

Consultation Report

on proposals relating to
Cossham / Kingswood

March 2005

If you would like further copies of this report or in another format such as ASCII, Braille, Large print, on a CD or audio cassette or in other languages, please contact us:

Write to:

The Bristol Health Services Plan
FREEPOST BS1 078
King Square House
King Square
Bristol
BS2 8EE

Freephone: 0800 015 5127

Minion: 0117 900 2675

Email: communications@bristolnorth-pct.nhs.uk

Website: <http://www.avon.nhs.uk/bhsp>

CONSULTATION REPORT

ON COSSHAM / KINGSWOOD PROPOSALS

March 2005

1. Introduction – The Bristol Health Services Plan

- 1.1 The Primary Care Trusts (PCTs) and NHS hospital Trusts serving the people of Bristol, North Somerset and South Gloucestershire have been consulting on a range of proposals to change and improve health services within the area. These proposals were described in the consultation document *Building Better Health Services – Bristol Health Services Plan, Help Us to Decide*. The NHS organisations leading the consultation were Bristol North PCT, South Gloucestershire PCT, Bristol South and West PCT, North Somerset PCT, North Bristol NHS Trust and United Bristol Healthcare NHS Trust.
- 1.2 The original formal period of consultation on a range of Bristol Health Services Plan (BHSP) proposals took place between 13 September and 10 December 2004. A full Consultation Report was published in January 2005.

2. Background: Cossham / Kingswood Proposals

- 2.1 One of the set of proposals outlined in the BHSP consultation document related to healthcare services at Cossham Hospital/Kingswood. An extract from the consultation document is shown in *Appendix 1*.

2.2 In December 2004, following a request by members of the public to provide more time to enable further consultation on the Cossham/Kingswood proposals to take place, a decision was taken to extend this consultation period to 1 March 2005.

3. Aim of Report

3.1 The aim of this report is to summarise the process and outcomes of the consultation process in respect of the Cossham/Kingswood proposals and to set out the next steps.

4. Structure of Report

4.1 This report gives a summary of the consultation process on the Cossham/Kingswood proposals. Information relating to the consultation process in the period 13 September 2004 – 10 December 2005 is also contained in the BHSP Consultation Report (January 2005).

4.2 This report is in two parts.

- *Part A* of this report outlines the process and outcomes from the consultation exercise.
- *Part B* presents the next steps in light of the formal consultation exercise.

5. Acknowledgement

5.1 The local NHS would like to take this opportunity to acknowledge and thank all those who took part in the consultation exercise on proposals relating to Cossham/Kingswood and the Bristol Health Services Plan as a whole.

6. PART A – CONSULTATION

6.1 The local NHS conducted a thorough and extensive process of formal consultation with respect to the proposals relating to Cossham/Kingswood.

6.2 Throughout the consultation process, we have emphasised that:

- The options and proposals in the Bristol Health Services Plan (BHSP) are not fixed in stone and can be altered following consultation
- The views of the public, staff and all other stakeholders really do count and will be taken into account when decisions about the future are made.

7. Key Components of Consultation

7.1 This document is based on the information we have received from people and organisations that responded during the consultation period. We have tried very hard to ensure that we accurately and fairly reflect the views expressed.

8. External Independent Organisations

8.1 We engaged two independent organisations to assist with the consultation exercise:

- *The Care Forum* is an independent voluntary organisation which mainly works within this geographical area. *The Care Forum* aims to enable and improve public involvement in health and social care services and provides an infrastructure for effective representation, communication, consultation and networking within the voluntary and community sector. *The Care Forum's* role

has been to ensure an impartial bringing together of all responses to the BHSP proposals and to make sure that the recording of points raised at meetings was also without bias. *The Care Forum* has maintained a database of responses and has produced a report on the public consultation processes between September 2004 – March 2005 based on the meetings they attended, letters, phone calls, emails and all other comments submitted during the consultation period. *The Care Forum Report* provides much of the information that is summarised here. The full *Care Forum* report is given in *Appendix 2*.

- *Test Research* are part of the MORI group of companies and are specialists in communications research. They have provided us with some quantified information including the public's view on some important issues. They interviewed, by telephone between 1 November and 17 November 2004, a cross-section of 654 adults over the age of 18 years. Their sample covered the three main areas of Bristol, North Somerset and South Gloucestershire. *Test Research* produced a report called the *Public Attitudes Survey* in December 2004. Relevant extracts from this report relating to Cossham/Kingswood are outlined in *Appendix 3*.

9. Extent of the formal consultation on Cossham/Kingswood proposals

- 9.1 The initial formal consultation process was carried out throughout Bristol, South Gloucestershire and North Somerset. During the extended consultation period, the focus of

consultation on the Cossham/Kingswood proposals was on the population in and surrounding Kingswood and Cossham Hospital since the residents in these areas were most likely to be affected by the proposals.

10. Conducting the consultation

10.1 The Help Us to Decide document

10.1.1 The document *Help Us to Decide* outlined the issues we face, our vision on a wide range of specific proposals. This document was distributed widely. The full document was also available electronically from the consultation website (www.avon.nhs.uk/bhsp) with over 21,000 visits to the site.

10.1.2 We produced a shorter summary document and numerous leaflets which were also distributed widely. Copies were also sent to a number of out-of-area PCTs and also to Local Health Boards and Community Health Councils in Wales. We also produced a regular news sheet called *BHSP News*.

10.1.3 In *Help Us to Decide*, we posed fourteen consultation questions – including one on our proposals relating to Cossham/Kingswood – and included a tear-out form to help people to respond. This form included space for additional comments. We received a total of 351 responses through tear-out forms, phone calls, emails and letters.

11. Leaflets and Additional Information Relating to the Cossham/Kingswood Proposals

11.1 In January 2005, a set of additional information was published and distributed in the public domain. This included a leaflet, additional information on the proposals and a 'question and answer' form. This information set was produced in response to a request from members of the public for additional material on the proposals and was distributed widely.

12. Mass communications and use of the media

12.1 The consultation was supported by an extensive media campaign. In respect of the entire BHSP, there was substantial media coverage of both the proposals for consultation and of the meetings and opportunities to take part. For instance, a total of 400 thirty-second radio commercials were aired in the GWR broadcast area. There were newspaper advertisements in 22 editions of newspapers covering the Bristol, South Gloucestershire, North Somerset, Bath and North East Somerset and Cotswold and Vale areas. In addition, there was considerable reporting of the proposals and discussion on television, local radio and newspapers.

12.2 The telephone survey conducted by *Test Research* in November 2004 showed how effective the impact of this publicity and our earlier engagement work has been. Some 30% of respondents when asked, showed some awareness of proposals relating to Cossham/Kingswood, the highest awareness being in South Gloucestershire and the lowest in North Somerset. *Test Research* found that people were most likely to have heard of

the proposed changes from articles and discussions in the media. Almost half had seen or heard advertisements. See *Appendix 3* for further information.

