



The Care Forum

Bristol Health Services Plan Consultation Interim Report to 9 November 2004

Contents	Page
1. Number of meetings attended	3
2. Distribution of meetings and number of attendees	3
3. Type of meeting	3
4. Correspondence received	3
5. North Bristol acute hospitals	4
5.1 Single acute hospital site	4
5.2 Frenchay site as single acute hospital	4
5.3 Southmead site as single acute hospital	4
5.4 Retaining both sites as acute hospitals	4
5.5 Greenfield site	5
5.6 Other comments about Frenchay	5
5.7 Other comments about Southmead	5
5.8 General comments	5
5.9 Access	5
5.10 Bed numbers	6
5.11 Finance	6
5.12 Staffing	7
5.13 Decision-making	7
5.14 Environment	7
6. South Bristol community hospital	7
6.1 Access	7
6.2 Bristol General Hospital	7
6.3 Consultation	8
7. Bristol Central and East community hospital	8
8. Social and community services	8
8.1 Social Services	8
8.2 Carers	9
8.3 Staffing	9
9. Yate and Thornbury	9
9.1 Yate site	9
9.2 Thornbury Hospital	10
10. Blackberry Hill Hospital	10
10.1 Consultation	11
10.2 Mental health services	11
10.3 Staffing	11
10.4 Stroke services	11
11. Cossham and Kingswood	12
11.1 Cossham	12

11.2 Kingswood	12
11.3 Decision-making	12
11.4 Finance	12
12. Children's services	13
12.1 Children's Hospital	13
12.2 Community Services	13
12.3 Frenchay and Southmead	13
12.4 Weston	14
13. Bristol Royal Infirmary	14
13.1 Access	14
13.2 New buildings	14
14. Emergency services and minor injuries unit	15
14.1 Access	15
14.2 Children's services	15
14.3 Information	15
14.4 Minor injuries unit	15
15. Maternity services	16
16. Breast care services	16
17. Ear, nose and throat services	16
18. Access	16
18.1 Traffic congestion	16
18.2 Parking	17
18.3 Public transport	17
18.4 Ambulance services	17
18.5 Bristol Royal Infirmary	17
18.6 Bristol Central and East community hospital	18
18.7 Children's Hospital	18
18.8 Cossham and Kingswood	18
18.9 Frenchay	18
18.10 North Somerset	18
18.11 Southmead	19
18.12 Yate and Thornbury	19
19. Finance and procurement	19
20. Staffing	19
21. Environment	20
22. Consultation	20
22.1 Written information	20
22.2 How to reach the public	21
22.3 Public meetings	21
23. Other issues	22
23.1 Brentry and Hortham	22
23.2 Clevedon Hospital	22
23.3 Homeopathic Hospital	22
23.4 Infection risk	22
23.5 Keynsham Hospital	22
23.6 Mental health services	22
23.7 North Somerset	23
23.8 Patient and Public Involvement Forums	23
23.9 Rehabilitation services	23
23.10 Voluntary and community sector	23
24. Summary of key issues	23

1. Number of meetings

Over this period, The Care Forum was requested to record 19 meetings. Two additional meetings took place, which were recorded by NHS staff. Their notes have been included on the database and in this report.

2. Distribution of meetings and number of attendees

PCT	No of meetings	Number of Attendees
Bristol North	8	162
Bristol South & West	1	43
South Glos	7	160
North Somerset	5	33
Total	21	398

3. Type of Meeting

General Public	13
Local residents	5
Political group	1
Patient and Public Involvement Forums	1
Voluntary organisations	1

4. Correspondence received

The report also includes information from correspondence by phone, post and email, received by the Primary Care and NHS Trusts and passed on to the Bristol Health Services Plan office.

Requests for leaflets or further information	103
Requests for meetings	23
Requests for amendments to mailing list	25
Comments by phone	18
Comments by email	10
Comments by letter	21
Response sheets	46
Total	146

5. North Bristol Acute Hospitals

5.1 Single acute hospital site

Agree with proposal for one acute hospital site x 22.

Reasons: greater efficiency; best clinical outcomes.

