

Additional Information Report

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Introduction

Our public consultation document launched on 13th September 2004 “Help us to decide” sets out proposals for improvements in services for people living in Bristol, North Somerset and South Gloucestershire.

We have already received a great deal of helpful feedback from the public, patients and staff on these ideas.

We made a commitment in the consultation document that we would continue to work on the evidence and analysis supporting the proposals and options in “Help us to decide”. We particularly recognised that some further information would be helpful in making a decision on whether a single acute/emergency hospital for North Bristol/South Gloucestershire should be based at Frenchay or Southmead. We know the importance of this decision and want to share as much information as we can on it with the public. This pack of additional information describes the work that has been completed since the original launch of the public consultation document on 13th September. It also sets out whether this information might change any of the conclusions drawn in the original consultation document.

We have made assessments in a number of areas which could potentially affect our assessment of the performance of options against the criteria we set out on pages 69/70 of the public consultation document.

In each case we have carried out additional work, identified which criteria the work could affect, reviewed the original text in the consultation document, and identified where the conclusions drawn might need to be changed.

The work we have done, and the criteria and analysis which they relate to are set out in the table below

Additional work done	Relevant Criteria	Relevant analysis in consultation document
Travel times and transport (Section 2 of this document).	5. What will the options mean for people’s travel times?	Point 5 on page 75 Appendix 1 page 117
Links to adult acute mental health services (Section 3)	1. What will the options mean for the quality of care patients receive?	Point 1 on page 75. Appendix 1 pages 112/113

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Additional work done	Relevant Criteria	Relevant analysis in consultation document
Socio-economic and sustainability issues and public health. (Section 4)	6. How will the options impact on the local communities in South Gloucestershire and North Bristol?	Point 6 on page 76. Appendix 1 page 118.
Detailed design and costs of options. (Section 5)	7. Will the options provide high quality modern buildings which provide the best environment for patients to recover from their illness? 9. How flexible are the options so that if things change in the future we can still meet patients' needs? 10. Will the options be good value for money?	Point 7 on page 76, and points 9 & 10 on page 77. Appendix 1 pages 119-123

The remainder of this document explains the additional work done in each area and the impact on option choice. The document is supported by two detailed reports. These are:

- A transport assessment provided by the Peter Evans Partnership – a firm of transport consultants.
- A socio-economic analysis of the options provided by Baker Associates, a firm who are expert in this area.

Transport and travel

When we wrote the consultation document we realised there were three areas relating to transport and travel where additional information might support the choice of which of Frenchay and Southmead would be the best site for the acute/emergency hospital. These were:

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- Providing more detail on likely travel times and distances for patients.
- A more detailed assessment of the impact of the options in terms of public transport and the road network.
- The impact of the options for patients being taken to hospital by ambulance in an emergency.

Each of these is covered in turn below, and then we describe how we think they could affect the overall conclusions we drew in the main consultation document.

Travel times and distances

We have tested the conclusions reached in the consultation document on travel times and distances by using a travel time analysis package. To do this we have looked at last year's activity at each of the current hospitals and analysed the journeys patients had to make. We have then looked at where those patients would have gone in the future under each of the options, and whether this meant they would have longer or shorter journeys. This has included taking account of the proposed new community hospitals, which will mean many people making far shorter journeys for services like diagnostics and outpatients. This further work suggests that some of the figures we set out in the original consultation document need to be updated. However, we believe the overall conclusions drawn in the document are not significantly affected. It is easier to be certain about the additional distance people might have to travel than the additional time. Everybody knows how variable travel times can be (depending on the time of day, the period in the year and other factors). The travel times package has to make assumptions on average speeds for particular kinds of roads, and clearly on any particular day or time these might not be right. However the table attached as Appendix One sets out our best estimate of how people will be affected by the different options compared to the position now.

What we said in the consultation document

In the consultation document we said that *“a greater number of people would have longer journeys than now”* if we choose Frenchay as the main site, than if we choose Southmead.”