13. Public meetings

13.1 Meetings with the general public, with specific community groups and with the NHS workforce provided an important way of exploring the issues in detail, clarifying issues and obtaining feedback. The proposals on the BHSP as a whole were discussed at 57 meetings, attended by over 1,600 people (approximately 300 of whom attended a meeting on the Cossham/Kingswood proposals on 1 December 2004). Of these meetings, 45 were observed and recorded by *The Care Forum*. Details of the meetings held, their attendance and location are detailed in the *BHSP Consultation Report (January 2005)* on www.avon.nhs.uk/bhsp

13.2 The Cossham/Kingswood proposals were discussed at 25 of the 57 public meetings during the main public consultation process. A further 5 drop-in sessions were held in public during the extended period of consultation (see also s.16 below)

14. Patient & Public Involvement Forums

14.1 Patient & Public Involvement Forums (PPIF) were set up by the Government in 2003 as the local voice of the community in health matters. They have a statutory role to monitor the NHS on behalf of local people. They are made up of volunteers and have a wide range of responsibilities including gathering views about the quality of services, monitoring service gaps, the

impact of those gaps and making suggestions about how to improve the experience of users of the service.

14.2 We had briefing sessions for all PPIF members reporting back on the outcomes of the engagement phase and during the formal consultation period. Individual PPIF members have also attended the open public meetings to voice their views. We have also met with PPIF members to enable them to look back at the consultation process and forward to the decision-making arrangements. The PPIF also submitted a formal response to the consultation process on Cossham/Kingswood.

15. Public Involvement Group

15.1 Following the public engagement phase in early 2004 and in common with other areas of the Bristol Health Services Plan, a Public Involvement Group was established to focus upon the Cossham/Kingswood proposals. Four meetings were held in 2004 and a further two meetings held in 2005.

15.2 The purpose of this Group was to enable people to gain a better understanding, to ask questions, challenge and give feedback on the proposals for Cossham/Kingswood. Key NHS staff were present to deal with any queries or requests for more information.

16. Other Consultation methods

16.1 In addition to public meetings, meetings of the Public Involvement Group and distribution of information in the public domain, other activities that took place included 'drop-

in' sessions at which members of the public were able to meet senior NHS staff, a joint forum of Parish Councils in the area, organised 'tours' of Cossham Hospital and the Orchard Medical Centre in Kingswood and displays in libraries and at the Kingswood Civic Centre.

17. Correspondence

17.1 The NHS provided freepost, freephone and email facilities to enable as many members of the public to respond to its proposals. The local NHS also responded to a range of requests for further information.

17.2 Formal submissions were received during the consultation process from a variety of public and statutory bodies and groups. In addition to receiving many responses from the public, the NHS also received a 70–page report written by the Save Cossham Hospital Group and a number of petitions and surveys. Further details of these are provided in The Care Forum Report in Appendix 2.

18. The role of Overview and Scrutiny Committees

18.1 As some of the changes to local health services being proposed represent a significant change or 'variation' from the current arrangements, each Local Authority is required to consider the Health Service's plans through its Overview and Scrutiny arrangements. The scrutiny process is independent of the NHS and is another important way in which people can make their views heard during the consultation process. The public were invited to contact their respective Overview and

Scrutiny Committees in the consultation document.

18.2 Because the overall Bristol Health Services Plan proposals affect people living in North Somerset and South Gloucestershire as well as Bristol, it was agreed that Bristol City Council would host a joint overview and scrutiny committee. The NHS Trusts and PCTs have discussed proposals in detail with this Joint Health Scrutiny Committee. The Joint Health Scrutiny Committee is comprised of Councillors from Bristol City Council, North Somerset Council and South Gloucestershire Council.

18.3 Following a request by the public to extend the formal consultation period on Cossham/Kingswood, a meeting took place with the Joint Health Scrutiny Committee on 16 December at which the formal extension was ratified. The Committee has continued to provide overview and scrutiny on the Cossham/Kingswood proposals.

18.4 The Joint Health Scrutiny Committee will consider this Cossham/Kingswood Consultation Report at its meeting on 18 March 2005.

19. Key Messages Arising out of the Formal Consultation Process

19.1 The local NHS received a large number of responses to this consultation exercise. Responses were received from members of the public and a range of groups and public and statutory bodies. The responses largely indicated a lack of support for the existing proposals relating to Cossham Hospital, Orchard Medical Centre and Kingswood Health Centre.

19.2 The key and frequent messages from the public arising out of the public consultation process were: –

- The proposal to split services between the Orchard Medical Centre and Kingswood Health Centre will result in a poorer service
- Access to the Orchard Medical Centre and Kingswood Health Centre is difficult and the Kingswood Health Centre is in particularly poor condition.
- There is no suitable parking at either Orchard Medical Centre or Kingswood sites or within reasonable distance.
- The decision to close Cossham Hospital has already been taken and the consultation is purely a cosmetic exercise.
- Cossham should remain open and provide a full range of services
- Cossham Hospital is easy to access, has good parking, already provides high quality services and is placed in the centre of the local community.
- A wish to see the refurbishment and redevelopment of the Cossham Hospital site
- The local residents have a strong affection for Cossham Hospital and believe that the hospital was given to them by Handel Cossham
- A perception that services have been reduced and the building run down over the years.
- The proposals are financially driven and not based on the needs of patients.
- Members of the public have not been given the detailed information they have asked for in a timely manner as part of the consultation process.

- A belief that the local NHS has already taken a decision on Cossham Hospital and that views expressed during consultation would not be taken into account

19.3 A full description of the outcomes of the consultation exercise is contained in *The Care Forum Report* attached in *Appendix 2*.

20. PART B – NEXT STEPS

20.1 The local NHS has conducted an extensive process of engaging with the public on the Cossham/Kingswood proposals. The details of this formal consultation process are outlined in *Part A* of this Report.

20.2 In reaching its conclusions on the next steps, the local NHS bodies have considered the main themes arising out of the consultation process indicated in section 19 and Appendix 2 of this report.

20.3 Having taken full account of these issues, it is the view of the local NHS that: –

- The existing proposals relating to Cossham Hospital, Orchard Medical Centre and Kingswood Health Centre in their current form will be withdrawn.
- We will explore with local people, local councils, public and voluntary sector groups and local health professionals a variety of options in respect of health services development and provision in the Kingswood and Cossham Hospital area, and that this review would include the option to redevelop

the Cossham Hospital site. This process would commence in summer 2005.

- Following this process of public engagement, we will develop an option appraisal of possible solutions based on a set of criteria
- Following this, we will develop a detailed set of revised proposals from which we will then proceed with a new formal consultation process

20.4 It is envisaged that this new process, commencing with a public engagement exercise, will commence in the summer of 2005. A decision on any revised proposals is not expected until 2006.

