

# Bristol Health Services Plan

## **Joint Decision-Making Committee The Beeches Hotel & Conference Centre, Brislington, Bristol**

### **Notes of the Meeting Held on 14 March 2005**

#### **Present**

Christina Baron	Interim Chair, North Somerset, Primary Care Trust (NS PCT)
Tom Dowell	Chair, Bristol South & West PCT (BS&W PCT)
Nicholas Godden	Chair, North Bristol NHS Trust (NBT)
Brian Goodson	Chair, South Gloucestershire Primary Care Trust (SG PCT)
Phil Gregory	Chair, United Bristol Healthcare NHS Trust (UBHT)
Arthur Keefe	Chair, Bristol North Primary Care Trust (BN PCT)

Chair – Mike Robinson – Chair, Bristol Health Services Plan

#### **In Attendance:**

Chris Born, Chief Executive, Bristol North PCT  
Ray Beale-Pratt, Interim Chief Executive, North Somerset PCT  
Deborah Evans, Chief Executive, Bristol South & West PCT  
Penny Harris, Chief Executive, South Gloucestershire PCT  
Harry Hayer, Bristol Health Services Plan  
Ron Kerr, Chief Executive, United Bristol Healthcare NHS Trust  
Sonia Mills, Chief Executive North Bristol NHS Trust  
Dr Martin Morse, Medical Director, North Bristol NHS Trust  
Dr Will Warin, GP & Chairman, Professional Executive Committee, Bristol North PCT

#### **1. Introduction and welcome**

The Chair, Mike Robinson, welcomed the Committee and members of the public to the meeting. He said this was a very important meeting and the Committee would be making decisions today that would help determine the future direction of healthcare provision for the population of Bristol, North Somerset and South Gloucestershire.

The Chair thanked members of the public for attending the Committee Meeting, including those that had also attended the Workshop session in the morning. He confirmed that the Joint Decision-Making Committee was meeting in public, and in order to proceed through the agenda, he would not be allowing any interventions or interruptions from the public.

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However, there were 2 agenda items that allowed for addresses by the 2 statutory bodies representing the public – the Joint Health Scrutiny Committee and Patient and Public Involvement Forums – plus an agenda item to feedback from the morning’s informal public workshop.

### 2. Declarations of Interest

The Chair of UBHT declared that, in the event of a General Election, he might act as the agent for a local MP whose constituency included one of the areas under discussion in recommendation 6 (Frenchay/Southmead). In view of this, he had declared this interest at the UBHT public Board meeting and had not taken part in the discussion or voting on the choice of Frenchay or Southmead as the site for the major acute hospital in the north of the city . He confirmed that he would also be withdrawing both from the discussion and vote on this item at the Joint Decision Making meeting. The Chief Executive, UBHT would provide the report back from the UBHT Board.

**Decision :- The Committee noted this declaration of interest and that the Chair of UBHT would withdraw from the discussion and the vote on Recommendation Six.**

### 3. Outline of Decision-making

The Chair outlined the process leading up to the Joint Decision-Making Committee meeting, which covered periods of public engagement, formal consultation and the Joint Health Scrutiny process. He also explained that an analysis was then undertaken which resulted in a set of 15 recommendations. This process, detailed analysis and set of recommendations were described in the Bristol Health Services Plan(BHSP) Assessment Report, compiled jointly between the six respective NHS organisations and involving an independent consultancy practice. This report was then submitted to the six NHS Boards and to the BHSP Joint Decision-Making Committee.

The Chair explained that the Assessment Report was then subject to consideration at individual Board Meetings of the following organisations. This process took place in the early part of March 2005. These Board meetings were held by :-

- Bristol North PCT
- Bristol South and West PCT
- North Bristol NHS Trust
- North Somerset PCT
- South Gloucestershire PCT,
- United Bristol Healthcare NHS Trust

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The Chair also stated that these Boards had reached a view on those recommendations that were relevant to them.

The Chair then explained that each Chair had previously been mandated by their respective Board to join a joint decision-making committee with independent voting rights in order to make collective decisions on all the recommendations contained in the Assessment Report

The joint committee had been constituted by the four Primary Care Trusts to make any relevant decisions arising out of the Bristol Health Services Plan, and the NHS Trusts had concurred in the establishment of the committee.

The Chair went on to explain that, prior to voting on each recommendation before the Joint Committee, each voting Chair would be invited to explain the position of their respective PCT or NHS Trust Board. In relation to voting upon each recommendation, the voting members should seek to arrive at a consensus position based on the best interests of the service as a whole. The Chair went onto explain that if a consensus is not possible then the decision would be made by majority vote.

The Chair also notified the Committee that his responsibility was to chair this committee meeting and, as such, would not carry a vote on any of the recommendations.

He went on to state that each Chair would be entitled to vote upon those recommendations that were relevant to their respective organisation. He indicated that these 'decision groupings' were outlined in the Assessment Report and also detailed under each recommendation contained in the Report.

The Chair then went on to indicate that the Chief Executives and supporting officers could participate in the debate and provide expert advice when called upon to do so. They would not have any voting rights during this specific meeting. He re-emphasised that the Chairs of the Boards would make all decisions on the recommendations during the meeting.

#### **4. BHSP consultation report**

The Chief Executive, BS&W PCT was invited to introduce and outline the consultation exercise undertaken on the BHSP proposals. She described the consultation process to the committee, which had been extensive and was probably the largest consultation exercise that had ever been conducted in healthcare in the local community. She also emphasised the point that great care and effort had been taken in trying to engage and consult with as many people as possible throughout the process. She indicated to the Committee that the full details of the process and outcomes of consultation were reported in the BHSP Consultation Report.

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The Chair noted that the Consultation Report and the Consultation Document were an important part of the Assessment Report and had been circulated with the papers for this meeting.

**Decision :- The Committee noted the BHSP Consultation Report summarising the feedback provided through the consultation process on the Bristol Health Services Plan.**

### 5. Joint Health Scrutiny Process and Report

The Chair confirmed that the Joint Health Scrutiny Process was a statutory requirement and that the Joint Health Scrutiny had presented a detailed report containing an overview of the process and 38 separate recommendations. He also indicated that the Joint Health Scrutiny Committee's report was a key part of the Assessment Report. The NHS was required to formally respond to the Scrutiny Committee's report and that this response could be found in Appendix 2 of the Assessment Report.

The Chair of BN PCT said that the Joint Health Scrutiny process had been particularly important, challenging and thorough and on behalf of the Joint Decision-Making Committee he thanked the Scrutiny Committee for its rigorous approach. This work was much appreciated by the local health community, which looked forward to continuing involvement in the Joint Scrutiny process in the ongoing stages of the BHSP

The Chair then asked the Committee to formally note the Joint Health Scrutiny Committee's Report and to formally endorse the local NHS response to this report as set out in Appendix 2 of the Assessment Report

**Decision :- The Committee noted the Joint Health Scrutiny Committee's report on the BHSP and approved the response from the local NHS organisations to the conclusions and recommendations set out in the final report of the Joint Health Scrutiny Committee.**

### 6. Address by Chair of the Joint Health Scrutiny Committee

The Chair invited Sylvia Townsend, Chair of the Joint Health Scrutiny Committee to address the Committee.

A copy of the address given by Councillor Townsend was also presented to the Committee and to members of the public attending the meeting, and is contained as **Annex 1** to these minutes.

[Decision: - The Committee noted the address and, on its behalf, the Chair thanked Councillor Townsend.](#)

## 7. Addresses by the PPI Forums

The Chair invited representatives of the PPI Forums of the relevant NHS bodies to formally address the Committee.