Disagree with proposal: hospital would be too big; increased risk of infection; increased traffic congestion in locality; Nissan huts and intensive care need replacing.

The site should be chosen according to best access, as being the most important factor x 2.

"I want what is best clinically, it doesn't matter where it is".

"Too many hospitals reduces the quality of care and does not allow for enough staff or adequate support of staff".

5.2 Frenchay site as acute hospital

Agree with proposal for Frenchay as single acute site x 59.

Reasons: good access, especially from S Glos; motorway links; heliport; more room for staff housing; pleasant environment; space for development; emergency services will already be there; better signage; closer for people; capitalise on high level of new investment; S Glos needs own hospital; growing S Glos population; easy to demolish portacabins; would retain excellent neurosurgery, orthopaedic trauma beds and burns unit.

"I can't believe that they would think that there could be a new hospital except at Frenchay".

"It seems mad that money from the public should be wasted in this way" (about possible loss of new facilities).

5.3 Southmead site as acute hospital

Agree with proposal for Southmead as acute site x 40.

Reasons: better access; two entrances; modern; larger local population; staff live closer to Southmead; accessibility for residents of Bristol (especially deprived communities) and North Somerset; deprived area should be supported with employment opportunities a large hospital offers; loss of hospital would damage local economy and local health; would retain excellent urology service, renal unit, Avon Orthopaedic Centre, modern labs and physiotherapy dept.

5.4 Retaining both sites as acute hospitals

Retained both sites as acute hospitals and upgrade them x 46.

Reasons: closing either will mean loss of life; services from two main hospitals will not fit into one hospital; increasing population; gives another option in case of infection or emergency; retain investment by expanding on current situation; one hospital will not meet community needs.

"We are not being given a real option to retain two acute hospitals. The outcome of the engagement phase supported keeping both sites in NHS activity, but that should not be interpreted as support for a single acute hospital".

"My heart is in both Frenchay and Southmead. My son goes to Frenchay for his problems and my husband goes to Southmead for his".

5.5 Greenfield site

Want new acute hospital built on greenfield site x 6.

Concerns: a greenfield site was rejected following public engagement because the question was badly worded; costings for a greenfield site should be published; potential sites were not clearly presented to the public; clinicians wanted the greenfield site option; option should have been explored further; option was dropped for purely financial reasons.

5.6 Other comments about Frenchay

Need to improve cleanliness; beds that will be lost at Blackberry Hill are those that allow discharge from Frenchay; should keep new wards and rebuild old; concern about the closures of wards 15 and 30.

5.7 Other comments about Southmead

Lack of parking; 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.

5.8 General comments

Widespread concerns: loss of buildings and equipment funded by charitable giving and public fundraising; improved community facilities must be in place before any changes to acute hospitals happen, with the cooperation of local authorities; rising older population will require more hospital services, not less; concern about how continuity and quality of services will be maintained while hospitals are being rebuilt. New build is not necessary for a better service, older wards could be gradually demolished and replaced.

Downgrading hospitals is the first step to closure.

Quality of environment is important, should have green spaces.

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

Both sites are too small to accommodate both an acute and a community hospital x3

Must take clinicians' preferences into account: if they are unhappy they may leave, taking their teams with them.

NBT is a poor performer in delivering services.

Regional specialties need to be maintained.

Intensive care needs to improve.

Belief that there is a slant towards Southmead for financial reasons x 4

People want more financial and statistical information to support the proposals.

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

5.9 Access

Widespread concerns: access should be one of the most important deciding factors; both sites have serious access problems because of traffic congestion, particularly around Frenchay, shortage of public transport options, lack of parking.

Traffic congestion:

Southmead is very difficult to get to.

Route between Southmead and Frenchay is congested and often grid locked x 5.

Concern about increased journey times.

Concern about crossing the city to reach whichever hospital is chosen x 4

Concern about possible increased costs to ambulance services.

The argument that traffic congestion will reduce because of improved local services is wrong, if the community and acute hospital is on the same site x 4.