10 March 2005

Extract from BHSP Consultation Document *'Help Us Decide – Building Better Health Services in Bristol, North Somerset and South Gloucestershire: – 13 September – 10 December 2004'*

SECTION 10: PROPOSALS FOR REPROVIDING SERVICES NOW AT COSSHAM HOSPITAL

Cossham hospital is located close to Kingswood. It has a number of buildings in considerable need of upgrading and modernisation. This means that it may not comply with the Disability Discrimination Act and is very difficult to use, particularly for disabled people. We cannot continue to provide services from the hospital unless we invest in it significantly. Cossham is situated on the border between North Bristol and South Gloucestershire, with poor access by public transport and so is not ideally placed for either population. We believe that it would be better to reprovide the services elsewhere than spend more money on old buildings which are not really suitable for providing modern healthcare. We would prefer to spend taxpayers' money on the new facilities described in Sections 5 and 6.

Over the last few years we have already been moving services away from Cossham to more appropriate facilities, such as the nearby Cossham Gardens for younger people with physical disabilities and complex needs.

We have already received some feedback from the public on the plan to close Cossham and the key messages we have received are that:

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

We have taken both of these issues into account in putting our proposals together for re-providing services. Our overall strategy to transfer services away from Cossham is shown in the table below. We have shown both our shorter and longer-term proposals, as it will take some years to have all the new facilities available, but we believe we have to act on Cossham now. We believe we can significantly improve services and at the same time save scarce money.



Bristol Health Services Plan

Services currently at Cossham	Proposed future provision
<p><i>Outpatients</i></p> <p>About 32 clinics are held each week for local people with 14,500 attendances (55% from South Gloucestershire, 42% from North Bristol)</p>	<p>In the short term, most clinics would move to Kingswood. Some services which would benefit from better access to “high tech” diagnostic equipment would move to Frenchay, whilst some outpatients currently seen at Frenchay for routine appointments could be seen more locally in Kingswood. In the longer term, for people living in Yate and Central and East Bristol we would be able to provide these services in the developments we plan in each of these areas. For people living near Kingswood they would stay at Kingswood. Released space at Kingswood would allow more services to be moved from Frenchay.</p>
<p><i>Radiology</i></p> <p>There are two x-ray rooms at Cossham, providing 21,000 examinations a year (13,500 for patients from South Gloucestershire and 5,500 for those from North Bristol).</p>	<p>In the short term we would provide both x-ray and ultrasound at Kingswood. We will consider the use of mobile X-ray facility for residents of Yate and Central and East Bristol in the short term. In the longer term the new facilities in Yate and Central and East Bristol would provide x-ray equipment.</p>



Bristol Health Services Plan

<p><i>Community Physiotherapy</i> Assessment and treatment for people with orthopaedic and mobility problems. There are 13,500 attendances, and around 2,300 referrals a year. (55% from South Gloucestershire and 45% from North Bristol).</p>	<p>Many people will receive physiotherapy in GP surgeries. Others will need access to more specialist equipment and would benefit from specialist group sessions. There would be new purpose-built facilities in Kingswood which would provide all specialist physiotherapy services to South East Gloucestershire (with “low tech” service to be provided at Yate.) Specialist physiotherapy services would also be provided in Central and East Bristol.</p>
---	--

Services currently at Cossham	Proposed future provision
<p><i>Community Intermediate Care Services</i> Office accommodation is currently provided for staff providing care to people mainly in their own homes.</p>	<p>We will identify new office accommodation as required, which will be well located to cover the whole of South Gloucestershire.</p>



Bristol Health Services Plan

<p><i>Mental health teams</i></p> <p>Office accommodation is provided at Cossham for staff providing mental health services in the community to both adults of a working age and the elderly.</p>	<p>The Avon and Wiltshire Partnership Mental Health Trust (AWP) are planning to relocate these teams to their part of Blackberry Hill Hospital.</p>
<p><i>Mental health day services</i></p> <p>These are provided by the AWP in the Parkfield Day Unit for older people experiencing mental distress.</p>	<p>These services are to be reprovided at the new Bristol Callington Road development (this service change was consulted on with the public in Autumn 2001). The new services should be available in 2006. AWP is currently discussing the best interim arrangements and how to move this forward with the Bristol Council Health Scrutiny Committee and the Joint Health Scrutiny Committee.</p>

The services at Cossham Gardens for younger people with physical disabilities are not affected in any way by this proposal.



The Care Forum

**Report on the Public Consultation on the
Bristol Health Services Plan proposals
for Cossham Hospital and Kingswood
13 September 2004 to 1 March 2005**

Index

	Page no.
1. Summary	2
2. The role of The Care Forum	3
3. Meetings held	4
4. Number of attendees	4
5. Correspondence	4
6. Petitions	5
7. Surveys	6
8. Key issues	8
9. The proposed closure of Cossham hospital	8
10. Accessibility	11
11. The buildings and equipment	12
12. The future of the hospital site	14
13. Orchard medical centre	15
14. Kingswood health centre	18
15. Community and social services	19
16. Finance	20
17. The consultation process	21
18. The decision-making process	23

Glossary of acronyms

BHSP	Bristol Health Services Plan
GP	General practitioner
MIU	Minor Injuries Unit
NBT	North Bristol Trust
NHS	National Health Service
PCT	Primary Care Trust
PPIF	Patient and Public Involvement Forum

1. Summary

This report provides a summary of the public response to proposals for Cossham hospital and the Kingswood area during the consultation on the Bristol Health Services Plan (BHSP), including the extended consultation period for these proposals. The BHSP office has been provided with copies of all the data collected.

Between January and April 2004, The Care Forum recorded the comments of 1,242 people attending 50 meetings organised as part of the engagement phase of the Bristol Health Services Plan (BHSP). Proposals for the Kingswood area were included in these discussions. Between September and December 2004, The Care Forum then recorded the comments of 1,607 people attending 57 meetings and 602 pieces of correspondence, which formed the public response to the formal consultation on the Bristol Health Services Plan (BHSP). Comments about the proposals for Cossham hospital and Kingswood were made at 25 of these meetings. Comments were also received by letter, telephone and email.

By public request, the consultation on proposals for Cossham hospital and Kingswood was extended until 1 March 2005. During the extension period, The Care Forum recorded the comments of 247 people at meetings and 177 letters and phone calls. In addition the BHSP office received two surveys (2,984 responses) and five petitions (2,500 signatories), two of which originated during the main consultation period). We have been notified that a further petition is pending but to date it has not been received.

Members of the public came out overwhelmingly against proposals to close Cossham hospital. They believe the proposals are driven by financial need rather than an intention to improve services for patients. They want to see Cossham remain open and would like it to offer a full range of services, following a period of refurbishment and possible extension.