In the appendix to the consultation we said that *“The main things that separate the two sites are:*

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- *Taking all patient journeys as a whole (over 700,000 journeys to hospital a year) we estimate that under the Southmead option approximately 106,000 people would need to travel further than they do now, and under the Frenchay option 160,000 would need to travel further.”*

What our new analysis tell us

Having revised the analysis to reflect more accurately the impact of community hospitals we believe these numbers should be changed and more detail can be provided as shown below. Supporting detail is in Appendix 1 of this document

Taking all patient journeys as a whole (around 680,000 journeys to hospital a year¹):

- For travel distance we estimate that under the Southmead option approximately 104,000 people would need to travel further than they do now, and under the Frenchay option 149,000 would need to travel further.
- For travel time the two options are so close together there is no material difference. Here the gap is much smaller but marginally favours the Frenchay option, with 120,000 patients having journeys taking longer, and 125,000 for Southmead.

Does this make a difference to the conclusions we reached in the consultation document?

We do not think the new information significantly affects the conclusions we drew in this specific area. The consultation document correctly identified the substantial difference between the two options in their impact on travel distance. However, it did not say what we now know about travel time, which is that the two options are very close in this area, and it marginally favours Frenchay. We do not think this significantly affects our conclusions. This is because the limitations of the travel time analysis described above suggest that a difference of around 4% in travel time is too small to be considered significant in decision making terms. This is particularly the case given that the travel time assessment assumes average national speeds for specific road types. However, the traffic

¹ The total number reduced from around 700,000 to 680,000 because our original number included some outpatient journeys which are not affected by these proposals and so they have been removed.

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assessment described in the following section makes it clear that the traffic impact around Frenchay would be worse. It is likely that this would counteract the theoretical gap in time described above.

Public transport and road network implications

In the consultation document we explained that our assessment of the transport and travel impact of the options was partly based on a two year old study by the expert travel consultants Peter Evans Partnership. We wanted to check that their core conclusions on the merits of the two sites had not changed over the two years because of subsequent changes to public transport or the road network.

We have therefore commissioned a further report from them which is available from our website.

What we said in the consultation document

In our consultation document we said that:

“Our transport consultants confirm that at the time of their study in 2002 there were generally worse road conditions around Frenchay, particularly with the congested ring road and the roundabout at Junction 1 of the M32. This would make it a worse location to base the main hospital at in terms of increasing road congestion.

Our transport consultants have said that Southmead is better served by public transport than Frenchay.

Often the most important thing is not exactly how long it takes to drive to hospital but whether you can park when you get there, and whether you then have a long walk to get to the place you need to be. At the moment we do not know how many car parking spaces we could create on each site as this is dependent on what the local councils say. However, before we take the final decision we will explore this issue further with local councils.

Southmead would appear to be the better for access by car and by public transport. Clearly it would be possible in the future for additional bus routes to be provided for Frenchay to address the public transport issue. However, this would add to the costs of the Frenchay option as the NHS would probably have to support these services financially. “

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What our new analysis tells us

The more recent work on traffic congestion (completed in this month) suggests that the previous conclusions on traffic conditions are still valid. The new report concludes that:

- The site at Southmead is more accessible by non-car modes of transport. In addition, the population that needs access to these modes of transport is higher in the areas surrounding the Southmead site, compared to the Frenchay site.
- Frenchay Hospital is disadvantaged by its poor public transport accessibility, and its close proximity to the congested junctions on the ring road, particularly at the M32 motorway junction.
- An intensified use of the Southmead site (Option 2) is the most beneficial of the three options in terms of transport. This is because it would relieve the congestion around the Frenchay area. The restrictions at the Frenchay site mean that a combination of the two sites (Option 1) is then more beneficial than an intensified use at the Frenchay Site (Option 3).

Does this make a difference to the conclusions we reached in the consultation document?

We do not consider this makes a significant difference to the conclusions we reached. However, the transport consultants have concluded that, overall, going with the Southmead option is not only better than going with the Frenchay option in transport terms, but also better than keeping the two sites as they are (because it would relieve some of the existing congestion around the Frenchay site). This is not a piece of analysis we provided in the main consultation document.

We continue to be in discussions with local councils on the level of car parking, but at this stage have no information to suggest one site would offer more parking than another.