Parking:

There is a shortage of parking at both sites x 7
Shortage of disabled parking.
High cost of parking prevents visitors to patients.
Hospital parking should be free.
New buildings will reduce parking space.
Having a car park away from the hospital with park and ride shuttle system.
Have multi-storey or underground car parking.
Need better drop-off points.
Have CCTV in car parks to improve safety

Public transport:

Both sites have poor access by public transport x 5
Public transport is too expensive for older people, families, and people coming from rural areas x 4
Lack of bus services connecting Frenchay and Southmead x 5
Lack of evening bus services for visiting
Need to tie bus services into the plan.
First Bus need to run a service, not a profit, buses should run to the chosen site.
Southmead site too spread out, have to walk for miles.
Offer hospital bus services, ring-and-ride, park-and-ride.
Need to raise awareness of Hospital Travel Costs Scheme,
Identify patients who may have difficulty attending appointments due to transport difficulties, then apply practical solutions such as changing appointment times

5.10 Bed numbers

Widespread concern about possible reduction in bed numbers: this would increase waiting lists; more beds are needed, not less due to growing elderly population and new towns; the Swindon scenario (where the new hospital was too small) must not be repeated here; need to build for the future x 10

“What is the basis of your assertion that visits to acute hospitals will reduce from 300,000 to 100,000. It is a big reduction. Is it based on an independent study? Where do the numbers come from and how reliable are they?”

5.11 Finance

Concerns over affordability and availability of finance x 5.
Doubts about long-term outcomes using PFI x 2
Frenchay has been proposed for closure because of value as building land x 3
Money comes first, then hospital staff, then patients and carers
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.
Too much is spent on administration, not enough on care.
Neither site should be sold off, they will be needed in the future.

“How did NBT get so badly into deficit without people noticing?”

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

5.12 Staffing

Widespread concern about potential staff shortages in hospitals and in community services.

Having all consultants based in one place cuts down on patients right of choice, it means you cannot choose which consultant you want to see x 3.

Concern over availability of different skill mix which will be needed for work in community settings.

5.13 Decision-making

Decisions have already been made to close Frenchay x 5; to close Southmead x 2
Proposal is based purely on financial need x 3.

The decision-making process is not democratic.

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

5.14 Environment

Buildings aren't obsolete just because they are old: Victorian buildings can be successfully converted into modern hospitals.

Listed buildings and grounds under conservation orders must be taken into consideration.

Importance of good civic design.

Design of the interior environment is important for patients and staff

Staff should be consulted about design issues and involved in discussions with architects, using language they understand.

Community must share in planning and design of new hospital.

6. South Bristol Community Hospital

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 should not pay for use of the South Bristol Community Hospital by North Somerset residents x 3.

Concern that services in the north of the city will suffer in order to provide for new hospital in South Bristol.

Must link GPs into new services.

Cleaning services should be in-house.

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

6.1 Access

Need to increase bus services to Hengrove.

Must take expansion of airport into consideration.

6.2 Bristol General Hospital

Concern about overall loss of bed numbers when BGH closes; where patients will go in future; future of the building; proceeds of any sale should go back into local services.

Keep BGH, it is very convenient x2.

6.3 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 afternoon meetings are generally offered.

7. Bristol Central and East Community Hospital

Preferred location: Easton; central Bristol; at bottom of M32; in Lawrence Hill.; Fishponds; Cossham Hospital site.

Residents in central Bristol can attend BRI.

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

Community health centre hours need to include evenings and weekends.

Consider including pharmacies.

GP's are already at capacity. What chance do we stand of getting these extra services when Charlotte Keel doesn't even have the flu vaccination yet?

"The information provided is outstanding for its detail on this locality and its diverse communities".

"This is the best report that I have read on that area, brilliant level of detail".

8. Social and Community Services

Widespread concern: General approval of plans to localise more services but serious concerns raised about the current lack of resources, effectiveness and quality of care in community services delivered by both health and social services, and doubts about how the system will cope with the added demands that these proposals will create.

8.1 Social Services

Concern about capability of social services in view of their financial deficits; extra funding for social services must be factored in.

Services are insufficient, particularly at night, weekends, over holiday periods and for respite care.

Changes are happening already with no new resources in place, community hospitals need to be built before any changes: community services must be in place before changes or there will be a catch up period with poor services in the meanwhile x 2.

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

Current services are inadequate and will get worse when Blackberry Hill closes x 4.