People said that Cossham hospital is a site that is central to its population, is easily accessible, and offers high quality services in a spacious and pleasant environment. Local residents have a strong affection for the hospital, which they believe is central to their sense of community. Many people pointed out that Handel Cossham had given the hospital to the people of Kingswood and were angry and distressed to think that the NHS could take it away from them.

They believe that the proposal to split services between the Orchard medical centre and Kingswood health centre will result in a poorer service. They said that both sites are difficult to access and Kingswood health centre is in particularly poor condition. They said that Orchard medical centre is already cramped and failing to meet patient demand, that there is no suitable parking either on the site or within reasonable distance, and that access is difficult because of traffic congestion and the Kingswood one-way system. People were also concerned that the NHS would be paying for facilities that ultimately would benefit a privately owned GP practice. They thought that the people of Kingswood were being disadvantaged in comparison to residents in Thornbury and Yate, despite being a centre of higher population.

A number of people believed that the decision to close Cossham hospital had already been taken and that the consultation was a purely cosmetic exercise. They said that they had not been given the detail of information that they had asked for, and they remain unconvinced that their views will be taken into account in the decision-making process.

Fewer than ten people supported any aspect of the proposals.

2. The role of The Care Forum

The Care Forum is an independent voluntary organisation, registered charity and company limited by guarantee. Working primarily in the areas of Bristol, Bath & North East Somerset, North Somerset and South Gloucestershire, The Care Forum aims to enable and improve public involvement in health and social care services and provides an infrastructure for effective representation, communication, consultation and networking within the voluntary and community sector.

The Care Forum was commissioned by the BHSP to record responses to the plan at meetings held as part of the BHSP engagement and consultation exercises, including the extension to the consultation on Cossham. During the consultation period, The Care Forum also recorded all correspondence received by the BHSP office, Primary Care Trusts (PCTs) and NHS Trusts. They placed this information on a database and reported on the findings. The intention was to ensure that all correspondence and responses at meetings was recorded independently from the NHS, and people who attended meetings were informed that this would take place. A full copy of the database was provided to the BHSP office.

Presentations by health service staff and comments made by health service facilitators at the meetings were not recorded, nor were the profiles of those attending the meetings.

3. Meetings held

The Kingswood and Cossham proposals were discussed at 25 meetings in the main consultation period. During the extension period, the NHS held five public meetings, one meeting for parish councillors and two meetings of the Cossham Public Involvement Group. Each public meeting lasted four hours and was arranged as a drop-in session where members of the public could discuss issues in small groups with NHS staff. There were no formal presentations at these meetings but written briefings were made available. A number of members of the public chose to attend and speak at more than one meeting.

4. Number of attendees

Meetings held in the main consultation period were attended by 1,607 people. These meetings addressed all areas of the BHSP, including Kingswood and Cossham. One of these meetings, held at the Rotunda centre in Kingswood, was arranged specifically to address the Cossham proposals and was attended by over 300 people. During the extension period, 159 people attended public meetings and 28 people attended the meeting for parish councils. The first meeting of the Cossham Public Involvement Group was attended by 38 people, the second by 30 people.

5. Correspondence

During the consultation, the BHSP office, PCTs and North Bristol NHS Trust (NBT) received correspondence by letter, email and telephone. During the main consultation, 602 pieces of correspondence were received and logged, a number of which referred to the Kingswood and Cossham proposals. During the extension, 158 letters, 10 phone calls and 9 written requests for further information were logged. The BHSP office also received a 70-page report written by the Save Cossham Hospital Group, entitled 'The Cossham Report'.

Correspondence type	No.
Requests for leaflets or further information	9
Comments received by phone	10
Comments received by email	0
Comments received by letter	158
Petition (no. of signatories)	73
Petition	112
Petition	267
Petition	1,783
Petition	265
Survey (no of responses)	1,648
Survey	1,336
Total number of responses	5,661

Correspondence received during extension period

6. Petitions

Five petitions were received, requesting that Cossham Hospital remain open. Two were addressed to the BHSP during the main consultation; one was addressed to the BHSP and two to South Gloucestershire council during the extension period. We have been notified that a further petition is pending but at the time of writing this had not been received.

	Proposal	No. of Signatories
1.	Save Cossham hospital	73
2.	Support the preservation and improvement of Cossham Memorial Hospital as a healthcare facility owned and managed by the NHS	112
3.	Addressed to South Glos council: We the undersigned welcome the decision to extend the Consultation period for the suggested closure of Cossham hospital and the replacement of its services in the community. The Public Meeting on 1 December 2004 attended by three hundred to four hundred people was the largest by far of respondents to the Bristol Health Services Plan. The local Member of Parliament, Roger Berry, called for the extension as some information on the local provisions was only provided at the meeting. Other local representatives stated that information had to be prised	267

	<p>form the NBT and little was volunteered. We ask the council to make the strongest representations to the Bristol Health Services Plan Committee, the Strategic Health Authority and North Bristol trust to provide a comprehensive plan for community replacements. Some of the proposals to tag on outpatients, x-rays, etc. to already pressurised Health Services Units in the area where there is inadequate parking were ridiculed at the meeting. For any meaningful consultation, there must be full comprehensive proposals produced in good time for people to respond before 1 March 2005, otherwise the extension of time will be meaningless.</p>	
4.	<p>Addressed to South Glos council: We, the undersigned, support the preservation and improvement of Cossham Memorial Hospital.</p>	1783
5.	<p>We, the undersigned, support the preservation and improvement of Cossham Memorial Hospital as a healthcare facility owned and managed by the NHS.</p>	265

Petitions received

7. Surveys

Two surveys were received. The first was undertaken by the Save Cossham Hospital Action Group, and the second by the Bristol Observer newspaper.

7.1 Save Cossham Hospital Action Group Survey

The Save Cossham Hospital Action Group conducted a survey of opinion, which they sent to North Bristol Trust (NBT). 1,336 people responded, and many added comments, which have been included in the database and incorporated into the report. The figures in the table below are an accurate representation of the survey forms that were completed. However, it is clear from the comments (all against the proposals) and from the answers to Q1-Q3, that some people were confused by Q4 and Q5. We consider it is most likely that those who ticked 'Disagree' to Q4 and 'Agree' to Q5 in fact intended to tick the other box.

	Question	Agree	Disagree
1.	Should the Trust return to the stated strategy?	1332	2
2.	Do you agree that Cossham hospital is the best location for the siting of these services?	1335	0
3.	Do you agree that Cossham hospital, with restored services, is a necessity for Kingswood and surrounding districts?	1335	0
4.	We cannot afford to lose Cossham hospital and its health services	1287	49
5.	Should Cossham hospital be closed?	226	879

Results of Save Cossham Hospital Group survey

7.2 Bristol Observer Newspaper Survey

The Bristol Observer newspaper undertook a survey. They received responses from 1,648 people.