Ambulance travel

We know that patients and the public are particularly concerned about what will happen in an emergency. We have therefore asked the Avon Ambulance Service NHS Trust to assess whether the choice of option will have any implication for ambulance services.

What we said in the consultation document

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In the Frequently Asked Questions section of the document we wrote.
*“Isn’t it more risky in an emergency if you have to travel further by ambulance to reach the Accident and Emergency department?
For most people, it is important to get an ambulance to them quickly so that para-medical staff can assess and stabilise them. Once the patient is fit to travel, the distance to be travelled to the Accident and Emergency Department is of course important, but it is more important that the department to which the patient goes to has the correct staff and equipment to treat them well. It can be far more risky for an ill patient to have a short journey to a hospital that cannot provide the care that they need than it is to have a longer journey to a hospital which has all the facilities needed to provide expert care for them.”*

What our new analysis tells us

The Avon Ambulance Service NHS Trust has given us the following views:

- They support the overall case for change of moving to one main acute/emergency site, and do not believe one site would be particularly better than the other from an ambulance service perspective.
- There is no reason to assume that there would be a different resource implication for the ambulance service between any of the main options.
- They believe that they will be able to get to patients in time under all the options, meeting national standards on ambulance response times for emergency calls.
- They do not think that there is a negative impact for patients in having slightly longer ambulance journeys to the A&E department than now, because the most important thing is how quickly the ambulance arrives, not how quickly it gets you to hospital.
- The short term plans to concentrate main A&E services on one site rather than two may need them to deploy an additional ambulance in order to keep response times at their current level.

Does this make a difference to the conclusions we reached in the consultation document?

No – this is entirely consistent with the conclusions we reached.

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Overall conclusions in main consultation document

The assessment above suggests that the overall conclusions drawn in the consultation document on transport, travel and access are not significantly affected by the further work done.

The main factor separating the choice between Option 2 (Southmead) and Option 3 (Frenchay) in transport and travel terms remains that Southmead is better served by public transport than Frenchay.

Links to adult acute mental health services

What we said in the consultation document

In the consultation document we explained that there is an adult acute mental health service at Southmead. We suggested that there were benefits in maintaining the links between acute “physical” health services and acute mental health services. This therefore meant that there could be an advantage in having the main acute/emergency site at Southmead. This might mean we would need to reprovide these services at Frenchay if we moved them to Frenchay. However, we assumed we would not need to do this, and did not allow any costs for it in the Frenchay option. We thought it was important to test this conclusion and explore it with the Avon and Wiltshire Partnership NHS Trust. In particular, we asked them whether we should amend our options to include a new build acute mental health service at Frenchay should we base the main acute emergency hospital there.

What our new information tells us

The Avon and Wiltshire Partnership NHS Trust have confirmed that under all of the options we are proposing they would wish to retain services as they are. However, they say that if the Southmead site was closed entirely (which is not one of our options) they would wish to move some services to Frenchay.

We have therefore concluded that the assessment set out in the consultation document was reasonable, and that we should not add additional costs to the Frenchay option to allow for a service move.

Does this make a difference to the conclusions we reached in the consultation document?

No. The issue of links with mental health should not be factored in to the financial costs of the options. However, as we said in the main

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consultation document, going with the Frenchay option could result in reduced overall quality of service as the existing links on the same site between the acute adult mental health services and the acute/emergency “physical” health services would no longer be in place.

Socio-Economic Issues, Sustainability and Public Health

In our consultation document we explained that we had made our assessment of this based on a two year old study carried out a company called Baker Associates (a company which is expert in considering socio-economic issues). We asked them to update their study and confirm whether or not the conclusions drawn then still apply.

Their revised study is attached. It analyses in detail the impacts on employment, economic impacts and social impacts.

We also asked the Director of Public Health and Community Development for the Bristol PCTs to make an analysis of the impact of the options on public health. This is attached as Appendix 2.

What we said in the consultation document

In the consultation document we stated that:

“One factor we have identified affecting the choice of site between Frenchay and Southmead is the impact on local areas which are relatively less well off, having lower car ownership and lower employment.

