



North Somerset **NHS**  
Primary Care Trust

# Shaping our future in North Somerset

**you spoke...**  
**...we are listening**

Help us to decide  
on our proposals to improve  
primary care and community  
services

## Consultation document

If you would like this document in another format,  
please call free on 0800 015 5127.

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# Section 1: Introduction

## 1.1 What is this document about?

Welcome to our public consultation document, which sets out:

- our vision for an improved local model for health and health-care services;
- plans for developing and improving health and health-care services for North Somerset over the next 10 to 20 years;
- proposals that focus on developing our local primary care and community services, and the facilities needed for the future; and
- a range of options that we would like your views about, to help us decide how best to develop and improve health and health-care services for the people of North Somerset.

## 1.2 How does this public consultation fit in with national plans for the NHS?

At North Somerset Primary Care Trust (NSPCT), we are responsible for planning and commissioning (buying) health-care services for people living in North Somerset.

We recognise that this public consultation comes at a time of enormous change as the National Health Service aims to deliver the Government's reform and modernisation plans, as set out in 'Creating a Patient-led NHS' (see note 1 below).

The Government's plans include the following.

- Significantly modifying the responsibilities of primary care trusts (PCTs) and strategic health authorities (SHAs).
- Reorganising PCTs – Avon, Gloucestershire and Wiltshire Strategic Health Authority has submitted a proposal to the Department of Health for a single PCT that would bring together North Somerset, North Bristol, Bristol South and West, and South Gloucestershire PCTs by late 2006. This will go to public consultation in December 2005.
- Increasing the role of alternative health-care providers, including the independent sector and voluntary sector.
- Introducing practice-based commissioning (PBC) (see the glossary), a new structure that will give increased responsibility to local general

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Note 1: 'Creating a Patient-led NHS – Delivering the NHS Improvement Plan', Department of Health, March 2005.

practitioners (GPs) to plan and commission health-care services for their patients.

- Increasing the emphasis on the financial accountability of individual NHS organisations, such as PCTs and Foundation Trusts.

Against this national background we are clear that this consultation document is about the needs of the people of North Somerset. It is their needs that must be at the centre of our plans for improving services, which is why we have worked to develop this document in a way that reflects and responds to views from the local population and to the changing environment. The proposals in it have support from local GP practices, the local medical committee, and our Professional Executive Committee and Board.

### **1.3 How do these proposals fit in with other local NHS plans?**

In 2002, primary care trusts and hospital trusts in Bristol, North Somerset and South Gloucestershire came together to carry out a major review of how services should be arranged to meet the needs of the 21st century. This review is known as the Bristol Health Services Plan (BHSP).

For more information, see 'Building better health services – the Bristol Health Services Plan' (see note 2 below) which reports on a previous, related public consultation exercise carried out across the other local NHS trusts involved in the BHSP in 2004. The report sets out plans for investing around £500 million in new facilities to improve health services for the people living in Bristol, North Somerset and South Gloucestershire.

To deliver the model of care set out within the BHSP, we have carried out detailed planning to look at ways in which more services can be provided locally in North Somerset, while also making sure that access to high-quality hospital-based services is maintained.

This consultation document focuses particularly on priorities for improving health and health-care services in North Somerset in primary care and in the community. It does not repeat areas of work that are currently covered by the BHSP programme – in particular, workforce development and travel and access.

It has been recognised that our proposals must be affordable and fit into the wider BHSP financial plans. We are committed to working with our local NHS Trusts and other partner organisations such as the local authority, to develop sustainable and high-quality services for the local population as part of the

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Note 2: 'Building better health services' – the Bristol Health Services Plan consultation document, 2004.

wider BHSP work, which is consistent with the move to provide more care locally.

Based on the information we have at this time, we believe that the proposals outlined in this consultation document will be affordable.

## **1.4 What is the scope of our proposals?**

Our proposals, developed as part of the wider BHSP plan, reflect our commitment to:

- develop a clear plan that sets out how we intend to support the transfer of services from acute hospitals into community settings closer to people's homes;
- extend services at Clevedon Community Hospital; and
- maximise the capacity in Weston General Hospital.

## **1.5 What developments have already been planned?**

We recognise that all of our local GP practices, and other primary care providers, including dentists, pharmacists and optometrists, need our continued support to improve local primary care services.

There are two development plans outlined within this consultation document that are already underway and cannot be delayed. These are:

- the development of new GP practice premises in Portishead; and
- the development of GP practice premises in Weston-super-Mare.

We have, however, considered further options to help us improve on these developments by proposing extra services that could be provided for the local population in a primary care resource centre.

## **1.6 What does this document cover?**

The different sections of this document are as follows.

- Where we are now (section 2).
- Why we need to change (section 3).
- A vision for a new model of health care that will provide better services for local people – where we want to get to (section 4).

- The specific proposals we want your views on so that we can deliver the vision in North Somerset (section 5). We are formally consulting on the following proposals.
  - To improve the range of services that can be provided for people living in our rural areas, which will include developing more mobile services.
  - To provide additional services in Portishead and the surrounding area, as part of the planned development of new GP practice premises.
  - To develop Clevedon Community Hospital to support a new model of health care for all residents of North Somerset, particularly the northern half of the county.
  - To provide additional services in the Weston-super-Mare town centre as part of the planned development of new GP practice premises.
  - To recognise the expected population growth in the Worle area of North Somerset and the need to plan for the development of additional primary and community care services for this population in the future.
  
- How the proposals affect the NHS workforce (section 6).
  
- Some other questions that people often ask about our proposals and our responses – we call these frequently asked questions or FAQs (section 7).
  
- Our conclusion (section 8).

## **1.7 Taking account of your views – what have we done so far?**

At North Somerset Primary Care Trust (NSPCT), we are committed to making sure that local people, staff and stakeholders play an active role in shaping future health services and contribute to the development of services.

We have already carried out an extensive communication exercise to include the views of our staff, stakeholders (see the glossary) and local residents to help develop this plan for local health and health-care services. This process was known as the ‘engagement process’ and began with a stakeholder event on 6 July 2005, followed by staff consultation meetings during August and public meetings during September. This engagement process ended with a voluntary-sector event on 29 September 2005.

The feedback during this process has been positive and we have collected the views of:

- over 150 patients and residents of North Somerset;

- staff within North Somerset PCT and primary care; and
- voluntary sector and independent colleagues.

### **Highlights from the public engagement meetings across North Somerset**

The main comments we received were as follows.

- People strongly agreed with the principle of delivering more services outside acute hospital (see the glossary) and investing in more local NHS services.
- People strongly supported the need to invest in promoting and maintaining health, rather than treating illness.
- People wanted to see greater links between health and social services, particularly services for older people.
- People wanted better access to core local services, particularly local general medical (GP) services.
- Although people supported our vision of providing more services closer to home, they realised that this would not be easy. People wanted assurances that we would make the workforce and funding available, and that we would recognise the particular needs of carers in our plans.
- We need to build confidence that the proposals being discussed will be delivered.

You will find the detailed response report and process report of this engagement process in the supporting information document that goes with this consultation document, which you can get a copy of by calling free on 0800 015 5127.