Addresses were given by :

- Chris Windows, representative of the PPIF's BHSP Working Group
- Val Blake from the North Bristol PPI Forum

A copy of these statements was presented to the Committee and members of the public attending the meeting, and are contained as **Annex 2** to these minutes.

Additional addresses were also given by:

- Jack Britton, South Gloucestershire PPI Forum
- Ray Hassell , UBHT PPI Forum

A summary of these two addresses is contained in **Annex 3** to these minutes.

[Decision :- The Committee noted the addresses and, on its behalf, the Chair thanked the PPI Forum representatives.](#)

The Chair also reinforced the point that the continuing involvement of the PPI forums was very important for the success of the BHSP.

## 8. Feedback from the Morning's Informal Workshop

The Chair noted that a well-attended public workshop had taken place earlier in the day at which details of the process to date had been presented. Although formal consultation ended in December 2004, the workshop presented an additional opportunity for members of the public to respond to the recommendations. This opportunity was taken up by many people in attendance.

The Chair then invited Tony Jones, PPI lead, South Gloucestershire PCT to summarise the key points made at the Workshop for the benefit of the committee. The notes representing the key points raised by the public during the workshop session were presented to the

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committee and to members of the public in attendance at the meeting. They were also shown on the projector. These key points are contained at **Annex 4** to these minutes.

Tony Jones reported that a resolution put forward by Steve Webb MP calling for the deferment of any decision on the choice between Frenchay and Southmead and any consequential decisions had been carried overwhelmingly by people attending the morning's session. Tony Jones also emphasised the strong feelings expressed during the morning Workshop especially relating to the future of Frenchay Hospital. He reinforced the point that whilst it had not been completely unanimous, there had been an overwhelming response by the public attending the morning's workshop in favour of retaining Frenchay Hospital as a major acute site in South Gloucestershire.

The Committee Chair invited the Committee for their views. Chair, BSW PCT stated that it was absolutely vital to make a decision on this and that the health community had consistently delayed making decisions on the important issues. This was endorsed by the Chair of NS PCT who appreciated the sensitivity created by such a decision, but emphasised the importance of positive leadership during a difficult but crucial decision such as this.

**[Decision :- The Committee noted the key points that had been summarised from the morning's Workshop.](#)**

### **9. Assessment Report and Recommendations**

The Chair invited the Committee to consider each of the recommendation contained in the Assessment Report. He explained that he would, prior to considering some of the recommendations, invite Chief Executives and senior NHS staff to present relevant contextual information relating to the analysis and recommendations. He also explained to members of the public that the recommendations under discussion could be found in the Assessment Report and in the Summary of Recommendations. A presentation of each recommendation would also be shown on the projector whilst it was being discussed by the committee.

The Model of Care was described and analysed in the Assessment Report. Some of the key principles of the Model of Care were also outlined by Dr Martin Morse, Medical Director, North Bristol NHS Trust and by Dr Will Warin, GP and Chair, Professional Executive Committee, Bristol North PCT.

Dr Morse, Medical Director, North Bristol NHS Trust, reported that the BHSP programme was based on two fundamental principles:-

- More care to be given as close as possible to people's homes in the community.

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- Acutely ill patients should have the best care and treatment possible and the current configuration of services across the three main acute hospitals in Bristol was not the best model of care.

Dr Morse said that all clinicians within the area were convinced that the concentration of acute services onto two major sites would significantly improve the quality of clinical care.

Dr Will Warin said that the Model of Care underpinning the BHSP was designed to improve health care provision for the population of Bristol, North Somerset and South Gloucestershire. It encompassed primary and secondary care in a way not attempted before. Changes in one area could no longer be made without changes in other areas. Dr Warin explained that Recommendation Two related to the next stage of the business planning process.

<b>Recommendation One: Model of Care</b>
The Model of Care is agreed as defined in Part A, Section 2 which includes the need for: <ul style="list-style-type: none"><li>a) the configuration of clinical services at each major Acute/Emergency Hospital to complement each other and to facilitate the provision of specialist “centres of excellence”</li><li>b) funding and patient activity to transfer to the Community as a result of the changes to the acute hospitals as detailed in the Assessment Report</li></ul>
<b>Voting rights:</b> All Trusts and PCTs



*Feedback by Chairs from Board Meetings:*

BN PCT – Fully supported.

BS&W PCT – Strongly in favour, noting that it will be important to ensure that appropriate community facilities are in place before changes are made in acute services.

NBT – Fully supported and to note that it is an initiative that is well overdue in the area.

NS PCT – Welcome and approve.

SG PCT – Strongly support and wish to record a point of emphasis on affordability. Several of the proposals will need to be worked up into detailed outline business cases. During the process we believe that a full-unified affordability assessment must be made to ensure that we have an integrated programme in which services are both cohesive and complimentary.

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This work must leave our PCT with adequate financial flexibility to cover future health needs of our community.

UBHT – Support and note that there is still much work to be done on ensuring clinical services will complement each other at the major acute sites.

### Decision :- Recommendation One unanimously approved

<b>Recommendation Two: Model of Care</b>
Work must continue during the outline business case process to further refine across BHSP capacity, staffing and financial models – all as set out in Part A, Section 2
<b>Voting rights:</b> All Trusts and PCTs

#### Feedback by Chairs from Board Meetings:

BN PCT – Support and approve subject to further detailed work on transport arrangements

BS&W PCT – Supported.

NBT – Supported.

NS PCT – Supported.

SG PCT – Supported.

UBHT – Supported.

### Decision :- Recommendation Two unanimously approved

<b>Recommendation Three: Children’s Services</b>
The proposals for children’s services contained in Part B, Section 3 should be endorsed. UBHT and the local health community should continue to work with partners to improve transport access to the site and “dropping-off” arrangements for disabled patients and to take account of the points raised by the Joint Health Scrutiny Committee.
<b>Voting rights:</b> All Trusts and PCTs

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Dr Martin Morse was invited to provide background to this recommendation, which was detailed in the Assessment Report.

Dr Morse reported that in recent years there had been a number of national reports from different bodies e.g. the Kennedy Report of 2001, which all agreed that in order to provide a high quality service, children's hospital care should be undertaken in a child centred service. The clinical view was that children's inpatient services needed to be supported with specialist staff and equipment, particularly in the case of paediatric intensive care. This could only be done in a unit of sufficient size to sustain such a service.

Consequently, it was proposed that children's ENT services would be transferred from Southmead to the Bristol Royal Hospital for Children (BRHC) later in the year. The Woodlands Paediatric Unit at Southmead to the BRHC next year and the services currently provided from the Barbara Russell Unit at Frenchay between 2009 and 2011. There was clinical unanimity about these proposals. Early concerns had been expressed from the Neurosciences, Burns and Plastic specialties but all now approved of the plans.

### Feedback by Chairs from Board Meetings:

BN PCT – Strongly support provided there is improved transport and access to the Children's Hospital.

BS&W PCT – Strongly support.

NBT PCT – Strongly support with the caveat that further work would be required on travel and transport arrangements.

NS PCT – Strongly support the proposal for centralising at the Children's Hospital but the criticism from parents about the location must be taken into account. There is a real issue about the dropping off of patients, particularly where parents are struggling to reach the hospital with children, prams, etc. or added difficulties where a child is disabled or too young to be left unsupervised. Specific request that the expansion of the hospital should be used as an opportunity to improve access.

SG PCT – Strongly support.

UBHT – Strongly support, particularly as it is entirely consistent with clinical advice. UBHT will take up the access issues and continue to improve these as far as is possible.