Southmead is based nearer to a greater number of people who live in an area of this kind. This means that for this factor Southmead would be ahead of Frenchay. People living in socio-economically deprived areas are likely to have greater difficulties in travelling to access healthcare and employment, and depend more on public transport.

An option which placed additional jobs at Southmead would therefore have a greater positive impact on areas of deprivation than one which placed additional jobs at Frenchay.”

What our new analysis tells us

The revised Baker report says that

- Relocating all or most hospital jobs to Southmead rather than Frenchay is likely to bring more benefit in terms of contribution to

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economic regeneration and in terms of access to hospital jobs for residents of more deprived areas.

- Southmead is more important than Frenchay as a provider of jobs and incomes to the more deprived parts of the area. It also suggests that Southmead would be more beneficial in terms of urban regeneration.

The additional assessment on Public Health says that:

- In terms of access to health care for deprived populations Option 2 - the Southmead site emerges as possibly the preferred option with better geographic access to deprived populations in Southmead, Ashley, Lockleaze, Henbury and Horfield. Option 3 has less access to areas of high deprivation with the nearest wards being Hillfields and Eastville.
- There are no clear proven links between how close you live to a hospital and improved health. It suggests that the most important part of our change proposals in terms of public health may be the enhanced primary and community facilities.

Does this make a difference to the conclusions we reached in the consultation document?

No. The Baker report confirms the conclusions in the consultation document that Southmead is preferable on this criterion. The Public Health assessment suggests there is little difference between the options but Southmead may be marginally preferable.

Detailed design and costs of the options

What we said in the consultation document

In the consultation document we said that we were confident we could build a high quality hospital at either Frenchay or Southmead, but that we wanted to do some more work testing the best design solution for each site, and whether this showed one site had more potential than the other. We also wanted to check that we were including all the appropriate costs

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on both sites, and that there was therefore a fair comparison between the two.

In particular, under criterion 7, we said

“We are confident that we can design and build high quality and modern facilities on both sites. We are carrying out further work to identify the best design solution for each site, and this may show us that one has more potential than the other in this area. If this is the case the information will be made available. We have considered whether Frenchay would be better because it is currently a “greener” environment, and this might provide a better environment for patients to recover from their illnesses. However, we are confident that with the flexibilities of the Southmead site we could also create an excellent environment there too.”

We have asked our architects and design team to look at the potential of both sites and they have explored a range of new options on each site.

What our new analysis tells us

The conclusions we have drawn from the new work are that:

- On both sites we have a range of options with different proportions of new build compared to refurbishment.
- Both sites offer us the potential for what would be a virtually total new build solution.
- Our original work did not include some costs which we think we would need to incur under the Frenchay option (but not the Southmead option), adding up to another £12.5m to the capital costs of the Frenchay option.
- Those options we have looked at with a greater proportion of new build than we had assumed in our original options are significantly more expensive in capital terms, and so we are not sure that we could afford them.

We have therefore concluded that in terms of the decision between the two sites we will continue to work on the basis of the existing options which both involve a degree of refurbishment as well as new build. Since we wrote the document we have also been told that the National Blood Service building currently at Southmead will be moved to another location in the future. This will mean that we have more development area potentially available at Southmead than we had thought.

Does this make a difference to the conclusions we reached in the consultation document?

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In terms of the choice between the options we think that this does slightly change some of the conclusions we reached in the consultation document. We think that instead of concluding that the two options are identical in terms of quality of the buildings it is likely that a Frenchay option will be marginally better in this area. This is mainly because the Southmead option involves a greater degree of refurbishment than the Frenchay option, which has a higher proportion of new build. With the Frenchay option we would probably have a higher proportion of new buildings which will provide the best possible environment. With the Southmead option we will refurbish existing buildings to a high standard, but it is unlikely that they will be quite as good as new build in all cases. This factor therefore marginally favours Frenchay. However, the imbalance could be addressed by further capital expenditure at Southmead, and we now know that the Frenchay option would cost £12.5m more than we first thought. Taken together, we think that this new information is broadly neutral in terms of the conclusions we reached before.