We have modified our thinking as a result of this feedback. For example, we have:

- considered how we can work with our local GP practices to improve patients' access to GPs and their teams;
- reviewed our plans to make sure that they reflect the needs of our rural communities;
- made sure that our vision recognises the needs of carers;
- begun work with our colleagues in North Somerset Local Authority Social Services to set out a clear vision for developing more integrated services for older people; and
- started a review on the respite care (see the glossary) currently provided across North Somerset and on the needs of carers.

We are committed to continuing to involve local people at every stage in our development and introduction of these proposals. We know that some people have been consulted before on plans for improving services in North Somerset and haven't seen anything happen, so we can understand their suspicion that nothing will happen this time either. This document does, however, confirm that a number of developments are now moving forward, and that we will use the feedback we have received so far to make full use of these developments to improve local services for local people.

## **1.8 Who are we consulting?**

We want to hear the views of the people who would be most affected by our proposals so we are carrying out this consultation throughout North Somerset.

## **1.9 What can you do to help?**

We would like local people to give us their views on our proposals and help us with our decision-making processes.

Public consultation on our proposals will run from **1 December 2005 to 1 March 2006**.

We want your feedback on:

- whether you support our overall vision, and how you think it could be improved; and
- what you think of the specific proposals we are making for changes to the way we provide services.

We have set out specific questions in each section that we hope you will comment on. In the appendix, we have summarised all of the questions we hope people will give us feedback on and included a cut-out response sheet for your answers to any or all of the questions we are asking.

We are using the Bristol Health Services Plan office as the main point of contact.

To give us your comments, you can contact us as follows.

- E-mail: **haveyoursay@nsomerset-pct.nhs.uk**
- Write to:  
The Bristol Health Services Plan  
Freepost BS1078  
King Square House  
King Square  
Bristol BS2 8EE

(You don't need a stamp.)

- Freephone: **0800 015 5127**
- Minicom: **0117 900 2675**

## **1.10 How are we working with the local council on these proposals?**

Some of the proposals for developing local services will mean a significant change from the current arrangements. In these circumstances the local authority will consider the health service's plans through a process known as 'overview and scrutiny'.

This scrutiny process is independent of the NHS and is another important way in which you can make your views known during the consultation process. You can write to your scrutiny committee at:

North Somerset Council  
PO Box 137  
Town Hall  
Weston-super-Mare  
BS23 1HF

## Section 2: Where are we now?

### 2.1 The area

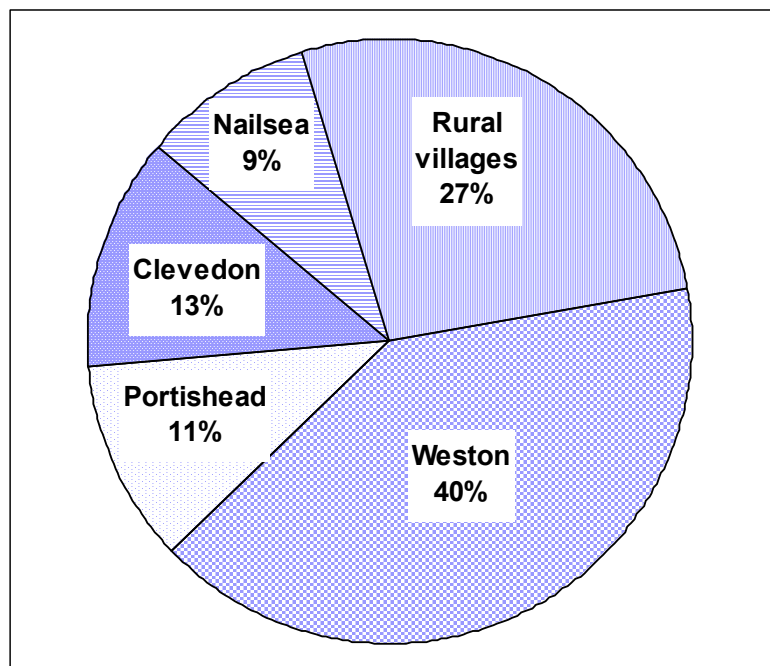
North Somerset extends from the edge of Bristol and the River Avon in the north to the River Axe and the Mendip hills in the south, and from the Bristol Channel in the west to the edge of the Chew Valley in the east.

There are four main towns across North Somerset, which together account for 70% of North Somerset's population.

- **Weston-super-Mare** is in the south and is the largest town (population over 80,000) and a popular seaside resort, attracting 3.3 million visitors a year.
- **Clevedon** is in the centre of North Somerset and has a population of 25,000.
- **Portishead** has grown steadily over the past 30 years and currently has a population of 21,000.
- **Nailsea** has a population of 18,000.

The remaining 30% of North Somerset's population live in the 35 **rural parishes**, which include many quiet villages and rural and commuter communities.

**Figure 1: Population spread across North Somerset**



## **2.2 The people**

### **2.2.1 Population profile**

North Somerset has an increasingly older population with people aged over 60 making up almost 25% of the total, compared with 21% nationally.

Young people up to the age of 18 make up 20% of the population and unemployment is less than 2%.

There is a relatively small proportion of people in North Somerset from a wide variety of black and ethnic-minority backgrounds – for example, Gypsies, Italians, Portuguese, Africans, Bangladeshis, Greek Cypriots, Chinese, Indians, and people from the Philippines.

In some areas of North Somerset a significant number of people move into and out of the area. Using the percentage of people moving during the previous year as a benchmark, the average across the whole of North Somerset is 11%, but rises to 21% in Weston-super-Mare Central and 19% Weston-super-Mare West.

### **2.2.2 Population growth**

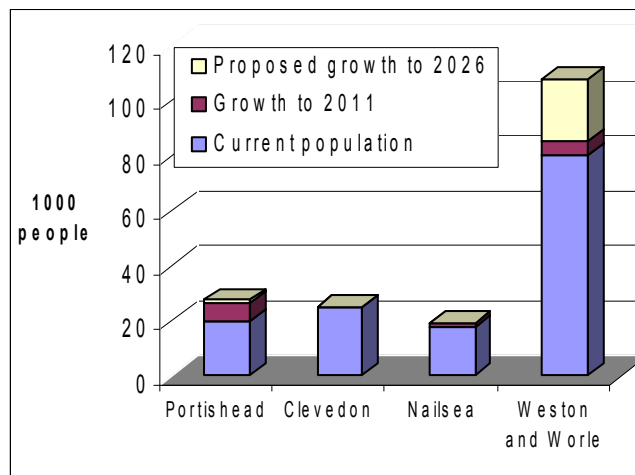
North Somerset's current population is 196,678 and we have seen rapid population growth in certain areas during the last 10 years, particularly in Portishead and Weston-super-Mare. The rural areas, including the villages of Congresbury, Yatton, Banwell and Backwell, have also seen a growth in population.

This growth is set to continue with an estimated 7,000 more people in Portishead and 5,000 more in Weston-super-Mare over the next five years.

North Somerset Local Authority does not intend to consider any planning applications for more new housing developments until 2011, unless instructed to by the Government. The 'First Detailed Proposals of the Regional Spatial Strategy' (RSS), which covers the next 15 to 20 years, includes:

- the possibility of a further 22,000 people being housed in new developments in Weston-super-Mare;
- an additional 1,200 people in Portishead; and
- a further 17,000 people moving into developments alongside the Bristol urban area, which could include the Long Ashton or Ashton Vale area.