### [Decision :- Recommendation Three unanimously approved](#)

<b>Recommendation Four: Surgical Services - ENT, Breast Surgery and General Surgery</b>
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The proposals to improve ENT, breast and general surgery services should be endorsed as per Part B, Section 4, and implementation plans should be prepared for the moves, taking account of the views expressed by JHSC on breast surgery.
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<b>Voting rights:</b> All Trusts and PCTs
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Dr Martin Morse was invited to provide background to this recommendation, which was detailed in the Assessment Report .

Dr Morse noted that adult ENT services were currently fragmented and bringing them together on one site would create the necessary critical mass. It would also provide a major opportunity to create a specialist head and neck surgical service incorporating neurosurgery, oral-maxillo-facial surgery and plastic surgery. Breast care services were also fragmented and the National Cancer Plan highlighted the need to bring together specialist services so that patients received the right professional support and best care and treatment. This centre would be St Michael's Hospital.

The proposal for changes to Surgical Services also included the interim centralisation of North Bristol's acute and emergency surgical services at Frenchay allowing Southmead to concentrate on elective surgery without the constant interruption of emergencies. This would also help the supervision and training of junior medical staff and of recruitment and retention of other specialist staff.

*Feedback by Chairs from Board Meetings:*

BN PCT – Supported.

BS&W PCT – Supported.

NBT – Supported and noted that Oral and Maxillo-Facial services were also being centralised at Frenchay.

NS PCT – Supported and noted that none of the plans prejudiced the future services for ENT and general surgery at Weston.

SG PCT – Supported.

UBHT – Supported and very pleased that Joint Health Scrutiny Committee had endorsed this proposal. The high standards of care currently practiced at St Michael's Hospital would

be enhanced and UBHT would respond positively to the need to make appropriate provision for the service for men with breast cancer.

**Decision :- Recommendation Four unanimously approved**

<b>Recommendation Five: North Bristol/South Gloucestershire Acute/Emergency Hospital</b>
There should be a single acute/emergency hospital in North Bristol/South Gloucestershire.
<b>Voting rights: All Trusts and PCTs</b>

Dr Martin Morse was invited to provide background to this recommendation, which was detailed in the Assessment Report.

Dr Morse stated that the Model of Care approved by the Committee showed that it was necessary to change the current format of services. Maintaining the status quo would be detrimental to the best health care. Over the past few years, there had been other proposals for changes in health care in Bristol but these had all floundered and consequently there was now a great deal of old estate that was being used to provide that health care. Just by modernising this estate would maintain the wrong adjacencies of specialisms and would restrict the amount of money available for community services. The proposals in the BHSP meant a very significant impact on community facilities and this transferring of services and resources to the community health services had been considered very important in the consultation exercise. The options considered by the BHSP for North Bristol services were:-

- Option 1: maintain the status quo of major acute sites.
- Option 2: centralise acute services at Southmead and provide community hospitals at Frenchay and Southmead.
- Option 3: centralise acute services at Frenchay and provide community hospitals at Frenchay and Southmead.

Dr Morse reported that following the public engagement process, ten criteria were put together by all the local NHS organisations to help assess these options. The Joint Health Scrutiny Committee had also approved them. The assessment of the criteria were:-

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- Quality of Care

All clinicians at Frenchay and Southmead agreed that high quality hospital care could not be maintained on both sites. The increasing national trend of sub-specialisation meant that there was a need for more doctors to be available at any one time to deal with emergency cases. The implementation of the European Working Time Directive had also meant an increasing shortage of doctors as the working week was progressively limited (to 48 hours from 2009). A critical mass of patients was needed in order to allow the development of high quality services. Many specialties were already only provided from one site and soon major illnesses and injuries, A&E, emergency surgery, ENT, Oral Maxillo-facial and elective general surgery would also be concentrated on one site. In its present form Southmead could not be sustained in the long term.

- Development of Community Services

Local people had stressed their desire to strengthen and development community services and to do this would mean transferring resources in terms of money and staff from the acute sector. The retention of two acute hospitals would severely restrict the mode of care in the community.

- Recruitment of Doctors

Shortages of specialist staff meant competition between hospitals in the national labour market for recruitment. A new single hospital was likely to be more attractive.

- Recruitment of Other Staff

There seemed little difference between the options although travel to a single site might make options 2 and 3 a little less attractive to some staff.

- Transport

A fundamental change had taken place in ambulance practice over the past few years and skilled paramedics were now expected to stabilise seriously ill patients and transfer them to the appropriate hospital. In addition, it was hoped to move 450,000 outpatient appointments into the community facilities so that there would be 200,000 to 225,000 shorter journeys than at present. This criteria, therefore, favoured options 2 or 3.

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- Impact on Local Communities

Each of the options could be made to work.

- High Quality New Buildings

The modernisation of existing buildings alone would not address the underlying needs of health care in the future.

- Speed and Ease of Implementation

Modernising current estate would not attract PFI partners, which was the government's preferred method of provision of major investment in HS capital projects

Informal indications from Local Authorities suggested no difficulties in obtaining planning permission in respect of developments on one or other of the two hospital sites

- Flexibility

Options 2 and 3 would allow more efficient use of space and significant expansion potential.

- Value for Money

Option 1 would require a huge investment for a complete new build on both sites and even with the necessary modernisation, would still be £3 million more per annum than Options 2 or 3.

### Feedback by Chairs from Board Meetings:

BN PCT – Support and particularly emphasised how the proposal will bring high quality clinical services and offer the best value for money. Access is clearly an important issue but the PCT is aware that even now, people do not have a comprehensive service at each of the three acute sites. With complementary community-based services, very large numbers of people will have a shorter journey to receive their health care.

BS&W PCT – Support and note that this is a necessary development for the achievement of expected standards and must be accompanied by increases in locally based care.

NBT – Endorsed and whilst recognising that either site could disadvantage some people, travel issues would be ameliorated by the increase in community facilities.

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NS PCT – Supported as the proposal will provide the best quality of care and many patients will not have to attend the acute hospital as many times during their care.

SG PCT – Strongly support particularly because of the gains this would bring in the quality of care and, together with the development of community services, was the major prize in supporting the BHSP programme

UBHT – Support strongly particularly because of the very clear clinical advice and as part of a package of changes in acute services in Bristol.

### Decision :- Recommendation Five unanimously approved

<b>Recommendation Six: Location of North Bristol/ South Gloucestershire Acute/Emergency Hospital</b>
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The North Bristol/South Gloucestershire Acute/Emergency Hospital should be located at Southmead
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<b>Voting rights:</b> All Trusts and PCTs
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At this point, the Chair of UBHT withdraw from the Committee meeting for this item.

### The committee took the decision to proceed with the decision on this recommendation contained in the Assessment Report.

The Chief Executive of NBT was invited to provide background to this recommendation.

Chief Executive, North Bristol NHS Trust, introduced and explained the case for each of the criteria used to assess the merits of the options for the location of the single acute hospital.

- Quality of Care

The ability to build modern facilities depended upon the amount of space available and constraints imposed by existing buildings that may need to be retained.

The Southmead site included an acute mental health facility, which was likely to remain and which would have mutual service benefits with its adjacency.

The architect's advice was that the Frenchay site would pose greater challenges on the building of a new hospital and Southmead offered the better potential for development.

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This factor, therefore, favoured Southmead.

- Community Service Development

Affordability would be a particular issue as the choice of a more expensive option would limit community developments. Frenchay would cost around £1.9 million more per annum than Southmead.

- Recruitment of Doctors

There was no reason to believe that either option would alter the ability to recruit doctors and other specialist staff.