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

More coordination is needed between hospitals and GP surgeries and between health and social services.

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

Poor level of social care provision in S Glos. and Bristol according to external assessment.

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.

Requests for 24 hour service at community health centres and hospitals x 4

Need for someone at the end of a phone, can't always get through to NHS Direct.

Concern about access to records if one patient is seen at different locations.

Plans assume that non-acute treatment will be flushed out of the acute hospitals; we would like to see statistics regarding capacity and need to support this.

Concerns about lack of services for older people in North Somerset.

Need decentralisation of services into North Somerset so residents don't have to go to Bristol.

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

"Community care is good in theory but not in practice".

8.2 Carers

Carers have an urgent need for increased community support and respite care x 6

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

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

"Looking after the person will still come down to the family as Social Services homecare is rubbish".

8.3 Staffing

General concern at lack of staff to provide community services.

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

9. Yate and Thornbury

9.1 Yate community health facility site

General agreement with proposal for new facilities at Yate.

The service should include: beds; mental health services; antenatal services.

The site must: provide adequate dedicated parking, separate from shopper parking; be within reach of a pharmacy; close to shops and leisure centre; allow for future expansion.

Chipping Sodbury Memorial Hospital should be given back to the community for maternity services or intermediate care x 2.

Access to Yate from elsewhere is difficult and costly.

Concern about staff skill mix.

Tesco's could be forced to pay for more pedestrianised routes for Yate to make it easier for patients to reach the proposed community hospital x 4

Concern that people from other areas would come to Yate for minor injuries services, instead of Southmead, increasing demand.

"I think that it will be wonderful to get these facilities locally in Yate".
"Keep Yate Health Centre where it is".

9.2 Thornbury Hospital

Widespread agreement that Thornbury Hospital should be kept open.

Keep both Henderson and Grace Wards open.

Concern about GP and respite beds if Grace Ward closes.

Confusion about plans for Thornbury, message has changed – first wards were closing, now possibly expanding.

Concerns about viability if AWP (Mental Health Trust) withdraws from the site.

NBT closed beds at Thornbury without consultation.

Want an NHS Walk In Centre in Thornbury

Link nearby Berkeley and Thornbury Hospitals so that they could work together and save both

Lack of public transport from Thornbury to Blackberry Hill

10. Blackberry Hill Hospital

General agreement that Blackberry Hill Hospital (BHH) should remain open.

Concerns include: bed losses; loss of respite care eg Badminton ward; high quality of care at BHH will not be replicated at an acute hospital; change is happening already, before other plans and resources are ready; older people's services need increasing not reducing; reduction in respite care: closure will increase pressure on community services, when there are already long waiting lists; lack of space on Southmead wards to meet the needs of dementia patients; Southmead is too far away for visitors of patients from S Glos; BHH has a 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; plans will result in additional pressure on carers.

Proposals are *"diabolical"*, issues have been fudged, and 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.

Agree with proposals to move services from BHH, older people don't want to be in a geriatric hospital; it makes sense to move patients nearer to specialists x 1

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.

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 or offer sheltered housing 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.

The memory clinic should be retained.

"To close BHH would be sacrilege".

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

"This is a downsizing of services, not a transfer".

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

10.1 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.

"We don't truly believe you have looked at all options".

"You are already closing wards, so will inevitably close the hospital".

10.2 Mental health services

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

AWP (Mental Health Trust) is not engaged in the BHSP proposals.

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

10.3 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.

10.4 Stroke services

Concern about future of 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 of stroke patients will suffer if long-term admissions are moved to Southmead: stroke rehabilitation is extremely complex and community contacts with patients are vital.

“Leave Elgar ward alone”.

11. Cossham and Kingswood

11.1 Cossham

Keep Cossham open x 25: good access, free parking nearby; public transport; Staff like working at Cossham and don't want to leave it.

Agree with proposals to move services x 1.

Expand and develop Cossham x 3.

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

Concern over future of building, must not be left to decay and vandalism x 2.

Cossham was left for benefit for local people, this should be respected x 6.

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.

Cossham Hospital gave a good service- it was good for x-rays, physiotherapy etc. it was a speedy service.