**Figure 2: Population growth across North Somerset** (based on North Somerset Local Authority estimates and excluding Bristol urban areas)



### 2.2.3 Health inequalities

North Somerset has a diverse population ranging from some of the wealthiest areas in the South West of England to areas of extremely high social and health needs.

Forty percent (40%) of the population of North Somerset lives in Weston-super-Mare, and parts of Weston have the highest health needs as assessed by the Index of Multiple Deprivation (see the glossary). The index includes factors such as early death, poor mental health and incapacity.

Weston-super-Mare South, Central and West wards are significantly more needy than the rest of North Somerset, which can be demonstrated by the fact that:

- a baby born today in parts of Weston can expect to live **10 years less** than a baby born in parts of Portishead; and
- people living in central Weston are **three times more likely** to be receiving Incapacity Benefit than the North Somerset average.

### 2.3 Current services in North Somerset

- There are 25 GP practices working from 31 locations across North Somerset. Of these practices, 12 are in the Weston and Worle area and the other 13 are in the Woodspring area.
- There is one community hospital in Clevedon that currently provides services mainly for the residents of Clevedon.

**Figure 3: Current primary care premises**



- Acute hospital care is provided from three main NHS trusts. Weston Area Health Trust accounts for almost 50% of our hospital activity, mainly serving the population in and around Weston. North Bristol Trust (Frenchay and Southmead Hospitals) and United Bristol Hospital Trust account for approximately 25% each, including the more specialist services.
- In recent years there has been little opportunity to develop and invest in our local community services, apart from some notable exceptions, such as the Older Person's Team and the Rapid-Response Team. There is an urgent need to strengthen and support our local community-based services.
- Our mental-health services are provided by Avon Wiltshire Partnership Trust. There is a separate plan that sets out how we are working to develop our local mental-health services, which includes the development of a new inpatient unit alongside Weston General Hospital.
- There are excellent examples of service integration with our local authority including, for example, an integrated Learning Difficulties Team, children's services and intermediate care.

- We recognise that there are opportunities to develop greater partnership working with the independent, private and voluntary sectors in the future.

## Section 3: Why do we need to change?

### 3.1 The need for change

A whole range of factors are changing the way health care will be delivered in the future. These were set out in the Bristol Health Services Plan (BHSP) and include the following.

- **Less care in main hospitals and more care closer to people's homes.** More people with minor illnesses and injuries (such as minor cuts or sprains) or long-term conditions (such as diabetes, coronary heart disease or asthma) want to be looked after in or near their own homes. We are increasingly moving away from the idea of 'institutional care'.
- **Advances in medical technology.** For example, many people who used to need to stay in hospital for several days for a surgical procedure can now be treated as a day case. Nowadays, diagnostic equipment can often be provided cheaply and effectively in local settings, rather than in the past when it was only possible to have it at major acute hospitals.
- **The need for individual patient-focused care.** Services must be focused on the needs of the patient, not on what is convenient for the hospital or the GP practice. For example, patients should have access to 'one-stop' services, where they attend once for tests and diagnosis, rather than having to make several visits.
- **Reducing waiting times.** Patients should not have to wait a long time for a service, particularly if they are in pain and the quality of their lives is being affected.
- **Choice.** The Government is committed to giving patients greater choice about when and where they will receive treatment. In future, patients who need treatment will be able to choose between a number of facilities, some or all of which could be in a community setting rather than in hospital.
- **Improving patient care.** Making sure that the needs of emergency patients do not delay care for people waiting for operations.
- **A changing workforce.** Making sure that we respond to the changing needs of our workforce by developing new roles and working differently to meet the needs of staff and patients. We have particular issues in parts of North Somerset that have an effect on recruiting and keeping general practitioners. This is a priority and we believe that providing greater opportunities for practices to take part in training and education will be vital for their long-term sustainability (see the glossary).

- **Value for money and affordability.** Making sure that we use our available resources as effectively as possible. We know that we cannot continue to deliver health-care services in the way we do now, and we believe that by investing more effectively in primary and community-based services, and reorganising our hospital-based services, we can improve the health and wellbeing of our local population within the available resources.

These factors affect all health-care services, but some are of particular importance to the changes proposed in this document, such as the need for individual patient-focused care and providing more care locally.

### **3.1.1 The need to provide more services locally**

We all know that travelling to large acute hospitals, such as Bristol Royal Infirmary (BRI) and Southmead, is difficult for many patients.

- The public transport network in North Somerset is not extensive and even if you are lucky enough to live on a direct bus route to the hospital, it can take a long time to get there.
- If you come by car, it can be very difficult to park at the hospital sites.
- There is often a long walk from the hospital entrance to the actual clinic or service you need.

For all these reasons it is much better if as many services as possible can be provided close to people's homes in community-based facilities. However, there are some services that will need to stay within a major hospital because they use very expensive equipment or specialist staff.

Some examples of how we want to achieve this are set out below.

### **3.1.2 Urgent care and minor injuries**

We know that people may need immediate access to services when they have an illness or injury such as a cut, sprain or something in their eye. Currently, people with these kinds of problems, who can't get to see their GP, would go to the accident and emergency (A&E) department at their local hospital. This often meant a long wait for patients and increased the burden on busy A&E departments. We know that, nationally, these urgent and minor injury conditions make up nearly half of the people who come to an A&E department.

Nurse-led minor injuries services can provide a more appropriate service for people with these kinds of injury, as long as they have access to diagnostic equipment such as X-ray and ultrasound to help make the correct diagnosis. By using technology such as video links, nurses can get advice from a hospital

doctor so that if the patient needs more specialist care, this can be arranged quickly. We also recognise the increasing role of ambulance and paramedic services in providing urgent care.

### **3.1.3 Outpatient clinics, and diagnosis and investigation**

We want to improve access to services for patients identified by their GP as needing an outpatient investigation or to see a consultant. Currently, patients are referred to a consultant and their GP can lose contact with the care they are getting. There are three ways we will make this kind of service more local.

- By having GPs with a special interest (see the glossary), nurses or therapists providing a service that, in the past, would have needed a consultant. They will have extra training so that they are able to do this.
- By having local outpatient clinics led by hospital consultants in the community facilities, where appropriate.
- By having extended roles for professionals such as nurses and health-care assistants who focus on supporting people with chronic diseases (long-term or permanent illnesses) instead of making the patient come to the major acute hospital.

These three proposals will be supported by better diagnostic equipment that could be provided by mobile services such as:

- X-ray;
- ultrasound; and
- endoscopies.

Highly specialist investigations and tests would still be done at the main acute hospital but many people could then get their results locally rather than having to make another trip to the main acute hospital.

### **3.1.4 Day surgery**

Many types of minor operations can be done safely in a properly equipped primary care facility, as long as they only involve a local anaesthetic. The types of surgery and investigation to be provided by specialist GPs, nurses and therapists could include skin surgery (for example, removing warts or small growths) and vasectomies.

The precise range of work that can be carried out in each location will vary – for example, we would expect that more could be done in a community hospital than in primary care centres. This work will also take some of the pressure off the acute hospitals.