- Recruitment of Others

Southmead was easier to access by non-car means and there were a higher number of people living within walking distance. It was, therefore, more likely to be able to recruit local staff and already employed more than 500 additional staff than Frenchay.

- Travel Times

Travel distances and times were very important to patients and visitors and expert travel consultants had looked at the benefits of the two sites. The health community was confident that the calculation of people's increased travel distance was robust but the assessment of travel time had been based upon average national speeds, which locally could not always be applied. The impact on the road network had been assessed and also the public transport links based on current services. The assessment showed that 149,000 people would have to travel further if Frenchay were chosen and 104,000 if Southmead were chosen. Southmead was currently better served than Frenchay for public transport. Additional routes could be added to Frenchay but these would probably have to be subsidised by the NHS and, therefore, add to the costs of the Frenchay option.

This factor, therefore, marginally favoured Southmead.

- Impact on Local Communities

Both Frenchay and Southmead were highly valued by their surrounding communities, which was markedly shown by the telephone survey. The key difference separating the two sites, however, was their proximity to populations that were relatively socio-economically deprived. This was important because the hospital was a source for

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jobs and as more money comes into an area, there was a positive impact on health and social care. Major projects in deprived areas helped their overall regeneration. The assessment suggested that Southmead would bring the most benefits in terms of economic regeneration. Many current Southmead staff lived in Southmead and Lockleaze and whilst there was some deprivation in the environs of Frenchay, it was not on the same scale as at Southmead. When linked to the travel times assessment and the better public transport access to Southmead together with lower car ownership in less affluent areas, these factors compounded together pointed towards the benefit of the Southmead option

This factor, therefore, clearly favoured Southmead.

- High Quality Modern Buildings

Good quality modern buildings provided the best environment for patients' recovery and could be configured flexibly to create the best clinical links. Architectural advice showed that Southmead offered better options because it had more space and the buildings to be retained fitted better with the new build proposals. Frenchay suffered from restrictions to its land use. An analysis had shown that Southmead had 50% more developable land.

This factor, therefore, marginally favoured Southmead.

- Ability to Implement Quickly and Easily

Both sites would require phased construction projects and to make use of decant facilities whilst existing buildings were upgraded or replaced. Southmead, however, was more flexible and could be developed with less disruption to current services. In addition, whilst the consultation was underway, the National Blood Service had announced plans to move off its site adjacent to Southmead in 2007 and this building could be available for decanting and to facilitate the construction period..

This factor, therefore, favoured Southmead.

- Flexibility

Health care technology, policy and demand for health care continued to change rapidly and it was impossible to forecast entirely accurately the future needs served by the health service. Southmead was 50% larger in terms of land area (61 acres compared to 42 acres) and although planning constraints meant that not all land could be used for building at either site, Southmead was more flexible. The additional space could be vital if services of a significant size were needed to be

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added and the Universities had already expressed their wish to increase facilities on NHS land .

This factor, therefore, favoured Southmead.

- Value for Money

At the time of the Strategic Outline Case, the BHSP had estimated the annual revenue cost of Frenchay to be £0.5 million more than Southmead. Further review of the proposals, however, had indicated substantial additional building costs in order to ensure appropriate clinical linkages to pathology services and research facilities. For Frenchay this would mean an extra £13 million for pathology, an extra £3.3 million for transferring the Bristol Urological Institute and an extra £3.7 million for the Paul O’Gorman Lifeline Centre. The net impact of these was an additional £20 million in capital and an additional £1.4 million in revenue per annum. To go ahead with the Frenchay option would, therefore, mean taking out £1.9 million of revenue from the BHSP.

Chief Executive NBT summarised the criteria and commented that overall there was a consistent trend in favour of Southmead. The most important differentiators were the amount of developable land, its flexibility and ease of implementation, the impact on socio-economically deprived areas and cost effectiveness. On a marginal basis Southmead had the advantage in terms of quality of care, impact on traffic congestion and shorter travel distances. There were no factors where Frenchay was clearly advantaged.

*Feedback by Chairs (and Chief Executive, UBHT for that Trust) from Board Meetings:*

BN PCT – Supported and agreed that the case for Southmead, whilst not overwhelming, was decisive. Very strong constituency support for Frenchay had been received with about 300 e-mails and 31 letters to date, the majority from South Gloucestershire residents. Two letters had been received from Bristol residents, one of which supported Southmead and the other neutral. It was recognised that these responses received did not represent the views of the entire population and the overall view would not be as unanimous as it appeared to be at this meeting. A large majority of Bristol North residents would support Southmead as the acute hospital site. The PCT agreed with the assessment of each of the chosen criteria, particularly regarding the socio-economic impact because of its public health consequences.

SG PCT – Noted that the PCT Board had carefully considered the recommendation on the location for the single acute hospital. It felt that many of the criteria were so marginal as to be too close to call and the Board’s own assessment of the criteria had been:-

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Criteria 1 – Quality of Care - the evidence was neutral as the report stated that both sites could support a modern hospital.

Criteria 2 – Community Service Development - the evidence was neutral because an extra cost of £1.9 million for Frenchay was only 0.4% of the overall spend of the project.

Criteria 3 – Recruitment of doctors and other specialists - the evidence was neutral.

Criteria 4 – Recruitment of nurses, other clinical staff and support staff - the evidence was neutral because the agreed Model of Care meant the acute hospitals becoming smaller and the development of community services distributing more jobs throughout the community

Criteria 5 – Travel times - a marginal advantage for Frenchay – one of the reasons being that, whilst the Board acknowledged that Avon Ambulance had stated it was happy with either site, the conclusion in the Report was based on distances rather than travel times. Travel times are more important than distance and yet had been discounted in the report while apparently favouring Frenchay. The possible rush hour and gridlock situations would probably be improved by there being some 170,000 fewer visits to the north Bristol site in a year. In addition, the PCT must consider the needs of the large rural population, which would benefit with access to Frenchay as the acute site. .

Criteria 6 – Impact on local communities - the evidence was neutral because other large employers in the area, e.g. Airbus, BAe Systems, BAe Matra Dynamics and Rolls Royce have a majority of white collar, as opposed to blue-collar workers – hence more job mobility. Also, while in a one-mile radius from Southmead Hospital there are two deprived wards in Filton against none for Frenchay, if a two-mile radius of Frenchay is chosen this would contain five of the most deprived areas in South Gloucestershire against two in Filton.

Criteria 7 – High quality modern buildings - the evidence was neutral because both sites could support a modern hospital.

Criteria 8 – Ability to implement quickly and easily - the evidence was neutral because both sites could support a modern hospital.

Criteria 9 – Flexibility to meet future change - agreed with the Assessment Report – with 61 acres of land for development, Southmead is favoured.

Criteria 10 – Value for money - the evidence was neutral because both sites could support a modern hospital.

The Chair of SG PCT stated, therefore, that 8 out of 10 of the criteria were considered by his Board to be neutral, 1 (travel times) favoured Frenchay and 1 (development area) favoured Southmead. This was very close, but the PCT's responsibility was to improve the health of

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South Gloucestershire and be aware of the public response. Telephone research had suggested that Frenchay was the preferred choice across the whole of the community. The PCT also needed to look at the catchment areas of the two hospitals. The Board had, therefore, come to the conclusion that it could not support a location at Southmead and preferred a location at Frenchay.

The Chair of SG PCT also reinforced the point, however, that the huge prize of having one big hospital and development of community services must be secured.

