really welcoming.

Gynaecology services are not so good, a very different atmosphere and not as welcoming.

Include ABC - Action Against Cancer - in this consultation.

Contacted past patients about these plans.

The presentation said that proposals to move breast care services was discussed during the engagement phase. I attended engagement meetings and it was not mentioned but now a decision has been made to move them.

18. ENT services

Agree with proposals x 1

Disagree with proposals x 1

19. Access

Access issues were raised at all meetings.

A transport debate should run alongside the BHSP and be a major factor in decision-making.

Transport experts should be at these meetings and making a huge input.

Transport shouldn't be seen as the problem of the health service.

Take transport situation across sub-region into account.

16.1 Parking

Widespread concern about lack of parking.

All sites must have parking facilities.

Hospital parking should be free.

Night staff need parking which is well-lit and nearby.

Have more park and ride schemes, and dedicated shuttle services.

Extend opening hours of park and rides beyond 6-7pm.

Have multi-storey parking.

Car parking revenue should be channelled back into hospitals.

16.2 Public transport

Widespread concern about lack of public transport facilities.

Need early discussion with other agencies about travel plans, eg showcase bus routes.

Consider people without cars who have higher levels of need for services.

First Bus provides poor services.

NHS should put on buses like Tesco does.

Publish timetables for bus services to hospitals.

Subsidise bus fares for patients.
High cost of using taxis.
Concern about traffic levels due to new housing developments.
Improve the transport infrastructure eg. extend high occupancy vehicle lanes.

16.3 Ambulance services

Ambulance services may not cope with new arrangements.
Undertake impact assessments for each acute hospital site.
Ambulances are currently using Bath because of the traffic in Bristol.

16.4 Bristol Royal Infirmary

Access to BRI by car and public transport is 'dreadful'.
Parking is a major problem.
Patient drop-off must be improved, especially if a wheelchair is needed.
Need more parking for emergency patients.
Any additional parking space should be for patients not staff.
Consider valet parking.
Improve access before the new buildings are put in.
There should be a bus and taxi zone only from the area from the bottom of St Michael's Hill to the end of the BRI precinct between the hours of 9am – 4pm.
Vet provision of car parking spaces for staff.
Use UBHT Trust HQ for staff working late shifts.
Patient parking needs to be carefully regulated to stop it being taken over by commuters.
Very few buses run past BRI.
Use old building area for car park.
Visitors need to be able to come and see you - it's a tragedy that they can't.

16.5 Children's Hospital

'Terrible' access especially from outlying areas.
Lack of parking is crucial when bringing a sick child in to hospital.
Parking information sent to parents is limited and sometimes arrives late.
People attending in an emergency do not have parking information in advance.
Approach NCP for dedicated parking spaces.
Hospital volunteers shouldn't be charged for parking.

16.6 Cossham

Reasonable access, parking and public transport.

16.7 Frenchay

Poor access by road and public transport especially from North Somerset and South Bristol.
Concern about traffic congestion.
Have park and ride and pedestrian access via bridges.
Lack of public transport to Frenchay particularly in evening.
The cost of car parking at Frenchay went up by 100% overnight.
Has helipad.

16.8 Kingswood

Poor access due to traffic congestion, lack of parking.
No disabled and little patient parking at Orchard Medical Centre.
Kingswood Community Transport could provide a bus service for Cossham hospital.

16.9 North Somerset

Lack of public transport, can't reach Frenchay.

North Somerset residents rely on motorways which are often grid locked.

16.10 Southmead

Poor access, traffic congestion and 'horrendous' parking problems.

Access particularly difficult during rush hour and when Bristol Rovers play at home.

Lack of public transport to Southmead particularly in evening.

Lacks helipad.

Site is too spread out, need to walk miles from car parks to wards

16.11 Yate

Will need improvements to approach from ring road.

Travel to Yate is expensive.

Need more buses from Bristol to Yate.

20. Finance and procurement

Plans are being pushed forward too quickly without proper resourcing.

Concern about availability of funding for proposals.