### 3.1.5 Older people's services

There is strong history of working in partnership between the NHS and social services in North Somerset. This is particularly important in developing services for older people and we have been working to set out a clear vision for the future.

This vision will help us to bring together health and social-care professionals into a single team working with local communities. These teams will work to help improve health and wellbeing and to make sure that people have access to the right care and support they need at the right time.

To prevent people from having to go to hospital unnecessarily and to give them maximum independence, one of the key areas we need to improve is access to therapy services such as physiotherapy and occupational therapy. We need to make sure that we have the facilities to support more varied therapy services in the local community.

### 3.1.6 Improving access to hospital-based services

People need to use large acute and emergency hospitals for two main reasons.

- **When they need emergency care.** The most important thing for someone facing a medical emergency is that they have rapid access to specialist doctors and diagnostic equipment. This means that their problem can be diagnosed quickly and there is no delay in getting the correct treatment. For many illnesses and injuries, a delay of a few hours after a patient has first arrived at a hospital can make all the difference to a healthy recovery.
- **When their treatment or diagnosis needs specialist backup or equipment.** For example, if someone is having a major operation, it is vital that there is an intensive care unit nearby in case problems arise after the operation.

The pressures on the A&E departments and other specialist departments within the acute hospitals can be reduced by providing more local services for the less serious cases, for example through a minor injuries service.

The work that has been carried out through the BHSP has suggested that, by adopting a new model of care with the appropriate resources and capacity in place, we could:

- reduce emergency and unplanned admissions to an acute hospital by up to 24% (7,000) each year by 2013;
- reduce inpatient admissions by 5% (400) and day cases by 10% (2,100) in three years;
- reduce new outpatient appointments by 35% (19,000) by 2008-2009; and

- reduce A&E attendances by 40% by 2007-2008.

### **3.1.7 Improving the quality of our buildings**

When patients need treatment, whether in hospital or in the community, the most important thing is the quality of the services they receive. Putting our vision into practice will have an effect on the buildings (hospitals, health centres, GP surgeries and so on) that are used to provide our health care. Our basic aim is to move more services out of hospitals and into community-based facilities.

## **Section 4: What is our vision for health and health care in North Somerset?**

### **4.1 Our vision**

Our vision for health and health care in North Somerset is for a service that:

- focuses on maintaining health and wellbeing as well as treating illness;
- allows patients to be treated and cared for at home or as near their homes as possible;
- the public and professionals have confidence in and are proud of;
- makes sure people receive the right care, at the right time and place, and by the right professionals (including self-care – see the glossary);
- focuses on what patients need;
- makes the best use of all available resources to achieve excellence and is affordable; and
- provides good access to primary care teams, including GPs and their practice staff, dentists, optometrists and pharmacists.

### **4.2 Delivering our vision**

Delivering this vision within the resources that we have available to us will depend on providing better information to people about how they can look after their own health and wellbeing, and making sure that they have access to services and support that can help them achieve this. We have made a good start on this through our partnership work with the local authority and schools on the 'Healthy Schools' programme. This programme recognises the importance of working with our children and young people to encourage them to make healthy choices (such as eating healthily and taking exercise). Promoting the resources that already exist in our community to help in this area is a priority, in particular the role of community pharmacists and NHS Direct, the voluntary sector and schools, libraries and leisure facilities. We must build on this good start.

One of our central aims will be to develop our existing primary care services through local GP practices, which usually serve populations of between 6,000 and 12,000 patients. All local communities should have an accessible local surgery with a primary health-care team who work closely with social services and other key partners including the voluntary sector. Where GP practices are near to each other and serve similar areas, future developments may provide opportunities for practices to share premises and so make the best use of their combined resources. This way, they can develop extended

services for patients. However, we also recognise the need to support our more rural practices and those practices working in areas where no other health-care provision is available for local people.

The GP practice is usually the first point of contact for patients, providing diagnosis, treatment and referral to hospital where appropriate. Increasingly, we want to see GP practices providing more services, and we will support GPs, who are independent contractors, in a programme of upgrading and developing local surgeries. Opportunities for practices to share services, and to work with other primary care professionals such as pharmacists and other agencies including social services and the voluntary sector, will be a priority and reduce the need for people to make more than one visit.

At the next level, we will be looking to develop primary care resource centres to support local practices across a defined geographic area, and covering populations of up to 50,000. Services provided from primary care resource centres will include those that cannot always be provided by an individual practice, for example due to the need for more specialist equipment. These services may include:

- therapies such as physiotherapy, speech and language therapy, podiatry and dietetics;
- specialist outpatient clinics;
- sexual-health services and family-planning services;
- community-based mental-health services (see note below);
- children's services, such as child and adolescent mental-health services (see note below);
- chronic disease-management clinics;
- health education and information services, including support for carers;
- mobile diagnostic services; and
- a base for integrated community teams such as an intermediate care team, a rapid-response team, community matrons and so on.

Note: it is likely that these services will be offered in facilities provided by our partners, for example integrated children's centres.

We expect to see three new resource centres developed in North Somerset over the next 5 to 10 years (Weston town centre, Worle and Portishead). We will also be looking at opportunities for social-service colleagues, voluntary-sector services and health-related service providers (such as pharmacies, dental services and optometry) to share premises and resources.

The next level of service will be at the **community hospital** level. In North Somerset we expect to see one community hospital based in Clevedon providing resource centre services to support the Clevedon GP practices and surrounding rural GP practices such as Wrington, Nailsea and Yatton. The

community hospital will also have an extended range of services, many of which are currently provided in acute and emergency hospitals.