BS&W PCT – Similar views to those expressed by Bristol North PCT. It had received 361 e-mails and 37 letters, mostly from people in and around the Frenchay area, who supported Frenchay (except 2). The Board accepted the analysis of the criteria as set out in the Report, but wanted to draw attention to the following:-

- The PCT covers part of Bristol south of the river, and also West Bristol, and there is no doubt that preference is in favour of the Southmead option in terms of public transport and travel access.
- The Board was very strong on the point of the impact on local communities. To compare the area around South Gloucestershire to Southmead was like chalk and cheese.
- Affordability was important since a decision to favour Frenchay would mean that this would result in £2m that would not be available to pay for doctors and nurses.

The Chair of BS&W PCT concluded, therefore, that the Board supported the recommendation and had attempted to make a judgement on the basis of the interest of the wider health community as a whole and across other areas as well. On balance it was felt that, although a difficult decision, the recommendation for Southmead was the correct one.

NS PCT – The PCT had good attendance at public meetings. It should also be noted that there was an area of significant population growth in Portishead, which is within the PCT area. The overall view of the people from North Somerset and the Board was that they broadly accepted the arguments for Southmead. There was also a perception that at certain times the motorway was very busy indeed and ambulances had in the past gone to Weston rather than Frenchay because of traffic delays. North Somerset would need better transport facilities whichever hospital site was chosen, but was better served by Southmead than Frenchay on the issue of public transport. It was unanimous in its wish for the prize of a single site acute hospital and was against any delay.

## Bristol Health Services Plan

NBT – The Board recognised that whichever site was voted for, would disappoint some people. Also, there were certain specialist services with a worldwide reputation based at Frenchay, and if they were moved to Southmead, the Frenchay “brand” would need to be retained. The Board supported the recommendation for Southmead as the northern Specialist Acute Hospital complemented by a range of specialist services at UBHT, and felt that the community facilities would provide a much better overall health service for the population it covered than at present.

The Chief Executive, UBHT was invited to summarise the view expressed by the UBHT Board on this recommendation. He explained that the Chair of UBHT had taken no part in the Board’s discussion of this recommendation. The remainder of the Board wished to see a move to one acute site in North Bristol and South Gloucestershire to complement UBHT. The difference in impact on UBHT between the two sites was felt to be neutral. It was therefore felt that the final choice should be made by the commissioners of the services and the provider in that area. In the debate several Board members had favoured Southmead but no Board members had spoken in favour of the Frenchay site.

The Chair invited the Chief Executive of NBT to clarify the financial issues raised by SG PCT and BS&W PCT. She stated that new buildings, wherever they were built, were going to cost more money than running current services. Therefore the local NHS organisations had an internal savings programme right across the community. To add a further £2m to that would be significant and it would have to be based purely around the acute services. A difference of additional revenue costs of £1.9m a year could not therefore be regarded as neutral.

The Chief Executive, SG PCT was invited by the Chair to comment. She explained that, had she been given the opportunity earlier to speak, she would have started by asking the Chief Executive, NBT to clarify the costs. She thanked the Chief Executive for now having done this. She then added that her Board’s discussions had made clear its responsibility to South Gloucestershire residents and noted that both sites would be workable options. She explained that the Board had recognised that the perspective from the Bristol health community might be different from that of South Gloucestershire and that either site would provide a workable option. She reiterated the earlier views of the committee that the most important decision was the move to one single acute site.

The Chair BN PCT referred to a motion that had been supported earlier that day to defer the decision on the location of the major acute hospital. He stated that the problem was not a shortage of information but the fact that the NHS had to “bite the bullet”. There would be losers and winners whichever site was chosen, but his Board’s judgement was on where the benefit lay, not only for BNPCT residents but also for the whole health community. Any delay would only result in the same information being supplied at a later date. He also stated that an external review had also been suggested by the public. In fact some external

## Bristol Health Services Plan

consultants, Finnamores, had provided the analysis of the options and worked jointly with NHS Chief Executives in helping to develop the recommendations. Any delay would also increase the danger of losing the whole project, which would be highly detrimental to the public in the area for many years to come.

The Chief Executive, BN PCT Executive responded to those members of the public who wanted to keep the existing hospitals. He stated that the current facilities could not provide what could be provided on one new site and the care would be improved for everyone, wherever they lived.

The Chair, SG PCT stated that his Board would be appalled at the loss of the prize of one new hospital and the Board felt there was already sufficient information on which to base a decision.

The Joint Committee Chair noted that this was a very difficult decision to make and there was strong public feeling about it. However, the members of the Committee had felt there was sufficient information on which to make a decision. It was agreed by the committee to proceed with the vote.

The voting was as follows:-

In favour of Southmead: Bristol South & West PCT  
North Somerset PCT  
Bristol North PCT  
North Bristol NHS Trust

In favour of Frenchay: South Gloucestershire PCT

Abstention: United Bristol Healthcare NHS Trust

### [Decision :- Recommendation Six approved by a majority](#)

#### **Community Services**

##### **Recommendation Seven: Community Services**

The Health Community should further refine the work it has already completed so that by June 2005 (being the first Outline Business Case submission) it can demonstrate how:

- a) services will be configured between and within the community and acute services
- b) funding released by acute services reconfiguration will support community services developments.

## Bristol Health Services Plan

- c) phasing of all proposals will be co-ordinated to ensure that acute services are not transferred to the community until new community services are in place
- d) for each proposal it has addressed feedback including from JHSC
- e) its continued working with Social Services has ensured integrated provision of services between health/social services

**Voting rights:** All Trusts and PCTs

The Committee Chair introduced the recommendations relating to community services.

*Feedback by Chairs from Board Meetings:*

BNPCT – The PCT was happy with the recommendation, but wanted to underline the clause in sub paragraph (e). It was pleased to note that a piece of work on the inter-relationship with Social Services had been commissioned and asked that the report be available before the OBC was submitted in Autumn 2005.

BS&WPCT - It must be achieved by June 05 to avoid disrupting the whole programme. In relation to sub paragraph (c), this was very important, in addition to the comments made by BNPCT about sub paragraph (e).

NBT – Supported but to achieve by June 05 was going to be difficult and challenging.

NSPCT – The Board had noted a certain public cynicism and lack of trust about proceeding with community services. This was understood but nevertheless the NHS organisations were committing themselves to this today and recognised that we were in fact quite behind other parts of the country. We must therefore commit ourselves to sub paragraphs (b) and (c) and be committed to moving the money from acute to community services.

SGPCT - Supported the recommendation and particularly BNPCT's comments with regard to involvement with Social Services and deadlines being met, but with adequate detail needed to be included. The Chair also expressed concern that June 2005, whilst a legitimate target date, would be challenging and that further detail would need to be agreed on what outcomes were necessary by this date.

UBHT - There was no reason why any objectives should be lost by proceeding at speed.

**Decision: - Recommendation Seven unanimously approved**

## Recommendation Eight: Community Services

The following decisions are dependent on the rationalisation of acute/emergency services in Bristol. This will be achieved by:

- centralising the North Bristol/South Gloucestershire Acute/Emergency Hospital onto one site
- ensuring that the clinical services managed by North Bristol and UBHT are complementary to each other and facilitate “centres of excellence

**Voting rights:** All Trusts and PCTs

### Feedback by Chairs from Board Meetings

All Trusts/PCTs supported this recommendation

**Decision :- Recommendation Eight unanimously approved**

## Recommendation Nine: Frenchay Community Hospital

That subject to a decision to move to a single acute/emergency hospital, the proposal for a community hospital at Frenchay should be taken forward within an overall business case addressing change proposals at both Frenchay and Southmead.

**Voting rights:** South Gloucestershire PCT, North Bristol NHS Trust and Bristol North PCT

### Feedback by Chairs from Board Meetings

All 3 NHS voting bodies supported this recommendation.