NHS wastes money because it always changes its mind.

Concern that acute hospital projects will take all the resources, leaving nothing for community facilities.

Take into consideration financial modelling re assisted technologies, whereby more people can be cared for at home.

Remember to use voluntary sector in service delivery.

Need contingency plans for building costs increasing.

Don't like idea of PFI, we hear bad stories about PFI hospitals.

21. Staffing

If acute hospitals are amalgamated, there will be fewer departments and we will lose doctors.

Lack of investment by government in human resources is a recurring theme.

Concern over shortage of staff for community facilities.

There are not enough staff already at Frenchay and Southmead.

There are not enough staff dealing with medical records or secretaries. Records are being lost.

Concern about staffing levels in future, recruitment, use of staff from overseas who can't speak English well.

Services need manager who has ownership and is in charge at ward level with control over admin, nursing, cleanliness and dietary requirements.

Why work in a hospital when you can earn more with an agency - must make it attractive and have support the staff.

There are too few staff and they have too much to do.

A lot of the office and ancillary staff aren't necessary; there is a lot of wastage.

Some minor injuries units are closing due to lack of staff.

Will you be able to train new staff in time to meet your deadline?

Will other parts of the service be raided for trained staff?

Has staff consultation happened? The public need to know what the staff think.

22. Environment

S Glos should undertake an environmental impact study on the Frenchay site.
Concern about loss of parkland at Hengrove.

23. Consultation

23.1 Written information

Excellent leaflet.

Praiseworthy that public are being invited to express views, many thanks for all the information, very interesting, clear and easy to read format.

Proposals are well presented, well researched.

Congratulations on the quality of the document produced by this team.

Appalled at waste of paper and cost of circulating leaflets.

Should not spend money on sending out information packs to people.

Money has been spent on document to bamboozle the public.

4 leaflets should have been condensed into one.

99% of document is trying to convince public of need for change without saying what you would change and how.

Building Better Health Services is inaccurate title, as this is only about hospitals, paperwork should be rewritten to reflect this

23.2 How to reach the public

Suggestions for consulting and informing people: the Galleries; the Mall; the bus station; Temple Meads; Kingswood shopping precinct; local radio and TV; local free newspaper; send questionnaires to recent patients.

What consultation has been carried out with children and young people about children's services?

23.3 Public meetings

Meetings in N Somerset were poorly advertised.

Where was this meeting advertised? Local sources like Pill surgery or the local paper did not have the information.

6.30pm is too early to travel back to Pill for a meeting.

Should have held meeting in Weston-super-Mare.

If I'd known much about this meeting, or enough in advance, I'd have had points to bring along.

There was only a small notice about the meeting in the Post Office in Winterbourne.

People do want to comment on proposals but there are not many people attending perhaps because they did not know about the meeting.

Congratulations on publicity for this meeting – advert in free paper was good.

The information about local meetings has not got through to local people. There is a very low attendance at this meeting.

Engagement on Cossham/Kingswood not well publicised.

Engagement meetings were in afternoon, couldn't attend.

Will any good come out of this meeting?

Disappointed at negative attitude of this meeting.

Having undergone a number of consultation/engagement exercises, isn't it better to leave the final decisions to the 'experts'? Individuals tend to 'vote' emotionally and politicians are worse.

It would be better to let clinicians decide.

The main ideas of the plan seem well thought about and well presented.

Praiseworthy start in getting project off the ground, all the right buttons have been pressed. What is happening with information raised at this meeting? Can specific concerns be raised or not and will they be noted?

Don't need consultation; anyone with half a brain could see that both acute hospitals should be kept.

Consider interests of residents outside Southmead and Frenchay.

Take local doctors opinions into account.

They've taken notice of the fact that we didn't want one enormous new hospital.

Consultation won't necessarily produce right result.

SOC approval was given on original 6 options and the trust reduced that to 3 without consultation.

The consultation package is not being presented as a whole, proposals for mental health services and services in North Somerset should be included.

The consultation meets the requirements of Section 7 but not Section 11. The public do not have an informed position.