APPENDIX ONE – TRAVEL TIME AND DISTANCE IMPACT ANALYSIS.

The table overleaf sets out our detailed assessment of which patients would have longer journeys under each of the options.

There are a number of assumptions we have had to make in developing this table. These include the following:

- Under all options there will be a single main accident and emergency department. This would remain at Frenchay under the Do Minimum option (Option 1). Under Option 2 it would be at Southmead, and under Option 3 it would be at Frenchay. The separate consultation on this was completed on October 4. Following this consultation the North Bristol NHS Trust Board has confirmed that there will be a single main emergency department in North Bristol/South Gloucestershire from next year at Frenchay. We are therefore comparing all the options to what the position will be after this service change has been implemented, rather than to what it is now.
- **50% of** outpatient services will need to remain at the main acute/emergency hospital because they will need access to particular specialist equipment or “one stop shop” style clinics which will work the best there. We have assumed that the remaining **50%** will be able to have their outpatient appointment at the closest Community Health Care Centre/Community Hospital to where they live.
- **33% of** diagnostic services will need to remain at the main acute/emergency hospital because they will need access to particular specialist equipment or “one stop shop” style clinics which will work the best there. We have assumed that the remaining **67%** will be able to have their outpatient appointment at the closest Community Health Care Centre/Community Hospital to where they live.

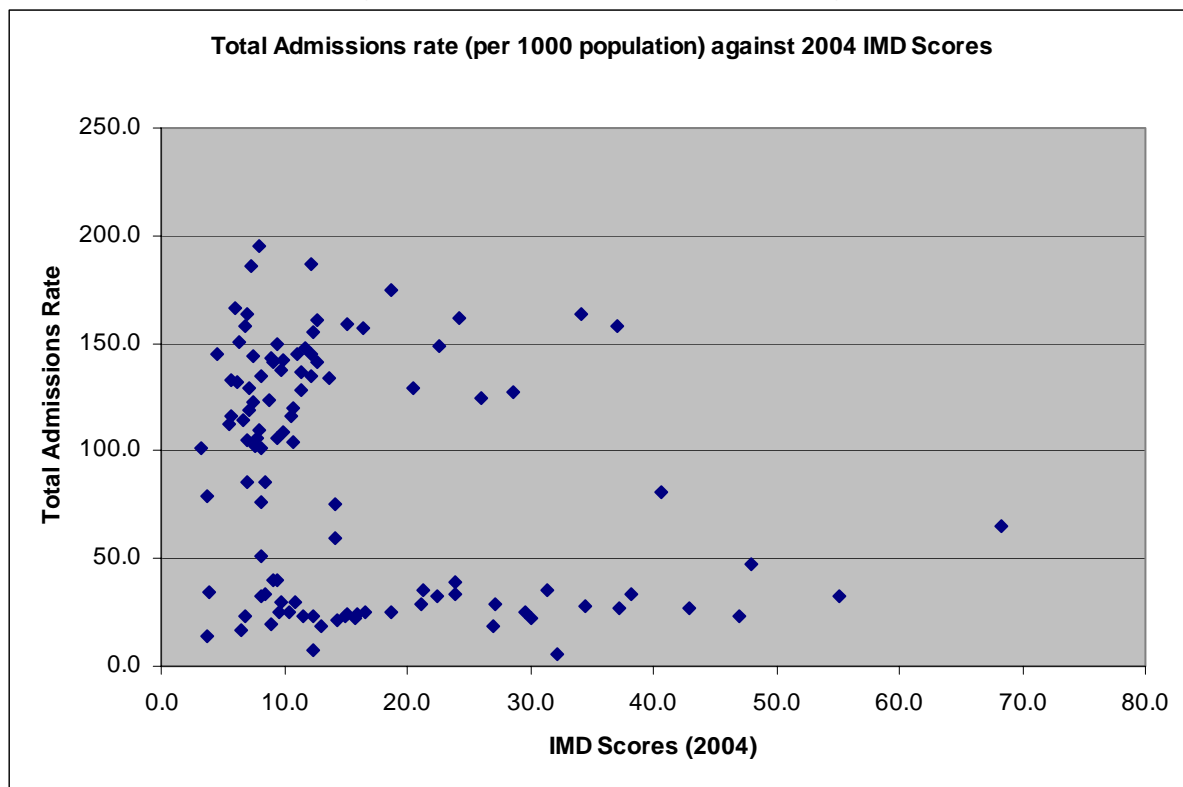
Table 1: Travel distance and time assessment