	Question	Yes
a)	Should they: Close Cossham hospital and move services to local health centre	6
b)	Keep Cossham hospital open as it is	48
c)	Keep Cossham hospital open and enhance its services	1521
	Both a) and b) above ticked	67
	None of the above ticked	6
	Total	1648

Results of Bristol Observer Newspaper survey

8. Key Issues

The public response to the consultation concentrated on the following key issues:

- The proposed closure of Cossham hospital
- The proposed development of services at Orchard medical centre
- The proposed development of physiotherapy services at Kingswood health centre
- The financial implications
- The consultation and decision making processes.

9. The proposed closure of Cossham Hospital

9.1 Opposition to closure

Members of the public were overwhelmingly against the closure of Cossham Hospital. Four hundred and twenty-nine people specifically said that Cossham Hospital should not be closed. The 5,484 people who signed petitions and took part in the surveys supported this view. The 300 plus people who attended the meeting at the Rotunda centre were both unanimous and vociferous in their condemnation of the proposal. A number of demonstrations against the proposals have also taken place. People listed the following reasons for keeping Cossham Hospital open:

- Quality of service (61)
- Easy access (39)
- Good parking (33)
- It is placed in the centre of local community (21)
- To meet the needs of a growing local population (14)
- Cossham League of Friends has raised millions of pounds over the years; this contribution will be wasted if it closes (8)
- To meet the needs of an ageing population (8)
- Best location for health services (7)
- Spacious and pleasant environment (6)
- Good disabled access (5)
- Public transport stops outside the hospital (5)
- Significant local history (3)
- Local residents have a strong affection for the hospital, which they see as part of the heart of their community.
- Good access for emergency services
- Staff like working at Cossham and don't want to leave it.
- Loss of x-ray services would put added pressure on Frenchay.

- Concern over future of building: it must not be left to decay and vandalism.
- Reopening empty wards at Cossham could alleviate bed blocking.
- Concern over the break up and reprovision of physiotherapy unit, and loss of facilities.

Cabinet members of South Gloucestershire council, Hanham Abbots parish council, Bitton parish council, Yate Town council, NBT Patient and Public Involvement Forum (PPIF) and Roger Berry MP submitted their formal opposition to the proposals.

9.2 Strength of feeling

At all the meetings people demonstrated great strength of feeling against the proposals. People talked about the anger and distress that they were experiencing, and two people said that the NHS has lost the trust of the people over this issue. Many people talked about their emotional attachment to Cossham hospital and their conviction that closing it would destroy the heart of their community. They expressed 'dismay' and 'disbelief' at the proposal, which they said was totally unacceptable to them. Thirty-one people said that they have witnessed services being reduced and the building being run down. They believed that this has been a deliberate ploy by the NHS to support arguments for closure.

"All the services in Cossham are quietly being disbanded."

"You are destroying people's memories by taking this hospital away from us."

"People love and respect Cossham hospital"

"The people of this area demand that you leave things as they are."

" We want these services restored, improved and preserved in our own community hospital. We are not being nostalgic, we are an ageing community and desperate to keep our community hospital."

"It is wonderful! Leave it as it is!"

9.3 Proposals for moving services to other sites

People said that moving services away from Cossham hospital and splitting them between Orchard medical centre and Kingswood health centre was an inadequate and unsatisfactory alternative that would result in poorer quality services. Fifteen people complained that Kingswood residents were being short changed in comparison to residents of Thornbury and Yate, despite Kingswood being a bigger

centre of population. Nine people thought that Cossham would close because there is a strategy to enhance services in South Gloucestershire at the expense of those in East Bristol.

People did not believe that closing Cossham hospital and moving services to Orchard medical centre and Kingswood health centre would be an improvement. They said that the proposals for reprovision are “inadequate”, “ill thought out” and “unacceptable”. They said that the proposals are not in the best interests of patients but are financially motivated. People were clear that unless and until the NHS can demonstrate that proposals to relocate services from the hospital would result in a better service, and community services developed, Cossham Hospital must be retained.

Nine people pointed out that the proposal goes in the opposite direction to the main thrust of the BHSP in that taking an existing community-based facility and splits it up.

NBT PPIF said that it considers that proposed site for relocations of services currently provided at Cossham is unacceptable. They said that: the proposed alternatives are totally unsatisfactory for ongoing and specialised medical care for this part of the community; other approaches should be considered; and the possibility of alternative sites should be more thoroughly explored, including the possibility of extending into the hospital grounds. They asked the BHSP to demonstrate good practice by employing an open-minded analysis of the strength of feeling consistently expressed by local community. They requested that no further action or decisions be taken until these issues have been resolved.

Six people suggested as an alternative that purpose-built facilities should be developed on the hospital or Lodgeside site, and that Orchard medical centre could be moved to the site. People were also concerned about: the future of hearing and other clinic and other clinics not mentioned in the plan; where established support groups such as the rheumatological support group would be accommodated; and that patients might be directed to use the Central and East Bristol community healthcare centre where they would be at risk of crime and vandalism (3).

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

“People at meetings are being told the public want services in a 21st century building. If you ask people using Cossham they say they love the hospital as it is.”

“What you are offering us is an insult – just a little bit here and a little bit there... (you are) giving us a poor service in exchange”

“Instead of a superb service and hospital ... you propose to bung a few things in several surgeries as an alternative: it is insulting to the people of Kingswood.”

“Everything is weighted to keeping Cossham open and using it sensibly. We have an overwhelming case and we are putting it to you.”

9.4 Support for the proposals

Nine people supported the proposal to close the hospital. They said that community services would be an improvement and that the hospital building is too old and costly to run. One General Practitioner (GP) said that Cossham Hospital is the wrong place to practice modern medicine.

“I support the proposals. They are wide-ranging and far-sighted”

10 Accessibility

10.1 Reaching the hospital

Sixteen people said that Cossham is easily accessible, in contrast to Orchard medical centre and Kingswood health centre. They said that Cossham has:

- Easy access by car (9)
- Easy parking (8)
- Good public transport, the bus stops outside the hospital and a number of buses pass the site (9)
- Easy accessibility for voluntary drivers. Volunteer drivers may not choose to continue their service if they have to negotiate the one-way system to Orchard medical centre
- A central position for local people.

Seven people said that despite living in Kingswood and finding Cossham very difficult to get to, they would still prefer Cossham hospital to the alternatives on offer. One person said that they found reaching Cossham by bus very difficult and one person said that the site is inaccessible.

10.2 Accessibility for disabled people

At the meeting held at the Rotunda centre, people heard NBT management say that Cossham hospital is unsuitable as a healthcare site was because of its poor access for disabled people and its non-compliance with the Disability Discrimination Act. A number of people disagreed with this, saying that only minor alterations would be necessary and could have been undertaken easily and cheaply by the NHS if it had the will to do so. They thought that the NHS was searching for excuses to close the hospital. They said that:

- Cossham hospital provides very good access for disabled people (5)
- There are lifts to upper floors (3)
- It has wide doors (2)
- Parking is suitable for disabled people, with easy 'drop-off' at the front door
- It has level floors and no steps
- It is wheelchair accessible
- People in wheelchairs always get met by porters
- People can use community transport schemes
- Disabled people cope well with Cossham; there is more of a problem at Orchard medical centre.
- The route to Kingswood health centre is exceedingly hilly and difficult for disabled people.