Things seem to be going the right way, this seems like proper consultation.

I wish politicians would stop interfering and let clinicians and the public decide.

There is no way you will make everyone happy, consultation is just an opportunity to transfer the blame on the public. NHS should take some ownership.

Whatever plan you put in place, in 10 years' time it will be wrong.

24. Other issues

24.1 Brentry and Hortham

Brentry and Hortham should never have been closed.

24.2 Homeopathic hospital

The Homeopathic Hospital was a gift to citizens of Bristol. It has been stolen and should be restored for its intended use.

24.3 Infection risk

Staff used to change into their uniforms at work, now they go outside in their uniforms, risking contamination.

MRSA developed because of lack of cleanliness in hospitals. Hospitals need to be kept cleaner to prevent MRSA x 2.

24.4 Keynsham Hospital

Concerns raised about possible closures.

24.5 Mental health services

Riverside Unit is a separate unit in the middle of Glenside. It doesn't fit into the scheme of things. They feel they have been neglected.

Needs of carers of users of mental health services must be taken into account as they are facing increasing pressure.

Service users being cared for in the community can feel very isolated.

24.6 North Somerset

Ham Green should not have been closed x 2

Portishead was promised a cottage hospital which was never built x 2.

Portishead needs more health services and a community hospital, not well served at present.

Community hospitals are essential at Clevedon and Portishead with a more comprehensive service available from Weston Hospital.

Clevedon Hospital should be a higher priority and an integral part of BHSP x 2.

Not enough about North Somerset in BHSP, the debate seems focused on South Glos and Bristol x 2.

North Somerset has been excluded from documents and their needs are not being met.

24.7 Patient and Public Involvement Forums

In terms of membership, the 6 forums in Bristol and the two in North Somerset are hardly flushed for members. They have an enormous logistical problem because there is a lack of support from support organisations

The Forums are not your enemy; we are independent and want to do what is good for the patient and end user.

The Chief Executive of North Bristol Trust has limited us to a quarterly visit and a monthly enquiry, this is not right.

24.8 Rehabilitation services

The BRI needs a consultant physician in rehab and a specialist adult in-patient rehab centre.

There should be more convalescence homes out of town.

24.9 Voluntary and community sector

Voluntary sector expertise and services need to be factored in to the equation

25. Summary of key issues

- **North Bristol acute hospital**

Opinion remains divided between Frenchay and Southmead as the acute hospital site, largely along geographical lines. People are most concerned about access issues, traffic congestion, lack of public transport and shortage of parking.

- **Social and community services**

People agree with the theory of placing more services in the community but are highly sceptical of the ability of key agencies to meet the level of demand, based on their observation of current services, which they consider to be unacceptable.

- **Blackberry Hill Hospital**

Few people support the transfer of services from Blackberry Hill to Frenchay and are concerned that services have already been reduced. They think further changes will be made before the results of the consultation have been assessed.

- **Cossham and Kingswood**

There is a strong lobby of local people against the proposals to close Cossham. They have a strong affection for Cossham Hospital, which they consider is central to their community. They are concerned about increased traffic congestion and shortage of parking in Kingswood.

- **Children's services**

People generally agree with proposals to centralise children's services but continue to say that the children's hospital is in the wrong place. There are major concerns about access, traffic congestion, public transport and shortage of parking.

- **BRI**

Again, access is a major issue. People are also concerned about the design of buildings..

- **Access**

Problems of access continue to be the major issue across the Bristol Health Services Plan

- **Staffing**

People are concerned about the future of staff when changes have taken place, and whether there will be adequate staffing of new and current facilities.

- **Consultation**

Opinions vary about the quality of the consultation. Some have praised the leaflets while others think that they were a waste of money. There has been some level of criticism about publicity for meetings.

- **North Somerset**

North Somerset residents think that their needs have not adequately been taken into account. They want new facilities in Portishead and an upgrading of Clevedon Hospital and want to see concrete proposals for these as soon as possible.

Faith Davey
The Care Forum
25 October 2004