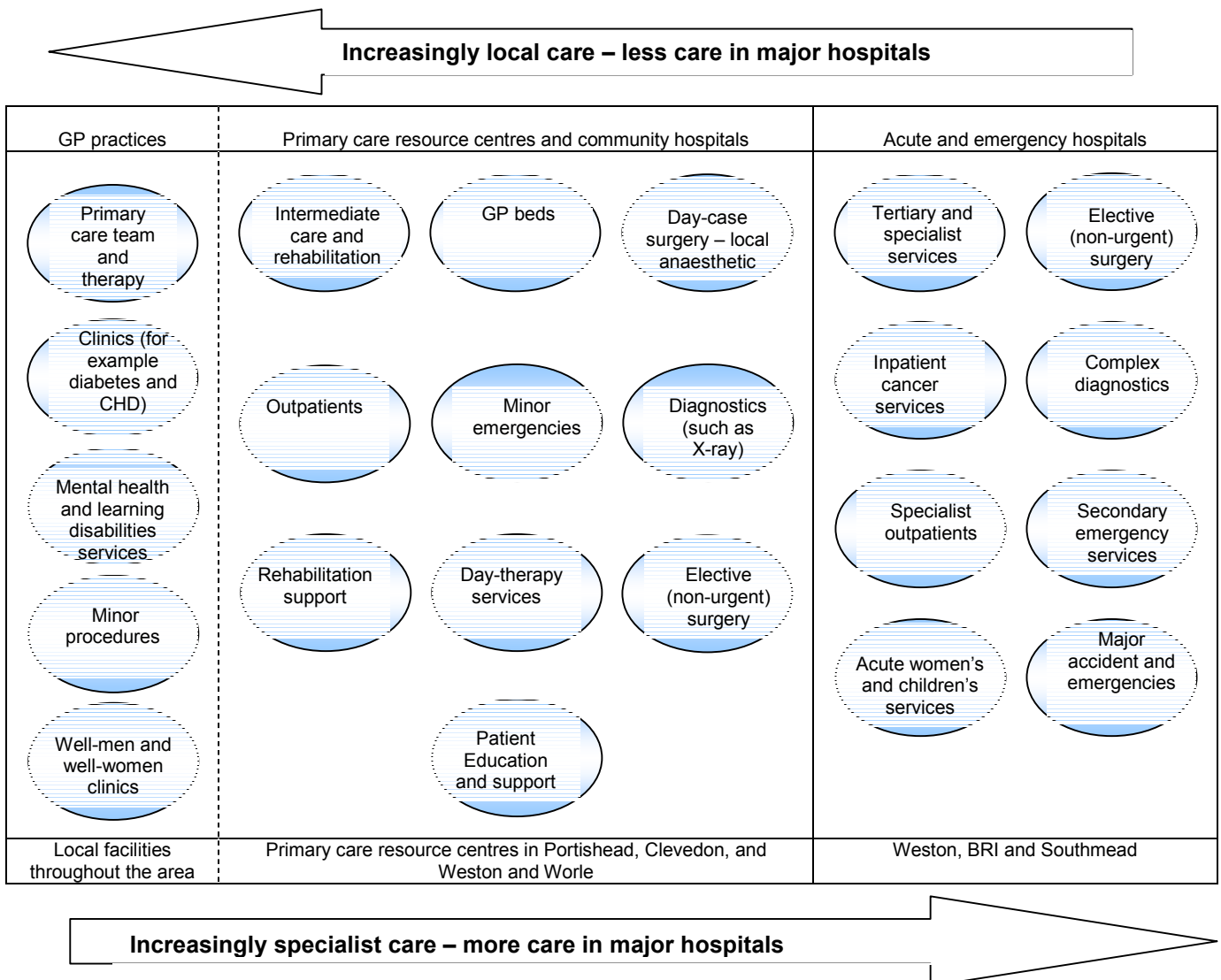
Examples of these services include:

- outpatient activities;
- diagnostic services;
- minor injuries and walk-in services;
- day surgery (involving a local anaesthetic); and
- intermediate care (rehabilitation following surgery).

We do not believe that we need a second community hospital in Weston. Instead, we are committed to working in partnership with local GPs and with Weston Area Health Trust to use the capacity in Weston General Hospital to meet local need.

We also recognise that in the most northern parts of North Somerset, such as Long Ashton, people may choose to use health-care services in Bristol, for example the new South Bristol Community Hospital.

**Figure 4: Different kinds of health facilities we expect to see in the future**  
(Taken from the BHSP consultation paper, 'Help us decide'.)



- **GP practices** will provide a core general medical service and increasingly be encouraged and supported to provide a wider range of services for their local population.
- **Primary care resource centres** will have a wide range of diagnostic and outpatient services and a key role in supporting the local GP practices to deliver a wider range of services. They will encourage the development of more integrated services (for example with social services, the voluntary sector and other primary care providers).
- **Community hospitals** will provide beds for people recovering from their illness or needing palliative care (see the glossary) as well as a wide range of diagnostic and outpatient services. These hospitals will not have the same level of expertise and backup available on site (such as intensive care and access to specialist doctors) as acute hospitals.
- **Acute and emergency hospitals** will have the full range of emergency and inpatient services for the local population, and can accept patients in any kind of emergency.

To make this vision a reality, we will have to work very closely with the NHS, North Somerset Council, other parts of government, the voluntary sector and private agencies. It will also be essential that our community facilities match local needs. This means we will need to be very flexible about exactly what services are provided in each local facility. For example, some kinds of diagnostics and outpatients might take place in:

- a GP surgery in some areas (such as Nailsea or Winscombe);
- a primary care resource centre in another area (such as Portishead or Weston town centre);
- a community hospital (such as Clevedon Community Hospital or South Bristol Community Hospital); and
- an acute hospital (Weston, Southmead or Bristol Royal Infirmary (BRI)).

### 4.3 Commissioning

We are currently the main commissioner (buyer) of the services described in this document. However, with the planned move to practice-based commissioning (PBC), this role will transfer to our local general medical practices over the next few years.

PBC is being introduced nationally as one of the ways to improve patient care. It means that the commissioning (or buying) of services will be arranged at practice level, which allows GPs, nurses and other health professionals (such as physiotherapists and podiatrists) to make decisions on care. In North Somerset there are currently two clusters of GP practices – the 12 practices in the Weston and Worle area and the 13 practices in the former Woodspring

area. These clusters will be involved in redesigning and commissioning services for their particular patient population.

With the NHS's introduction of 'payment by results' (PBR) (see the glossary), the funding will now follow individual patients. This means that every time the patient visits a hospital or uses another similar service, there will be a specific, nationally agreed charge, based on the diagnosis and complexity of the patient's clinical problem. This creates the opportunity for:

- a range of new services to be developed which will take care out of the hospital setting as the funding can be redirected;
- GPs, patients and other primary care staff to become much more involved in developing care packages and working with specialist hospital doctors to improve and simplify them;
- referral patterns to change, as a result of increased awareness of the costs associated with different types of patient care;
- more efficient use of services; and
- appropriate use of private-sector care providers depending on a patient's needs, which could include private, primary or community-care service providers.

#### **4.4 Resources**

We have faced significant financial challenges over the last three years. As a result, we have agreed a three-year recovery plan that shows how we can achieve service and financial stability over the next three years.

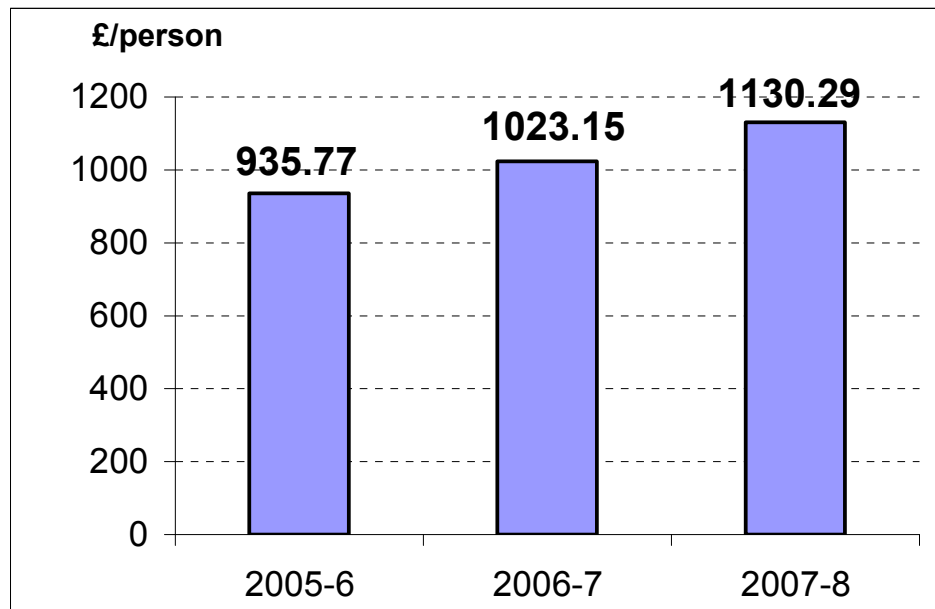
Our recovery plan is based on:

- making sure that our existing resources are used as effectively as possible; and
- targeting the extra funding from the Government that we will have in 2006/07 and 2007/08 to make up for previous under-funding, to meet local need and invest in a new, sustainable model of care (see figure 5).