"I have brought loads of elderly and disabled people here and there is no trouble whatsoever. You can easily park here. If someone is in a wheelchair then the porters are only too willing to help. There are all facilities on the ground floor. That argument just doesn't hold. There has never been a problem with disabled access. I can't give people lifts to the Orchard Medical Centre and I won't." (Volunteer driver)

11. The buildings and equipment

11.1 The legacy of Handel Cossham

One hundred and sixty-one people said that Handel Cossham gave the hospital to the people of Kingswood and therefore the NHS should not sell it. They variously believe that: it is 'owned' by the people of Kingswood; the NHS is not entitled to sell it; that if it is no longer to be used by the NHS it should be given back to the community of Kingswood; that even if the NHS is legally able to sell the hospital and keep the profit, on moral grounds it should not do so; it should remain in NHS hands; and that by closing the hospital and selling the site the NHS will be robbing the community of its inheritance

A small number of people were concerned that the preservation order on the building should be respected. One person said that the building is a liability and should be sold off.

11.2 Refurbishment

Eighty-six people said that Cossham should be refurbished and brought back into full use. NBT has told people that the building is uneconomic to run, but nine people think that this is only because it is underused and that it would be a viable proposition if it was put back into full use. Seven people said that modern buildings are not necessarily better than old ones, and they quoted examples of older buildings that are still viable or have been successfully renovated, and new buildings that are in worse condition. Others pointed out that the physiotherapy department is quite new. Four people commented on the excellent level of cleanliness in the context of infection control. People said that the building is “superb”, “it will last for ever”, and it is a “sound structure”, with “splendid, pristine and perfectly functional” wards.

“What about those old hospitals in London? They are maintained and that are some of the finest hospitals in the world.”

“We want you to spend the money you were going to spend at Kingswood health centre and Orchard medical centre at Cossham hospital instead.”

“If they can make Cossham hospital suitable for flats then you can make it suitable for a hospital.”

11.3 The 2002/03 NHS estates strategy

Eighteen people raised the fact that the 2002/03 NHS estates strategy proposed to upgrade Cossham Hospital; that work had begun on this, with the replacement of heating, electrical and other systems; and that there was no mention at that time of its unsuitability or poor state of repair. They felt that the strategic about-turn was purely due to financial pressures and not because the condition of the building had substantially changed since the original strategy was written.

“The reversal of intention came at the time of the discovery of the £40 million deficit. Why was the estates strategy overturned if not because of deficit?”

11.4 The Cossham Hospital League of Friends

Many people talked about how much the League of Friends have contributed to the upkeep and equipment of Cossham hospital over the years, and their concern and distress that this will be wasted if the

hospital closes. They did not wish to see equipment for which they have fundraised and donated to the hospital, move into the ownership of the medical practice at Orchard medical centre. A number of people made particular mention of the scanner that they have recently fundraised for.

“We’ve raised thousands for Cossham hospital over the years. There won’t be a league of Friends for the Orchard medical centre.”

11.5 Future use of the hospital building

People said that in future the hospital could be used for:

- Respite care (13)
- Minor injuries (9)
- Beds for elderly (5)
- Intermediate care (4)
- An acute hospital with accident and emergency services (2)
- Palliative care (2)
- Diagnostics
- Chronic disease management
- Community hospital
- Day care
- Learning disabilities services
- Mental health services
- Nursing home
- Outpatient clinics
- Radiotherapy
- Intermediate care
- X-ray.

12 The future of the hospital site

People made the following suggestions and comments about the future of the site:

- Do not use the site for housing, particularly luxury housing (11)
- Use the site for a purpose built healthcare facility (9)
- Move the Orchard medical centre there (5)
- Develop Lodgeside surgery (3)
- General concern about the future use of the site (3)
- Do not redevelop site (3)
- Do not use it for more housing, there is too much new housing in the area already (2)
- Do not leave the site empty to decay and become vandalised (2)

- Concern about future of Lodgeside surgery (1)
- Maintain the site as the last piece of green land in the area (1)
- Ensure adequate security measures if site is left empty (1)
- Do not turn it into a nightclub (1)
- Sell the site for development. (1)

13 Orchard medical centre

13.1 Opposition to proposals

There was widespread dissatisfaction with the proposals for the reprovisioning of services at Orchard medical centre. People said that the proposals were unsuitable, the services would be inadequate and the accessibility, quality and level of care offered would not match that offered at Cossham. NBT PPIF said that it strongly agreed with public's overwhelming rejection of plans for redevelopment of services in Kingswood. Three people said that until the NHS can demonstrate that its proposals to relocate Cossham services would result in a better service all round, it must retain the services at Cossham Hospital. People said that any new service should include: antenatal clinics; consultant outpatient clinics; medical records; a minor injuries unit; and x-ray facilities. They did not want a new pharmacy, as there is already a local pharmacy. The GPs based at Kingswood Health Centre voiced their concern about the proposals for many of the same reasons, and proposed the use of Kingswood Health Centre as a more workable solution.

Concerns raised included:

- Lack of parking (102)
- The proposed site is too small and inadequate for the purpose and services already overstretched, and would be unable to cope with the estimated increase in patients (38)
- The GPs at the Orchard medical centre have a vested interest since they own the site: NHS should not invest in privately owned buildings not GPs profit from the loss of Cossham (21)
- Access problems in general: see 13.2 for further detail (20)
- No room for flexibility or future expansion (16)
- Services will be scattered and patients will be going in two different directions for services which should be in the same place, it will not be a 'one-stop shop' or seamless service (9)
- The plans only offer minor injuries 'care'. A dedicated minor injuries unit is needed (9)
- Not central to the Kingswood population (5)

- It would make more sense to move the Orchard medical centre to the Cossham or Lodgeside site (5)
- The proposal will advantage patients at Orchard medical centre but will offer no benefits to patients from other surgeries who currently use Cossham (6)
- There are likely to be problems with regards to planning permission which will mean the plan cannot go ahead (7)
- Will not meet the needs of the growing and ageing local population (4)
- Kingswood needs a purpose-built building (3)
- Detrimental effect of expansion on local residents.
- The Medical Centre does not own the land onto which they want to expand.
- The number of patient visits planned is unrealistic for the size of the site.
- The proposals are ‘niggardly’; ‘short-sighted’; ‘ludicrous’; and ‘totally unacceptable’.

“You are trying to squeeze a quart into a pint pot.” (3)

“You are offering us a grotty, hotchpotch extension plan.”