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

11.2 Kingswood

Widespread concern over proposed sites x 5: poor access; poor patient parking; no disabled parking; increased traffic congestion; detrimental effect of expansion on local residents; poor public transport; not enough space at Orchard Medical Centre for expansion, already overstretched and overcrowded.

New service must be in place before closure of Cossham, purpose built on a big enough site.

Service should include minor injuries unit; X-rays; medical records, antenatal consultant outpatient clinics.

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

Put one of the Kingswood site elsewhere eg Emersons Green.

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

It will be a nightmare x 4.

Develop use of Kingswood Community Transport.

11.3 Decision-making

The timetable has already been set x 2.

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

“The closure of Cossham is a foregone conclusion”.

11.4 Finance

Any money from sale of Cossham site should come back into the community, not offset the cost of new acute hospital.

Concern over loss of facilities bought by charitable fundraising.

12. Children's services

12.1 Children's Hospital

General agreement to centralise children's services at children's hospital but widespread concern that Children's Hospital is on wrong site: poor access, especially with small or ill children; no parking; expensive parking; site too small; too urban x 25

Disagree with centralisation x 1.

Parking: 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; emergency parking for parents is needed (especially when they have followed an ambulance)

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

Using a bus with an ill child is impractical.

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.

"At the time the new children's hospital was built, there were concerns about the city centre site. We are now stuck with this, and people feel their views on the site were disregarded. Will any notice be taken of our views now?"

"Access to the children's hospital is terrible, parking is terrible, the traffic is terrible, and the pollution is terrible".

"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".

"Great facilities, great service and wonderful atmosphere".

12.2 Community services

Community services are inadequate, "very poor"; need expansion of specialist children's community nursing services

Children's community services are not coping with demand.

Families are asked to take on too much.

Concern over services for children with learning difficulties.

"I have to wait for weeks on end to get the community support I need for my child".

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

12.3 Frenchay and Southmead

Widespread concern about loss of facilities for which the public fundraised eg Barbara Russell unit, which is "fantastic" x 4

Keep children's services at Frenchay.

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

Staff who live in S Glos won't want to work in Bristol.

Concern re loss of expertise of Frenchay staff if services move to Bristol
Frenchay paediatric service is of award winning quality, should be kept.

12.4 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".

13. Bristol Royal Infirmary

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

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

Support for closure of old building

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

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.

Concerns raised about cleanliness.

"At the BRI they treat you like an object, they don't explain anything to you. The equipment is inappropriate for the elderly due to poor design".

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

"The BRI has given us excellent service and is very convenient, it must be maintained".

13.1 Access

Widespread concerns about poor access.

Car parking at the BRI is major problem, "atrocious", a "nightmare" x 6.

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

Car parking spaces for BRI staff should be vetted better.

Safety issues as night, need close and well-lit parking provision for staff and visitors:
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.

BRI access is better than Southmead and Frenchay for most people.

13.2 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.
Build new services at S Bristol Community Hospital instead of at BRI.

14. Emergency services and minor injuries unit

Retain full emergency services at Southmead as well as Frenchay x 7.
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 x 3.
Inpatient surgery must not be cancelled due to A&E demands as happens at present.
Waiting times will grow at A and E if it's concentrated in one place x 3
Concern about long waiting times at A&E. If had a stroke need to be treated very quickly.

14.1 Access

Concerns about emergency access to Frenchay: congestion on the motorway and ring road; motorway from North Somerset to Bristol is often blocked.
Need adequate parking for emergency services.
Ambulance Trust has expressed concern at the move of main A&E to Frenchay.

14.2 Children's services

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

14.3 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.

14.4 Minor injuries unit

Kingswood needs minor injuries unit x 2
Southmead minor injuries unit should be open 24 hours x 3
Need 24hr access.
We need to understand a definition of minor injuries.

15. Maternity Services

Maternity services should be included in the Bristol Health Services Plan x 2.
Concerns about shortage of midwives, especially in community.

16. Breast care services

Agree with proposals x 3.

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, lack of public transport and possible congestion charges will make access harder x 2

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 were discussed during the engagement phase. I attended engagement meetings and it was not mentioned but now a decision has been made to move them.