Within our recovery plan we have included funding to support the consequences of ongoing costs relating to the primary care practice developments we are already committed to (Portishead and Weston). This funding (£300,000 in 2006/07 and a further £300,000 in 2007/08) is estimated to be the amount that we will need to cover the annual costs of the buildings (such as rent and rates). It does not include the costs for any additional services (such as staff and equipment) that we would need to consider in the context of the wider service and financial framework

We have included this additional funding for new premises in our recovery plan as we know that this is going to be vital if we are to provide more care outside hospital. We will, however, work to reduce the amount we need to spend on buildings so that we can invest as much as we can on the services needed by people in North Somerset.

**Figure 5: Planned growth in funding for each member of the population**



We have been working through the BHSP to agree a broad financial framework that will measure the affordability of developments across Bristol, North Somerset and South Gloucestershire. These estimates assume a growth in spending on acute hospital-based services of 1.5% a year. This is a challenging target, and will depend on effective primary and community-based services to reduce the need for acute hospital care. If we fail to control our spending on hospital-based services, this will clearly reduce our capacity to invest in primary and community-based services and in the proposals set out within this consultation document.

It is also recognised that any major capital development (for example, building a new community hospital) will need to show value for money and will be thoroughly investigated through an outline business case.

More details of the financial framework can be found in the supporting information document that goes with this consultation document, which you can get a copy by calling free on 0800 015 5127.

## 4.5 Our vision and our questions for you

In this document we have explained why we want to provide more services in our local communities, while also supporting the development of high-quality, hospital-based services.

The first two questions that we hope members of the public will answer for us are as follows.

Q1	What do you think about our vision to improve health care by providing more services locally?
Q2	Are there parts of our vision that you think we need to improve or change? What are they and why?

## **Section 5: What are our proposals for North Somerset?**

We have already been working with our partners to develop more local services in line with our vision for health and health-care services in North Somerset.

For example, our priorities are:

- services for drug users;
- counselling services for minor mental-health problems;
- sexual-health services; and
- minor injuries and minor surgery services.

This year the Healthy Living Centre in Weston's Bournville Estate opened, and it offers more local services to an area of extremely high social and health needs. We are committed to continue tackling issues of health inequalities within North Somerset.

Also, we have expanded a number of GP surgeries so that they can provide more services and increase their list sizes, for example Long Ashton Surgery, Milton Road Surgery and The Cedars Surgery in Worle.

The following proposals have been influenced by your views that we received during the engagement process (see the next page) and they have been produced by a number of working groups, consisting of representatives from primary care, the local authority, town and district councils, patient and public involvement forums and other interested parties. The working groups developed a long list of all options for each area and then reduced this to a shortlist that was assessed against agreed criteria. These criteria included considering:

- the ability of each area to deliver the new model of care;
- accessibility of services; and
- an improved ability to recruit and hold on to staff at all levels.

You will find full details of how these options were developed and assessed in the supporting information document that goes with this consultation document, which you can get a copy of by calling free on 0800 015 5127.

**Your views on the proposed areas for developments during the engagement process included the following.**

- Wide support for keeping a community hospital in Clevedon and rebuilding or refurbishing it so that it can provide services for the whole of North Somerset, particularly the Woodspring area, and not just the residents of Clevedon.
- The need to develop services in Portishead and set up a permanent base for the Harbourside Practice, recognising the recent and planned growth in local population.
- The need to improve access to primary care services across North Somerset, in particular developing 'walk-in' services in Weston town centre to meet the needs of tourists.
- The issue of access, transport and parking – people wanted improvements in public transport, access and parking at all sites. There was general agreement that providing more local services in North Somerset would reduce the problems that people currently face. Patients, families and carers all raised concerns about the difficulties and delays in travelling to the acute hospitals in Bristol and Weston by private and public transport, and the problems with parking. People wanted our assurance that we would consider the effect on travel and transport, particularly travel within North Somerset, and that we would find solutions.
- Concerns that the rural areas were not being given enough consideration and that they would not have access to the planned new services.
- The need to show that, as we work to provide services more locally, we have high-quality and responsive services in place, including support for carers.

## **5.1 Improving services in our rural areas**

Although we did not set up a specific working group to review the needs of our more rural communities, the issues of access to services in our more rural areas was highlighted during the consultation process.

We recognise that the issue of transport and accessibility is essential to the vision and proposals to improve health and health-care services in North Somerset. We are working closely with the local authority and transport agencies to make sure that health needs are reflected in local plans.

We are also committed to making sure that our plans in the future recognise the specific issues facing our local communities and so we are proposing a number of specific recommendations.

## Recommendations

We will promote the use of mobile and outreach services (see the glossary) wherever possible, as follows.

- We will review with local practices the suitability of their existing premises and agree a programme of improvements.
- Retinal screening (see the glossary) – this will be a mobile service that can be provided in existing practice premises.
- Diagnostic services – if possible, we will make routine diagnostic tests available locally, which will reduce the need for patients to travel.
- As new services are developed, we will make sure that opportunities for local health-care provision are explored, for example expert patient programmes, rehabilitation programmes and so on.
- If it is not possible to provide services locally, we will work with local communities to put in place local transport solutions, including working closely with the voluntary sector.

Q3	What do you think about our recommendations to tackle health needs in our more rural areas?
Q4	Are there any specific issues you think we need to consider? What are they and why?

## 5.2 Improving services in Portishead

Currently in Portishead one of the GP practices, Harbourside Practice, is based in a temporary building. We are responsible for managing this practice and have made a commitment to develop a new permanent building next to Portishead Medical Centre. After many months of discussion with the local authority and local people, we have chosen a new site. We chose this site for a number of reasons, but mainly because:

- there is strong evidence that by bringing the two general practices in Portishead together on the same site, there will be more opportunity to develop a wider range of local services;
- our detailed discussions with local authority colleagues have confirmed a lack of suitable alternative sites in Portishead that could support a large primary care development like this; and

- we recognise that any development must be able to cope with the expected future population growth.

Planning for the new Harbourside Practice is well advanced. In our discussions with local practices and local people, we have considered a number of options as set out below.

<b>Option</b>	<b>Description</b>	<b>Details</b>
Option 1	Do nothing.	Not shortlisted. The PCT has already confirmed its plans to develop new practice premises in Portishead, with capacity to meet planned population growth.
Option 2	Develop the new premises for Harbourside to provide current services for the existing practice patients.	Not shortlisted - as above.
Option 3	Development of new premises for Harbourside for current services only but including extra capacity to support planned population growth in Portishead.	This option did not score well against the assessment criteria as it did not support the new model of health care, or tackle the issues raised in the consultation process.
Option 4	As in option 3, but including capacity to support provision of resource centre services for Portishead and the surrounding area.	This option scored well against the assessment criteria, recognising the opportunity to set up an integrated health development in Portishead.