“We’re being offered an inferior service.”

“The options being provided to Kingswood are not good enough.”

“At the moment what the people of Kingswood are being offered is second rate.”

“My friend wanted to make an appointment at Orchard medical centre but it was impossible. She had to queue outside in the rain and that is not acceptable.”

“I know someone who went to the Orchard medical centre this morning and they had to wait three hours.”

“The queue to get in here to see GPs reached outside doors – that is without increased services.”

“The GPs at Orchard can’t cope with any more appointments. You have to wait a week now for appointment. People can’t get through on the phone.”

“The local GP surgeries are doing a wonderful job but they are overstretched.”

13.2 Accessibility

Many people said that access to Orchard medical centre is particularly difficult. They were concerned about:

- Lack of parking at Orchard medical centre, which will be even worse if the new extension is built. (101)
- One-way road system is already difficult to negotiate (15)
- Reliance on Somerfield supermarket car park, which is time limited, for the use of Somerfield customers and used to capacity (14)
- Increased traffic congestion (12)
- Problems of access for emergency services (11)
- Lack of provision for disabled parking (5)
- Increase of pressure on local street parking and the inability of local residents to park outside their own homes (2)
- Poor public transport (3)
- Poor access to the building for disabled people (2).

“At Cossham hospital the other day 52 cars were parked easily. How will these be accommodated at Orchard medical centre and Kingswood health centre?”

13.3 Parking survey

Nine people disputed the accuracy of the parking survey undertaken by Halcrow, in particular the number of available parking spaces and the number of bus services to the area. They said the Chase multi-storey car park should not be put into the equation because it is unsuitable for use by the ill, elderly or disabled: it is a distance from the Orchard medical centre; the upper levels are unsuitable for use by these groups; the ground levels are always full; the lower level has ‘awful metal steps’; parking is not free; and to reach the Orchard medical centre one has to walk into the precinct and along a busy main road. Two people raised concerns about the cost of the survey and the use of Halcrow, a multi-national firm who have been found guilty of malpractice in other areas.

13.4 Vested interests

Nineteen people raised concerns about the vested interest of the GP partnership at the Orchard medical centre. People felt strongly that NHS financial investment and equipment should not be put into a GP surgery as the surgery is owned by a partnership that could:

- Make financial gain from equipment bought by public fundraising (19)
- Profit from the services being offered from their site (3)
- Take the benefit and then ‘go private’ with it (2)

- Make a profit if they later chose to sell the site, when the improvements have been funded by NHS from the sale of the hospital
- Choose to withdraw services or close the surgery and sell the site at any time

People were also concerned that:

- The benefit of development will be purely for the GPs and patients of the Orchard Medical Centre, there will be none for GPs and patients registered elsewhere (2)
- In future services may not be delivered by the NHS but through private medicine (2)

“Once you get rid of Cossham hospital the GPs will own the alternative and they will opt out of the NHS just like the dentists and it will all go private.”

“Over my dead body will you get the ultrasound we raised the money for.”

13.5 Treatment of minor injuries

Eight people said that the NHS was giving out misleading or mixed message about the level of minor injuries service that would be offered in Kingswood: whether there would be a minor injuries unit (MIU) as distinct from a minor injuries service. People said that:

- There should be an MIU based at Cossham hospital (10)
- Kingswood needs an MIU (9)
- If the Yate and Thornbury populations need MIUs, Kingswood also needs one.
- Any minor injuries service offered at Orchard medical centre would be second rate to an MIU.

14 Kingswood health centre

14.1 Dissatisfaction with proposals

The GPs based at the Kingswood health centre said that the building needs major refurbishment, but that they believed redeveloping the centre would allow it to become an excellent base for both physiotherapy and services that are proposed for Orchard medical centre. They were concerned that they had been excluded from discussions about the future of healthcare in Kingswood.

Nobody supported proposals to move services from Cossham to Kingswood health centre. Reasons given included:

- Shortage of parking spaces (often used by council staff) (28)
- Poor condition and therefore limited life of premises (17)
- The centre is too small for additional services, unable to cope with anticipated extra 53 patients per day (8)
- Proposals are unsuitable, services will be inadequate (7)
- Risk of vandalism (2)
- Lack of public transport to site with the closure of another bus from February 2005, leaving only one bus service (2)
- Hilly route to the site is difficult for the elderly and disabled (2)
- Shortage of disabled parking
- The site is at the edge of the local population.

14.2 Physiotherapy services

Nobody supported the proposal to move physiotherapy services from Cossham hospital to Kingswood health centre. People voiced concerns about the following issues:

- The physiotherapy service at Cossham is excellent and should be kept because: it is quite new; facilities are spacious and modern; there is space for gym; there is room for expansion; there is a need for local physiotherapy services (3)
- Lack of space (3)
- Plans are not properly formulated (2)
- Dissolution of the physiotherapy unit
- Extra staff will be needed if physiotherapy is to be offered in the home environment
- The physiotherapy service should be attached to the Lodgeside surgery.

“The proposals are totally unacceptable.”

“The proposal for Kingswood health centre is rubbish!”

15 Community and social services

People raised the following concerns about proposals to increase services in the community in the Kingswood area:

- Shortage of staffing for home care (7)
- Community facilities must be ready before Cossham closes (4)
- We want more hospital care, not care at home (4)

- Concern about services being devolved to people in their own homes because of: staff shortages; increased risk of isolation for older people; lack of resources; lack of family carers (4)
- Support for more local services (3)
- Length of time intermediate care lasts for is inadequate (2)
- Inadequate level of service for intermediate care (2)
- Social services deficits will affect availability and levels of home care (2)
- Hospital treatment is often better than GP treatment
- People are at home in dire need for care from the NHS and social services and they cannot get it
- Caring for more people at home will mean reliance on other services like meals-on-wheels, just as these services are closing down
- Private care providers can't get staff or cope with demand as it is; they must be supported by better respite care provision
- Lack of specific plans for community facilities especially in Kingswood
- Increase in numbers of older people not being taken into account
- The NHS and Social services should have a unified plan, but Social services have not been visible in these discussions
- The NHS is only interested in meeting its targets: it passes other problems onto GPs and Social services
- The government should put more into Social services to meet the shortfall that the NHS isn't delivering
- Proposed closure of day centres
- Hospital at Home service only lasts for a couple of weeks, but people such as stroke patients could need care for years
- Money should be used to keep CH open instead of funding Hospital at Home.

“Opening up wards again would be better for older people. You will never have the staff to treat them at home and if you pass it onto social services they will not have the staff to do it.”

“I am surrounded by people who have been thrown out of hospital, with their care services cut off, meals on wheel service threatened.”