PATIENT GROUP	JOURNEYS 2002/03	TRAVEL VARIABLE	OPTION 1 (Do Minimum)			OPTION 2 (Southmead)			OPTION 3 (Frenchay)		
			+ ve Aff	No Aff	-ve Aff	+ ve Aff	No Aff	-ve Aff	+ ve Aff	No Aff	-ve Aff
Outpatients	433,538	Distance	149,410	284,128	0	177,693	190,830	65,016	179,415	165,452	88,670
		Time	130,549	302,989	0	146,125	209,691	77,721	177,582	184,314	71,642
Diagnostics Patients (GP Referred) ¹	37,988	Distance	7,939	30,049	0	9,915	23,135	4,938	12,194	11,662	14,170
		Time	6,724	31,264	0	7,864	24,350	5,774	13,372	12,840	11,776
Day/Night Attenders (Renal Patients)	27,350	Distance	0	27,350	0	0	27,350	0	13,718	766	12,866
		Time	0	27,350	0	0	27,350	0	17,514	977	8,859
Day Cases	30,100	Distance	0	30,100	0	3,391	23,577	3,133	6,706	17,285	6,109
		Time	0	30,100	0	1,579	24,551	3,970	9,723	15,677	4,700
Elective Inpatients	20,619	Distance	0	20,619	0	3,127	13,434	4,058	4,797	7,185	8,636
		Time	0	20,619	0	1,565	13,434	5,620	7,497	7,186	5,936
Obstetrics Patients	9,970	Distance	0	9,970	0	0	9,970	0	4,520	0	5,450
		Time	0	9,970	0	0	9,970	0	5,887	0	4,083
Emergency Inpatients	33,641	Distance	0	33,641	0	3,111	19,370	11,160	3,186	18,079	12,377
		Time	0	33,641	0	1,776	19,370	12,495	4,985	18,079	10,577
A & E Attenders	88,015	Distance	10,934	76,214	638	26,163	46,208	15,416	10,934	76,214	638
		Time	9,839	75,530	2,419	22,872	45,524	19,391	9,839	75,530	2,419
TOTAL	681,221	Distance	168,284	512,071	638	223,399	353,873	103,721	235,471	296,644	148,916
		Time	147,111	531,463	2,419	181,781	374,240	124,972	246,398	314,602	119,993

APPENDIX TWO – PUBLIC HEALTH ASSESSMENT OF THE OPTIONS

The Socio-Economic report from Baker Associates sets out conclusions on the relevant socio-economic performance of the options, and overall implies that the Southmead option performs better in this area, although it includes a number of caveats. This Appendix looks at whether there may be public health implications resulting from the choice between Frenchay and Southmead as the major acute/emergency site.

In terms of access to health care for deprived populations Option 2 - the Southmead site - emerges as possibly the preferred option with better geographic access to deprived populations in Southmead, Ashley, Lockleaze, Henbury and Horfield. Option 3 has less access to areas of high deprivation with the nearest wards being Hillfields and Eastville. While an assessment of the use of hospital services by deprived populations suggests that the most deprived areas have relatively high admission rates this is certainly not the case across the range of deprivation. Relatively high admission rates are seen in more affluent areas across the catchment's population with lower admission rates experienced across a range of more deprived areas (see figure below).



Use of health services is clearly a more complex interaction than can be predicted by geographic proximity to deprived areas alone. More importantly a strong relationship between access to a hospital facility and health improvement is by no means clear. Plans to increase equity of access to primary and community health services for deprived communities close to the existing hospital sites at both Southmead and Frenchay are far more likely to result in sustained improvements in health inequalities than the location of hospital facilities.

Alison Frater - October 2004 - Director of Public Health.