The preferred option (option 4) is for a new primary care resource centre in Portishead that will provide the capacity needed to support the provision of an extended range of services for people living in and around Portishead, in line with our vision to provide services more locally. It will also provide space to support training and education, which we believe is essential to maintain and develop our workforce.

The new primary care resource centre in Portishead could provide the following services.

<p><b>Local outpatient services</b></p> <p>A range of outpatient clinics.</p>	<p><b>Minor injuries services</b></p> <p>Nurse-led services with telemedicine links to A&amp;E. Daytime hours depending on need.</p>	<p><b>Therapy services</b></p> <p>for example, physiotherapy and occupational therapy, speech and language therapy, and podiatry.</p>
<p><b>Diagnostic services (mobile)</b></p> <p>Additional diagnostic services will be provided where technology allows.</p>	<p><b>Integrated community teams</b></p> <p>including intermediate care, rapid response and chronic disease management.</p>	<p><b>Treatment suite</b></p> <p>Elective (non-urgent) surgical procedures.</p>
<p><b>Education and training</b></p> <p>Capacity to support professional education and training.</p>	<p><b>GP services</b></p> <p>Providing general health-care services.</p>	<p><b>Health and wellbeing resource centre</b></p> <p>Access to patient education and support.</p>

As well as these services, we plan to work with partner agencies and other local primary care contractors to identify opportunities for further integration of our services.

In terms of affordability, it is important to note that the vast majority of the new services to be provided by the resource centre will come from existing resources being relocated from outside Portishead. In other words, services will transfer from acute settings or other community settings such as Clevedon (physiotherapy), and will come with the necessary funding for these services.

Q5	What do you think about our plans for a primary care resource centre in Portishead?
Q6	Are there any parts in our plans that you think we need to improve or change? What are they and why?

### 5.3 A modern community hospital for North Somerset

Clevedon Community Hospital currently has 21 inpatient beds supported by local GPs, a nurse-led minor injuries unit (MIU), and a busy outpatient department with visiting consultants mainly from United Bristol Health Trust (UBHT) or North Bristol NHS Trust.

As part of the Bristol Health Services Plan (BHSP), a significant transfer of outpatient activity from BRI and Southmead is planned and much of this will be transferred to the community hospital as well as outreach clinics in surrounding GP practices. When assessing the options for Clevedon, we also considered the effect that closing Bristol General Hospital (five beds currently used by North Somerset patients) and the proposed closure of Keynsham Hospital (one respite bed currently used by North Somerset patients) would have on the people of North Somerset.

The working group looking at Clevedon Community Hospital considered a wide range of options as set out below.

Option	Description	Details
Option 1	Do nothing.	Not shortlisted as health and safety issues within the old building do not allow this, nor does it support the proposed model of health care across North Somerset.
Option 2	Closure.	Not shortlisted as it is recognised that a strong community hospital will play a vital role in the delivery of a model of health care in the north of North Somerset.
Option 3	Keep the existing site and beds, but extend services to the wider population and promote increased day care to include minor injuries unit (MIU) but with no outpatient activity.	Not shortlisted as this option does not deliver the proposed model of health care that would mean expansion of non-inpatient activity, for example rapid response, therapies, specialist outpatient activity, diagnostics and so on.
Option 4	Keep the existing site with inpatient beds, extended to the wider population, and focus on preventing unnecessary admissions and supporting early discharge from main emergency hospitals. Have extended outpatients but <b>no</b> MIU.	This option did not score well against the assessment criteria and there are concerns about where the 9,000 patients currently using the MIU would receive care.
Option 5	Keep the existing site with no inpatient beds, focusing on rehabilitation and intermediate care, and expand outpatient services and MIU. Inpatient activity	This option did not score well against the assessment criteria and there were major concerns about the effect on acute cases of losing inpatient beds. This proposed service model could not be

	to transfer to other local settings such as nursing homes.	supported in other local settings.
<b>Option</b>	<b>Description</b>	<b>Details</b>
Option 6	Develop a community hospital on the current site as a rehabilitation and intermediate care centre with expanded outpatient services and MIU. Inpatient beds will be extended to the wider population, with the focus on preventing admissions and supporting early discharge from main emergency hospitals by having intermediate care GP-led beds.	This option scored highly against the assessment criteria, and would support the proposed model of health care. However, more work is needed to identify suitability in terms of site and costs (both capital and ongoing revenue costs) and in terms of how services would be provided during any redevelopment.
Option 7	Development of a new community hospital on a new site within Clevedon to provide all services listed in option 5 but on a new greenfield or brownfield site in or around Clevedon.	This option scored highest against the assessment criteria and is assessed as supporting the proposed model of care. However, as with option 5, more work is needed to identify suitability in terms of site and costs.

It is clear from the work we have done that we need to maintain and develop a community hospital to meet the needs of people living in the northern part of North Somerset. Our future vision is for a community hospital that acts as a resource for the local community in North Somerset, focusing on supporting people in the community by promoting health, wellbeing and independence, and reducing demand on main emergency hospitals. A community hospital would achieve all this by:

- providing high-quality local rehabilitation services;
- providing a range of accessible diagnostic services;
- providing high-quality accessible therapy services;
- making the most of the opportunity to deliver services in new and imaginative ways, reflecting the needs of our more rural areas (such as supporting mobile services);
- providing the capacity to support new primary care-led services, for example setting up new specialist GP and nurse-led clinics for dermatology, ENT, gynaecology and so on;
- providing the capacity to set up local consultant-led outpatient clinics with greater input from Weston Area Health Trust (WAHT), and so

supporting improved use of Weston capacity in line with the Bristol Health Services Plan proposals; and

- providing GP and nurse-led beds to reduce pressures on our local acute emergency hospitals.

The community hospital for North Somerset could provide the following services.

<p><b>Local outpatient services</b></p> <p>A range of outpatient clinics will be provided locally, with specialists from the Weston Area Health Trust and the two Bristol trusts.</p>	<p><b>Minor injuries services</b></p> <p>Walk-in services provided by trained emergency nurses with links to Weston A&amp;E and out-of-hours service.</p>	<p><b>Therapy services</b></p> <p>for example, physiotherapy and occupational therapy, speech and language therapy, and podiatry.</p>
<p><b>Education and training facilities</b></p>	<p><b>Treatment suite</b></p> <p>Elective (non-urgent) surgery, endoscopy and so on.</p>	<p><b>Diagnostics</b></p> <p>X-ray, ultrasound and echo.</p>
<p><b>Mobile services</b></p> <p>Additional diagnostic services provided where technology allows.</p>	<p><b>GP managed beds</b></p> <p>Inpatient beds focused on reducing admissions and the length of stay in main emergency hospitals.</p>	<p><b>Base for community teams</b></p> <p>for example, intermediate care, rapid response, chronic disease management and possibly children's services and mental-health services.</p>

At this stage we believe there are two options that we need to consider in more detail if we are to achieve our vision for a modern community hospital. These options recognise that the old building currently supporting the inpatient beds and minor injuries unit is no longer fit for the purpose of providing inpatient services. These options also recognise that the new outpatient unit, which was developed with the support of the Clevedon Hospital League of Friends, provides modern and high-quality accommodation.