16 Finance

Thirty-seven people said that the proposals for closing Cossham Hospital are financially driven. Eighteen thought the estimated value of £2.7 million for Cossham hospital was significantly lower than the market price, which wrongly skewed the financial interpretation in favour of

closure. They thought that the NHS was misleading the public by quoting this figure. Other comments included:

- Concern about use of Public Finance Initiative funding (7)
- Money should be invested in renovating Cossham hospital rather than extending Orchard medical centre and Kingswood health centre (6)
- More detail is needed about costs of options including running costs and cost of refurbishment (6)
- Cossham hospital should not be used to pay off NHS debts (5)
- Money from sale of Cossham hospital should be used for benefit of people of Kingswood (4)
- Concern that NHS money is being used to develop private Orchard medical centre to the main benefit of the GP practice (3)
- A concern that achieving financial balance is more important for the NHS than meeting the health needs of the population.
- Developing Kingswood health centre must include additional cost of renovating current building
- High costs of renovation of Cossham hospital are the result of an intentional lack of investment over the years
- The high running costs of Cossham hospital are because the building is under utilised
- The financial information provided does not compare like with like.

“Is money more important than what the people of Bristol want?”

“The proposed options won’t end up being any more cost effective.”

17 The consultation process

17.1 Information and communication

Seventeen people said that the proposals did not contain enough detailed information: they wanted more detailed information about site plans, costs and clinical issues. People complained that:

- Lots of the questions that had been asked both by letter and at meetings had not been acknowledged, received answers, were answered inadequately or were misleading (12)
- The leaflet was biased: it showed a flattering picture of Orchard medical centre and a poor photo of the Cossham back stairs that made it look ‘like Colditz’ (5)
- The PCTs and North Bristol Trust have not been forthcoming with information when asked (3)

- The additional consultation information was received late, leaving only five weeks for a response within the three month consultation (2)
- The presentation was biased (1)
- Councillors have had to continually ask for more information (1)
- People have been drip fed information (1)
- Answers, where given, have lacked consistency (1)
- Answers given have contained lies (1)
- Figures quoted about patient visits to Cossham hospital are erroneous because patients are already being directed elsewhere (1)
- Members of the Cossham Public Involvement Group were promised individual replies to questions they had asked but these were not received (1)
- NHS staff stonewalled every question (1)
- The information in the original consultation document was insufficient (1).

“‘Help Us Decide’ is something that you’re trying to sell us. You’re trying to sell your ideas to us.”

“What you really want is not our ‘help to decide’, but our help to say yes.”

“We have received more information tonight than ever before. The consultation is to end in nine days time and we are only now receiving all the information we need.”

17.2 The consultation process

Seven people said that meetings held during engagement and consultation periods were not advertised sufficiently, resulting in lack of public awareness and low attendance at meetings. Four people were concerned about the lack of public involvement in the early stages of the process when the plans for closure were developed. Two people said that the high turnout at the meeting at the Rotunda centre was only due to word of mouth. One member of the Cossham Public Involvement Group said she thought the process was a deceptive sham and the majority of the group supported her in this. The Cossham Public Involvement Group said that the process failed to start at the bottom by working with local people with local knowledge.

“The message didn’t get through and it’s only happening now because we’ve formed this (Save Our Cossham Hospital Action) Group.”

“This is you telling us what you’re going to do. That is not consultation.”

“This is not true consultation. You are not interested in what we have to say. There is no discussion.”

“The consultation has been a non-starter from the beginning... People only found out about it because we walked around the streets and gave out leaflets.”

“If this was proper consultation you should be duty bound to withdraw these proposals and submit new ones based on retention of Cossham.”

17.3 The extension to the consultation period

At the meeting at the Rotunda centre on 1 December 2004, those attending requested an extension to the consultation on the Cossham proposals and an additional three-month period was agreed. Cabinet members of South Gloucestershire council expressed dismay that half of the extended consultation period passed before any further public consultation took place. NBT PPIF said that the extension to the consultation had been compromised because additional information was only made available half way through the period. Other concerns were:

- The extension period was ten weeks and two days but information was only sent out five weeks before the end of consultation.
- Under the Freedom of Information Act the NHS has 20 days to reply to requests for information. This timescale left insufficient time for the public to respond on receipt of information they requested.

“It was clear from the start what the public wants. The consultation could go on forever and it still won’t change anything.”

18 The decision-making process

Twenty-seven people believed that the decision to close Cossham Hospital had already been made. They thought the process was a cosmetic exercise in order to satisfy a government directive. Five people said that NBT management had pre-empted the decision because at the meeting at the Rotunda centre they heard NBT management say categorically that Cossham hospital will close. Five people were concerned about what weight would be given to public opinion when the time came for a formal decision to be made, as they were sceptical of the degree to which the NHS would take notice of public opinion compared to financial and clinical issues. Seven people were concerned

that there are no alternative plans on the table, which they felt increased the likelihood of closure.

“The NHS has made its mind up and is just telling us.”

“I feel that we’re just here to discuss the demise of the hospital.”

“The NHS is determined to close Cossham hospital and ignore local feelings.”

“The people have decided. You asked us, ‘you decide’, and we have.”

“If you make a decision based on what people think, you should keep Cossham Hospital open. If you make a decision based on the result you want, we don’t stand a chance of keeping it open.”

“So long as the consultation comments are taken on board and the trust comes back with proposals that address issues that will be good.”

The Care Forum
The Vassall Centre
Gill Avenue
Fishponds
Bristol BS16 2QQ

Tel: (0117) 965 4444
Fax: (0117) 965 0200
Minicom: (0117) 965 0800
Email: admin@thecareforum.org.uk
Web: www.thecareforum.org.uk

The Care Forum is a Registered Charity No. 1053817 and a Company Limited by Guarantee in England No. 3170666



Extracts From The Public Attitudes Survey on the Bristol Health Services Plan Conducted by Test Research: November 2004

This survey was undertaken to help assess the impact of BHSP communications on public awareness and attitudes to proposals to reorganise the provision of health services in Bristol, South Gloucestershire and North Somerset.

In total, 654 telephone interviews were conducted amongst a cross-section of adults aged 18+ in attitudes to proposals to reorganise the provision of health services in Bristol, South Gloucestershire and North Somerset.

Fieldwork was undertaken between 1st – 17th November 2004

Interview were conducted in the following proportions :

Bristol	250
North Somerset	200
South Gloucestershire	204

After fieldwork, data was re-weighted to reflect relevant proportions in each of these areas.

Extracts from Public Attitudes Survey (November 2004)

Awareness of Proposed Changes on Re-provision of Services From Cossham Hospital (p.7)

Total :	30%
Bristol:	31%
North Somerset	19%
South Gloucestershire	36%

Sources of Information about BHSP (p.10)

Any Articles/Discussions	67%
Any Advertisements	48%
Any Word of Mouth	27%
Any Leaflets/Information Stands	16%

Further and full Information on the Test Research Report can be found in the BHSP Consultation Report (January 2005) or on

www.avon.nhs.uk/bhsp