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

17. ENT services

Agree with proposals x 1

Disagree with proposals x 1

Having outpatients on different sites will cause admin confusion.

Duplication of ENT outpatient services is not cost effective.

18. Access

Access issues were raised at all meetings as a matter of great concern.

18.1 Traffic congestion

A transport debate should run alongside the BHSP and be a major factor in decision-making, taking into account the transport situation across the sub-region.

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

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

Community Hospitals remedy problems of transport and should therefore be a priority.

Concern re traffic congestion between sites, that time could be the difference between life and death

Concern about traffic levels due to new housing developments.

Improve the transport infrastructure eg. extend high occupancy vehicle lanes.

General concerns about congestion round Frenchay and Southmead areas, roads considered to be already at capacity.
Concern if roads are blocked to due accidents or if there is a major emergency.

18.2 Parking

Widespread concern about lack of parking: all sites must have parking facilities; hospital parking should be free, as the cost prohibits visitors to patients; night staff and visitors need parking which is close, well-lit, with CCTV x 2.

Have more park and ride schemes, and dedicated shuttle services x 4.

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

Have multi-storey or underground parking x 3

Concern about cost of car parking revenue should be channelled back into hospitals.

Parking at GP surgeries needs to be improved.

Need better provision for disabled drivers

Need better drop-off points

18.3 Public transport

Widespread concern about lack of public transport to health facilities, “*abysmal*”, “*appalling*”, especially from rural areas; high cost of public transport and taxis where these are the only option.

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

Consider people without cars, eg elderly people and single parent families.

Shortage of evening buses for visiting.

First Bus provides poor services.

NHS should put on interhospital buses for patients and visitors x 6.

Publish timetables for bus services to hospitals and include in appointment information x 2

Subsidise bus fares for patients.

Buses could have stickers on their windows to say which hospital they travel near.

Consider more imaginative ways to transport patients eg. by funding community transport schemes run by the voluntary sector eg Dial-a-Ride x 8

Wherever the acute hospital is, there should be a bus service to get you there.

Need more buses and taxis adapted for disabled use.

Raise awareness of Hospital Travel Costs scheme.

Identify patients who may have difficulty attending appointments due to transport difficulties, then apply practical solutions.

18.4 Ambulance services

Ambulance services may not cope with increased number of sites, and there will be increased costs to ambulance services x 3.

Undertake impact assessments for each acute hospital site.

Ambulances are currently using Bath because of the traffic in Bristol.

18.5 Bristol Royal Infirmary

Access to BRI by car and public transport is “*dreadful*”.

Parking is a major problem, a “*nightmare*” x 2.

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 round the BRI.
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”.

18.6 Bristol Central and East Community Hospital

Need facility in East Bristol, it can be hard to get to the end of the M32 from Fishponds etc.
Should be in Lawrence Hill – where there are good bus routes.
Put it at Cossham Hospital.
Avoid the centre of town.

18.7 Children's Hospital

“Terrible” access especially from outlying areas x 2.
“Terrible” parking x 10.
“Terrible” public transport.
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.

18.8 Cossham and Kingswood

Reasonable access, parking and public transport.
It is harder to access centre of Kingswood than Cossham.
Buses into Kingswood stop at 6.30pm.
People that live in Kingswood find Cossham very difficult to get to .
Concerns about all aspects of access to proposed Kingswood site.
No disabled and little patient parking at Orchard Medical Centre.
Kingswood Community Transport could provide a bus service for Cossham hospital.

18.9 Frenchay

Poor access by road and public transport especially from North Somerset and South Bristol x 4
Good access by road, especially from motorway
Major concerns about traffic congestion.
Parking is a *“nightmare”* x 2
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.
Cost of transport from North Somerset is prohibitive

18.10 North Somerset

Lack of public transport, can't reach Frenchay.
North Somerset residents rely on motorways, which are often grid locked.
Cost of transport to Bristol.