**Decision :- Recommendation Nine was unanimously approved by Bristol North PCT, North Bristol NHS Trust and South Gloucestershire PCT**

## Recommendation Ten: Yate

The proposal for a new community health centre at Yate should be endorsed, subject to completion of a business case identifying the best site location.

**Voting rights:** North Bristol NHS Trust and South Gloucestershire PCT

## Bristol Health Services Plan

### Feedback by Chairs from Board Meetings

Both the Trust and PCT supported this recommendation

**Decision :- Recommendation Ten was unanimously approved by North Bristol NHS Trust and South Gloucestershire PCT**

<b>Recommendation Eleven: Thornbury</b>
The enhancement of services at Thornbury is endorsed as per Part C of the Assessment Report.
<b>Voting rights:</b> North Bristol Trust and South Gloucestershire PCT

### Feedback by Chairs from Board Meetings

SGPCT – strongly recommended the enhancement of services at Thornbury Hospital

Both the Trust and PCT supported this recommendation

**Decision :- Recommendation Eleven was unanimously approved by North Bristol NHS Trust and South Gloucestershire PCT**

<b>Recommendation Twelve: Central and East Bristol</b>
The proposal to develop a new community healthcare centre in Central and East Bristol is endorsed, subject to completion of a business case identifying the best site location.
<b>Voting rights:</b> Bristol North PCT, North Bristol Trust and UBHT

### Feedback by Chairs from Board Meetings

BNPCT – The Board had noted some concern that, for instance, residents from Avonmouth would not be served by community facilities. However, if the PCT delivered a “hub and spoke” service, then some services would be provided in health centres some distance from the community hospital.

SGPCT – The Chair noted that although SGPCT was not a voting member, the Board had huge enthusiasm for the scheme, and because of the border issues between the two PCTs would wish to work closely with BNPCT on site and service options.

**Decision :- Recommendation Twelve was unanimously approved by Bristol North PCT, North Bristol NHS Trust and United Bristol Healthcare NHS Trust**

**Recommendation Thirteen: Southmead Community Hospital**

That subject to a decision to move to a single acute/emergency hospital, the proposal for a community hospital at Southmead should be taken forward within an overall business case addressing change proposals at both Frenchay and Southmead.

**Voting rights:** Bristol North PCT, North Bristol Trust and South Gloucestershire PCT

*Feedback by Chairs from Board Meetings*

Both the Trust and PCTs supported this recommendation

**Decision :- Recommendation Thirteen was unanimously approved by Bristol North PCT, North Bristol NHS Trust and South Gloucestershire PCT**

**Recommendation Fourteen: North Somerset Community Services**

As a matter of urgency detailed proposals should be developed by the North Somerset PCT for enhanced community services in North Somerset to identify:

- a) how the transfer from the Bristol acute services will be dealt with
- b) North Somerset's capital funding requirements

**Voting rights:** North Somerset PCT, North Bristol NHS Trust and UBHT

The Chair, North Somerset PCT provided background to this recommendation.

*Feedback by Chairs from Board Meetings*

NBT – Proposal welcomed but it was critical that these developments did not hold up its own Outline Business Case.

NSPCT – It was noted that the PCT Board Meeting had been well attended by the public and concern had been expressed about the slowness of the community proposals. The BHSP team had now offered some help and support to help resolve this.. Weston General Hospital will also be involved in the discussions.

## Bristol Health Services Plan

SGPCT - The Board felt it was most important that North Somerset PCT should proceed with developing plans for health services in their area. The Board was also concerned to have the earliest visibility of North Somerset developments and their possible impact, particularly financially, on the BHSP proposals. .

UBHT - The comments from NSPCT strongly supported.

**[Decision :- Recommendation Fourteen unanimously approved by North Bristol NHS Trust, North Somerset PCT and United Bristol Healthcare NHS Trust](#)**

### **Recommendation Fifteen: Blackberry Hill**

That the proposals for service re-provision should be endorsed, subject to the following:

- a) adequate replacement community services are in place alongside the reduction of hospital services. This will require recruitment to intermediate care teams.
- b) there must be continued working with colleagues from social services to ensure integrated provision
- c) that the detailed plans should address the consultation feedback on specific services.

**Voting rights:** Bristol North PCT, North Bristol Trust and South Gloucestershire PCT

The Chief Executive, BN PCT was invited to introduce this recommendation. He stated that the local health community wished to make community services available to people in and near their homes. Also, the provision of specialist stroke, orthopaedic rehabilitation and specialist dementia wards close to acute services in hospital would be an advance in service provision and in line with the BHSP vision of centralising specialist services. There were issues about transport and ward space, but better patient care was the basic thrust of the recommendation. It was recognised that some patients would still have to be looked after on wards in acute hospitals. Social Services were supporting the recommendation. Patient/carers/public involvement was also important and although the Blackberry Hill Patient Involvement Group was set up rather late, a good relationship had now been established, and patients and their carers had also been involved before the Group was formed.

## Feedback by Chairs from Board Meetings:

BNPCT - Anxiety had been expressed by the public around the service proposals, but the continuing work on this should reassure people. The Board supported the Model of Care for the re-provision of Blackberry Hill services.

NBT - The recommendation was absolutely endorsed, whilst recognising there was concern about the re-provision of the nationally renowned service from Blackberry Hill. However, it was certain that services would be improved.

SGPCT - The recommendation was supported, provided there were adequate facilities available in both Frenchay and Southmead.

**Decision :- Recommendation Fifteen unanimously approved by Bristol North PCT, North Bristol NHS Trust and South Gloucestershire PCT**

## **10. Summing Up and Next Steps**

The Chair stated that the Joint Decision-Making Committee had today reached a milestone for health services development in the area. He also concluded that the decisions reached today had been very important and their importance could not be over-emphasised for the future provision of the health services in Bristol, North Somerset and South Gloucestershire. He thanked the Committee, supporting NHS staff and the public for their participation in the day's events.

The decisions would now be reported to the Strategic Health Authority and Outline Business Cases would now be prepared for each of the projects that required major capital funding.

14 March 2005

## ANNEX ONE

### **Joint Health Scrutiny Committee Report: Statement to the Joint Decision Making Process by Cllr Sylvia Townsend, Chair**

As the NHS knows, the Joint Health Scrutiny Committee met a number of times over the last 7 months and listened to a wide range of evidence from your colleagues and key stakeholders. I would like to thank Health Services staff for the great assistance they have given us to help us complete the work involved.

In considering the evidence and responding formally to the BHSP, we welcomed and supported the investment of £500 million into the redevelopment of acute services in the area and the general principles outlined in the BHSP, i.e. that the proposed services will be fit for the 21<sup>st</sup> Century.

But in our final report, we have also urged you to strengthen the plan further to widen access to local community services, provide more support to older people and improve acute facilities.

We have particular concerns about the impact of BHSP changes on Social Services Departments, especially the permanent closures of beds. Given the current pressures on Social Services Departments' budgets, we've recommended that the independent evaluation report that has been commissioned should be brought to us outlining the impact of the changes.

Other recommendations in our report focus on:

- The need for the NHS to liaise with scrutiny committees very early in consultation processes so that adequate information is available for consideration;

## ANNEX ONE

- Concerns about changes to the consultation processes on Thornbury Hospital and Cossham/Kingswood;
- The lack of proposals for the North Somerset area;
- The imminent closure of Blackberry Hill Hospital given the timescales for the development of community services by both the NHS and Social Services Departments;
- A lack of detailed information to assist the Committee to make an informed choice between the two possible acute sites – Southmead and Frenchay;
- Concerns about the affordability of the proposals and the possible consequences of any budget shortfalls on community facilities;
- the imperative to provide community based services before any major changes in hospital provision. This will ensure greater accessibility for local residents, particularly older people
- The different consultation processes and timescales for proposals for mental health services.