18.11 Southmead

Poor access, traffic congestion and “*horrendous*” parking problems x 3.
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
Southmead hard to access from S Glos x 6
Having a number of entrances to site makes access easier x 3
Better access than Frenchay x 2

18.12 Yate and Thornbury

Will need improvements to approach from ring road.
Travel to Yate is expensive and difficult from rural areas.
Need more buses from Bristol to Yate.
There are plans in Yate to build more shops and to lose some of the existing parking spaces.
No public transport available from Thornbury to Blackberry Hill.

19. Finance and procurement

Concern over affordability and availability of finance for new acute hospital x 7
Concern over use of PFI x 5
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, concern about ability to keep to budget.
Money spent on NHS managers and admin would be better spent on patient care.
How did NBT get so badly into deficit without people noticing?
The Government is very good at publicising new money that is in fact already allocated.
The development of community services should be less people are using acute hospitals and therefore money is released for community services.
Money raised from sale of sites should be ploughed back into local services.

20. Staffing

General concerns over shortage of staff and appropriate skill mixes.
Other concerns: use of agency nurses and foreign staff x 4; lack of therapists at weekends; shortage of radiographers; low staff morale; ability to recruit new staff, in particular to community services and home care where staff work unsocial hours for low pay; staff shortages put the load onto unpaid family carers; inefficiency of moving

staff from place to place in community settings; wastages in employment of ancillary and office staff.

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.

Services need managers who have ownership and are in charge at ward level with control over admin, nursing, cleanliness and dietary requirements.

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”.

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

21. Environment

Listed buildings at Frenchay and Southmead must be taken into consideration

Third of Frenchay land is under a conservation order

The quality of the interior environment is important for patients and staff

Staff should be consulted about design issues, using language they understand, should be involved in discussions with architects

Victorian buildings can be successfully converted into modern hospitals

Importance of good civic design

Community must share in planning and design of new hospital

S Glos should undertake an environmental impact study on the Frenchay site.

Concern about loss of parkland at Hengrove.

22. Consultation

22.1 Written information

Excellent leaflet.

Praiseworthy that public are being invited to express views.

“Appalled” at waste of paper and cost of circulating leaflets.

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

Four 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

Would like more information on what will be available at the new community facilities.

The information in the Help Us Decide booklet is not clear.

“Many thanks for all the information. It is very interesting, clear and in an easy to read format”.

“The proposals are well presented and well researched”.

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

“Money has been spent on this document to bamboozle the public”.

22.2 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?

22.3 Public meetings

Notification of meetings is not good enough.

Want more and better notice of local meetings x 3

Use the local press to advertise 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 a 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.

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. How much notice will be taken of the public consultation when meeting attendances are low? Could the meetings have been better publicised eg in GP surgeries, on buses, the back of pizza leaflets. It is an important enough issue to have a mail shot through every letterbox.

"If you tell the community what your plans are there would be less fear. If you could tell people, everything will calm down. They are afraid that they will lose everything".
"The end of the consultation period and the start of decision making is too short a timescale. Give proper thought to people's comments".
"A praiseworthy start in getting project off the ground, all the right buttons have been pressed".

23. Other issues

23.1 Brentry and Hortham

Brentry and Hortham should never have been closed.

23.2 Clevedon Hospital

Clevedon provides first class care to patients.

At the moment only people with a Clevedon GP can access Clevedon hospital.

Clevedon hospital is superb hospital but inadequate for modern medical care.

Plans for Clevedon hospital should be going on at same time as BHSP plans.

Clevedon Community Hospital is lovely

23.3 Homeopathic hospital

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

23.4 Infection risk

General concerns about the increase of infections such as MRSA.

Concerns that this is in part due to poor hospital cleanliness.

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

Infection rates in private hospitals are lower than in public hospitals because there are more single rooms in private hospitals. Will there be enough single rooms to control infection?

Need to inform visitors of hygiene rules. This doesn't always happen.

23.5 Keynsham Hospital

Concerns raised about possible closures.

23.6 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.

Sometimes people can only get mental health services if seriously mentally ill. Need services for people with less serious mental health problems.
Concern about services for people with dementia.
Concern about gaps in service between closure of Barrow and opening of other services.

23.7 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.

23.8 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.

23.9 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.

23.10 Voluntary and community sector

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

24. Summary of key issues

- **North Bristol acute hospital site**

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
22 November 2004