Given the concerns I've outlined, we've agreed to continue as a standing Committee to monitor the implementation of the BHSP and we look forward to continuing our work with you.



**Statement by BHSP Working Group - a NBT Patient and Public Involvement Forum  
(PPIF) Committee for the**

**BHSP Joint Decision Making Committee Meeting 140305**

There is strong consensus among Patient and Public Involvement Forums that, overall, the broad principles outlined in the Bristol Health Services Plan (BHSP) are worthy of support. Forums would, however, like to emphasise the following points:

- The PPIFs support the views expressed by the community and endorsed by the Joint Health Scrutiny Committee (JHSC) that sufficient, good quality alternative services, both NHS and Social Services, are in place before closing, transferring or replacing any of the services currently available. Although these are issues across the BHSP, of particular concern are the imminent changes proposed at Blackberry Hill Hospital. Careful planning and dialogue is more critical than ever in light of the current financial problems facing Social Services. The Forums feel it reflected badly on the BHSP that an evaluation of the impact on Social Services was not undertaken before the consultation began and look forward to receiving this report when it becomes available.

# Bristol Health Services Plan

## ANNEX TWO

- Forums are still very concerned about travel and access to hospitals. Good public transport and car parking are crucial to the credibility of the Plan, and Forums would like to see the proposed solutions for each part of the Plan to be made public early in the process of developing each individual building project.
- With regard to the recent government directive that 15% of diagnostics and elective surgery be provided by the private sector by 2006/07, we thank the BHSP office for their 'holding' response about the implications of this on the BHSP, and look forward to receiving more detailed answers in the near future.
- As highlighted in Recommendations 4 & 5 of the Joint Health Scrutiny Committee Report, receipt of information with sufficient time to consider that information, is crucial for making informed opinions. PPIFs would again emphasise the need for parity with the JHSC with regard to circulation (from the BHSP office) of relevant information. We look forward to the BHSP Office making a firm commitment to ensure this happens throughout the future BHSP process.
- As noted in Recommendation 4 in the Joint Health and Scrutiny, the Forums agree that there is lack of coordination between the BHSP and AWP proposals.

# Bristol Health Services Plan

## ANNEX TWO

- The Forums understand that the re-provision of services at Cossham Hospital is not up for discussion today, but would like to say that the outcome of this part of the BHSP consultation demonstrates how the Bristol public took the opportunity to influence future healthcare provision with the support of their local Patient and Public Involvement Forums.
- The Forums welcome the opportunity to participate in the ongoing process of planning throughout the implementation stages and suggest that the BHSP should seek advice about how to encourage involvement by members of the public in the ongoing stages of implementation. There is a need for clarification on how Forums can develop their working relationship with the BHSP Team and the Joint Health Scrutiny Committee.

**BHSP Working Group****11 March 2005 NBT PPI Forum Statement for****Joint Decision Committee 140305**

The Forum has a number of concerns regarding community care. We understand that Evercare will comprise part of the proposed BHSP service. The Kings Fund Report on community cover (November 2004) shows that mortality rates increased under this system. The Forum wishes to know if further research has been undertaken regarding the suitability of this approach for care in the community?

**NBT PPI Forum****11 March 2005**

**Note:** In addition to the above, which was circulated to the Committee and public attending the meeting, the issue of the consultation for Blackberry Hill was raised in this address. The points raised included concerns about consultation on Blackberry Hill as the PPI forum had been established after the Project Team had been set up. It was queried if the consultation complied with the requirements of Section 11 of the Health & Social Care Act.

## ANNEX THREE

### Item 7 Recorded summary of two of the addresses of the PPI Forum's

#### Jack Britton, South Gloucestershire PPI Forum

The PPI Forum notes that the BHSP Assessment Report recommends the choice of Southmead as the main acute hospital site despite the results of the survey undertaken under its auspices of the people of Bristol, North Somerset and South Gloucestershire, which clearly favoured Frenchay (46% against 29%).

The PPI Forum also feels that the recommendation does not take into account the expected rise in the population of pensioners in South Gloucestershire that is estimated to be the highest in the area.

#### Ray Hassell, UBHT

The PPI Forum understands that the Evercare and other parallel experiments across the country have shown no clear evidence that they will reduce the number of hospitalisations.

Estimates of health needs should use the latest demographic figures.

Access to hospitals is highly important and disabled people number more than those who carry badges on their cars. Carers too have to bring cars to hospitals and need to be provided for when they drop off a patient.

# Bristol Health Services Plan

## ANNEX FOUR FEEDBACK FROM INFORMAL PUBLIC WORKSHOP

Slide 1

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

### Bristol Health Services Plan

- Steve Webb, MP, put forward a motion to be voted on and to be reported to the Committee. The motion is the Frenchay/Southmead decision and the other decisions that flow from it should not be taken today and that this motion should be reported to the Committee. This was agreed to overwhelmingly by the meeting.

Slide 2

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- Shame the Chairs are not present today to hear our views and peoples comments
- The list of criteria used by the BHSP is flawed
- We want no decision for Southmead today

**ANNEX FOUR****FEEDBACK FROM INFORMAL PUBLIC WORKSHOP**

Slide 3

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- We need a proper chair
- Roger Berry, MP, said agreed with many of the proposals from the BHSP as set out by the Joint OSC
- The argument in relation to Southmead or Frenchay is supposed to be very balanced, we should go with the majority of public opinion, which is Frenchay

Slide 4

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- How will the Committee hear about views of the Boards and of the things said this morning
- Too costly and difficult to get to Southmead as opposed to Frenchay
- Lots of new homes to be built near Frenchay so we should have the hospital there

# Bristol Health Services Plan

## ANNEX FOUR

### FEEDBACK FROM INFORMAL PUBLIC WORKSHOP

Slide 5

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- There is nothing new – your vision is our nightmare. We don't trust NBT managers, they have already lost us lots of money
- Majority of people want to keep both hospitals open
- Somerset population has been excluded from the BHSP debate.

Slide 6

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- Only 1200 responses are not representative of the population of Bristol, South Glos and North Somerset
- The trusts have not taken seriously the remit of the PPIFs
- We are already short of hospital beds – we must not cut beds in the new proposals
- Frenchay has a helipad and is near the motorway with much better access than Southmead

**ANNEX FOUR****FEEDBACK FROM INFORMAL PUBLIC WORKSHOP**

Slide 7

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- This proposal should not be about saving money
- Ex Chairman of Avon Ambulance Trust said the preferred option of Southmead was raised 2 years ago. Which makes this feel like today is a rubber stamp exercise of a decision already made..
- This will not be a super hospital it will be a district general hospital with Frenchay downgraded

Slide 8

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- The best option would have been to develop a new hospital on a greenfield site this would have addressed the problems of transport and access that have been identified
- In his opinion the city can not cope with a major incident

**ANNEX FOUR****FEEDBACK FROM INFORMAL PUBLIC WORKSHOP**

Slide 9

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- NBT PPIF is being talked to. How are we going to provide beds in the interim during the hospital rebuild whichever site is chosen.
- Southmead people have fewer cars and would benefit from Southmead being chosen for the new hospital

Slide 10

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- We are not hearing the views of Southmead people
- NBT PPIF – The relationship between the forum and the trust although it has been difficult is now on a better footing
- In our view it would be better if the forum had a voice on the Board of the BHSP. I invite the MPs here to help us with this

# Bristol Health Services Plan

## ANNEX FOUR FEEDBACK FROM INFORMAL PUBLIC WORKSHOP

Slide 11

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- This is a cross party issue – this proposal would mean less hospital beds. We want to keep both hospitals open. The decision should be postponed until after the general election
- How long does it take an ambulance to get from Yate to Frenchay and Yate to Southmead?

Slide 12

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- The wealthiest part of the city will be served by 2 hospitals within 10 minutes travel
- If Southmead is chosen it only affects 1 area of deprivation, Southmead. All other areas of deprivation will be less accessible to Southmead
- How have you examined inequalities in health when arriving at your proposals?

# Bristol Health Services Plan

## ANNEX FOUR

### FEEDBACK FROM INFORMAL PUBLIC WORKSHOP

Slide 13

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- Because RUH, Bath, is nearer to some communities, has it been calculated how much more it will cost them to treat patients that would have gone to Frenchay
- Given the poor traffic and transport in the city without Frenchay hospital I will in future call 999 for a service rather than try and get to a hospital myself. Has this additional cost been calculated?

Slide 14

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- What is the history of all this? How have we lost the option of a new hospital on a “brown field site”?
- Feel it is a political decision re new hospital
- Why should a new hospital be used for urban regeneration? It should just be for patient care.

**ANNEX FOUR****FEEDBACK FROM INFORMAL PUBLIC WORKSHOP**

Slide 15

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- Where is the additional info about transport?
- We need more time, discussion and local involvement
- A show of hands was requested and there was an overwhelming majority against downgrading Frenchay hospital

Slide 16

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- A Yate resident said he had to go to Frenchay at 3am and it was very easy. At 4pm it would take at least an hour to get there.
- This is big potential investment in healthcare in Bristol and today is the decision day- it will not be looking at details because the timescale towards a PFI bid is scheduled for October

## ANNEX FOUR FEEDBACK FROM INFORMAL PUBLIC WORKSHOP

Slide 17

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- We went to consultation meetings. We felt our voices were not being heard. It was a waste of time going to the meetings. It is not honest to say it is an open consultation. We feel that the decision in favour of Southmead has already been made. We need an enquiry into how this consultation was not fair and open.

Slide 18

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- I think we have been misled into thinking the meeting today would be making decisions at 10am and not after this session. In my view the Boards have already made their decisions and this is a waste of time.
- On Friday I asked the question of the architect would there be a problem with whichever site is chosen. The answer was No.

**ANNEX FOUR****FEEDBACK FROM INFORMAL PUBLIC WORKSHOP**

Slide 19

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- I also asked if there was a problem with money to develop either site and was told No
- My area, Oldland Common, also has areas of deprivation and we do not think we have been represented in this process.
- Question the quality of travel/access survey.
- Southmead has been favoured from the outset

Slide 20

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- Misgivings about the PFI proposal.
- South Gloucestershire has been disenfranchised
- Feel that we are being railroaded into decisions which are too quick.
- There is so much wrong with the process that it should be referred to the Secretary of State

# Bristol Health Services Plan

## ANNEX FOUR FEEDBACK FROM INFORMAL PUBLIC WORKSHOP

Slide 21

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- We heard earlier that we might lose the window of opportunity to bid for £500m. Whose fault is it if the timescales have become too tight. Not the public.
- Once you start to suggest that a major facility is to be downgraded, it becomes self-fulfilling. People will move away and get jobs elsewhere.

Slide 22

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- My grandson has had to use all 3 hospitals, childrens, Southmead & Frenchay and we have found the services to be fantastic. I can not understand why we are not developing on these 3 services and instead planning to centralise them at the BRI

**ANNEX FOUR****FEEDBACK FROM INFORMAL PUBLIC WORKSHOP**

Slide 23

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- We have not had enough time to make our points.
- We never get answers to all our questions
- Why don't we use the parking spaces at Frenchay to build a modern, single storey, ground floor hospital. People could use the proposed park and ride.

Slide 24

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- If more people had come to consultation meetings maybe the NHS would have listened to us more.
- Please put patients before finance.
- I think this is all about money if Tony Blair wanted another war he would find the money, so why can't he find it for hospitals?

**ANNEX FOUR****FEEDBACK FROM INFORMAL PUBLIC WORKSHOP**

Slide 25

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- Blackberry Hill Hospital – care of elderly is moving to Frenchay and Southmead and will increase the pressure on acute beds there. A further 48 beds will be lost with patients being cared for at home. How can this be done with Social Services overspent on their budgets

Slide 26

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- Concern was raised that the assessment report was not on the BHSP website early enough.
- Concern was raised about the quality of community based support, such as Evercare, and how this will work with the 2 community hospitals on Frenchay and Southmead sites.

**ANNEX FOUR****FEEDBACK FROM INFORMAL PUBLIC WORKSHOP**

Slide 27

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- Can we check the role of Modern Matrons?
- Can we address car parking as part of these changes?
- Can we be told how the proposed changes have taken into account the particular needs of a major incident? Will we be able to cope in the area in the event of a major terrorist attack

Slide 28

**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- I have concerns about the future of specialist childrens services at Frenchay hospital and the proposal to move them to the Childrens hospital. When we fundraised for the services at Frenchay we were assured of the long term future of the services.

# Bristol Health Services Plan

## ANNEX FOUR

### FEEDBACK FROM INFORMAL PUBLIC WORKSHOP

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**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- If a decision is being made today to centralise childrens services at the BRI, why is there a planning application to develop this service already with Bristol City Council?
- Recommendation that the NHS should carry out a referendum of the local population to decide how we go forward

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**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- What public transport will be put in place to enable people to get from Frenchay to Southmead and will it be free?
- Could we clarify how much land is actually available to be built on both sites?
- Previous legal advice to the SHA has suggested that BHSP is acting illegally in this consultation and therefore the MP should call for it to go to judicial review

**ANNEX FOUR****FEEDBACK FROM INFORMAL PUBLIC WORKSHOP**

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**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- If the Committee defers a decision on the BHSP and we go forward again with further consultation, can I make a plea that the people present come along to future public meetings to express their views
- I want to make a last plea for the needs of Southmead community which is a deprived area and will benefit greatly on a decision in favour of Southmead

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**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- In my view the consultation was flawed, the small numbers who participated reveal poor advertising of ways to get involved.

# Bristol Health Services Plan

## ANNEX FOUR

### FEEDBACK FROM INFORMAL PUBLIC WORKSHOP

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**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- Why run a health service on “buy today, pay tomorrow” which is what PFI is.
- It would be better to pay more income tax than use PFI as a method of funding new hospitals
- I think we are seeing another Swindon hospital with not enough beds with the increased population in South Gloucestershire, this has not been taken into account

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**ANNEX 4**  
**Joint decision making committee minutes**  
**March 2005**

- On PFI we should look at other examples in the north of England where this has been used to build new hospitals and they are now breaking down before we commit in Bristol
- How can BRI justify building 3 flagpoles as opposed to cleaning windows.
- Why make decisions now, delay it and let us all have a say

**ANNEX FOUR  
FEEDBACK FROM INFORMAL PUBLIC WORKSHOP**

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**ANNEX 4  
Joint decision making committee minutes  
March 2005**

- We should endorse the JOSC recommendation that it is not possible to make a decision between Frenchay and Southmead because of inadequate information.

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**ANNEX 4  
Joint decision making committee minutes  
March 2005**

- Trade Union concerns:
  - Accountability & the decision making process
  - Want to be involved in staffing issues
  - Cross cutting groups – full involvement