**Option A: To explore the possibility of developing a new community hospital for North Somerset on a new site.**

Our initial enquiries suggest that there may be potential sites in and around the Clevedon area. We would need to demonstrate that this option is an effective use of our resources as we know that any major new building work will have significant cost implications – likely to be up to about £750,000 a year in ongoing additional costs which will need to be funded from our current resources.

**Option B: To explore the possibility of refurbishing the existing hospital to provide a modern community hospital for North Somerset.**

We recognise that the existing hospital site is well positioned and, with appropriate redesign and refurbishment, it should be able to accommodate the proposed services, including:

- a centre of excellence for rehabilitation services;
- day assessment and day-treatment beds;
- a full range of specialist outpatient and diagnostic services; and
- GP and nurse-led inpatient beds.

We would need to fund the additional costs associated with this option from our current resources.

Following this consultation process, if our proposals are agreed, we are committed to developing detailed plans relating to the two options set out above. This will involve developing a detailed outline business case that sets out what we will do and how much it will cost.

However, in the short term, we plan to develop the proposed service model where possible, in particular to improve access to the current services provided in Clevedon Community Hospital for the wider population.

Q7	What do you think about our plans for a community hospital for North Somerset?
Q8	We have suggested two possible options – what are your views on options A and B?

## **5.4 Improving services in Weston-super-Mare**

We are currently working with three general practices in Weston-super-Mare to find new premises. Their needs are urgent as their current premises are no longer fit for their purpose. This places significant pressures on the practices and the wider primary care community in Weston-super-Mare where recruiting and holding onto GPs has been a major problem for a number of years.

Also, the options that we have considered recognise the need to develop and improve community-based services in Weston-super-Mare to meet the needs of local people. We have also considered the need to make sure that our plans support services provided at Weston General Hospital.

We have also had to consider the best way of improving access to primary care services for the population of Weston-super-Mare. We know from the feedback we have received from the engagement process that there are a number of issues that we need to tackle.

- Recruiting and holding onto staff, particularly in primary care. Our priorities to achieve this include:
  - improving primary care facilities so that we can develop new models of primary care and attract new doctors;
  - continuing to support existing practices to develop and extend their services, including the local health centre;
  - encouraging the development of more training practices, which mean that local practices can accommodate trainee doctors who may then stay in the area;
  - encouraging new skills within practices, including employing physician assistants, nurse practitioners, pharmacists and other health professionals; and
  - increasing access to NHS dental services, as currently a large number of residents have to travel 25 miles to Bristol for dental treatment.
- Improving access to services for people who are not registered with a local practice, which includes:
  - four million holidaymakers who visit Weston-super-Mare each year; and
  - those who do not tend to register with a practice, including homeless people and people who live in bedsits.

Our priorities to achieve this improved access include:

- looking at the capacity of existing GP practices, as described earlier;
- developing walk-in, nurse-led services at the proposed primary care resource centre;
- promoting the role of other primary care professionals to meet the needs of holidaymakers visiting Weston super Mare, for example local community pharmacists; and
- developing effective outreach services to meet the needs of hard-to-reach groups such as those in remote rural areas.

We have considered a number of options for developing services in Weston-super-Mare.

<b>Option</b>	<b>Description</b>	<b>Details</b>
Option 1	Do nothing.	Not shortlisted and previously ruled out by the PCT due to health and safety issues within the current premises. Does not support the new model of health care or tackle key risks in terms of access to primary care.
Option 2	Replace current primary care practice premises that have no additional services or potential for growth.	This option scored low against the assessment criteria as it does not support the model of health care or meet increasing demand.
Option 3	Replacing three practice premises with provision for population growth, but no extra services.	This option scored low as it does not support the model of health care.
Option 4	Replacing three practice premises as part of an integrated primary care resource centre to include walk-in services (see note below) and increased access to dental treatment with strong links to Weston General Hospital.	This option scored highly, delivering the best model of care and making the most of partnership working with Weston General Hospital.
Option 5	Replacing three practice premises as part of a community hospital development in Weston super Mare with or without a walk-in centre.	Scored well but lower than option 4 as it was considered too expensive and had the potential for significant duplication of services provided within local hospitals.

Note: the need for nurse-led 'walk-in, immediate-access services' is well recognised for the tourists and certain vulnerable groups such as the homeless or those who live in bedsits and who currently find it difficult to access primary care services. The working group understood that these patients often have complicated needs, which would be better provided for as an integrated service with the GP practices and other agencies (such as dentists) rather than having a traditional walk-in centre or A&E departments. This would also be the most cost-effective solution as it would reduce the ongoing costs associated

with staffing the service and not duplicate the emergency services provided at Weston General Hospital.

Our preferred option is to develop the primary care resource centre in Weston-super-Mare town centre. However, this will depend on us finding a suitable site in the centre of town so we are working with the local authority and local GP practices to identify possible locations. Our early discussions suggest that there are a number of possible sites. There is also the possibility of linking this resource centre with the planned children’s centre for the centre of Weston-super-Mare.

The services that we could provide in the primary care resource centre in Weston-super-Mare town centre are set out below.

<p><b>Local GP-led specialist clinics</b></p> <p>A range of GP-led clinics such as CHD, diabetes and musculoskeletal conditions.</p>	<p><b>Nurse-led walk-in service</b></p> <p>including outreach services.</p>	<p><b>Therapy services</b></p> <p>including physiotherapy, occupational therapy, speech and language therapy, and podiatry.</p>
<p><b>Diagnostic services (mobile)</b></p> <p>Additional diagnostic services will be provided where technology allows.</p>	<p><b>Integrated community teams</b></p>	<p><b>Treatment suite</b></p> <p>Elective (non-urgent) surgical procedures.</p>
<p><b>Education and training</b></p> <p>Capacity to support professional education and training (linked to North Somerset Academy).</p>	<p><b>GP Services</b></p> <p>Providing accommodation for three general medical practices.</p>	<p><b>Health and wellbeing resource centre</b></p> <p>Access to patient education and support.</p>
<p><b>Base for community teams</b></p> <p>including intermediate care, rapid response, chronic disease management and possibly children’s services, mental-health services and services for people with learning disabilities.</p>	<p><b>Integrated children’s centre</b></p> <p>providing a childcare facility and education services for Early Years. Easy access to health services for children.</p>	

Again, we believe that the vast majority of services that we are proposing to provide through the resource centre can be managed within existing resources and our planned investment in primary and community-based services, and will bring together existing services in a new, purpose-built location. There are, however, some parts of the service model that are new and will need new sources of funding, for example walk-in services.

Q9	What do you think about our plans for a primary care resource centre in Weston-super-Mare?
Q10	What do you think about a nurse-led walk-in service as part of a

	more integrated development?
Q11	What do you think about our proposal to use the existing capacity in Weston General Hospital rather than duplicating it in a town centre development?

## 5.5 Improving services in Worle

Over the last 10 years, Worle has grown from a small village into a large residential area. This expansion is planned to continue over the next five years with the new houses being built as part of the St George's and Locking Castle developments. There is an increasing elderly population in the existing housing as well as an increasing number of young families moving into these new developments.

In developing this strategic plan, we have listened to local people and we know how important it will be to make sure that, as the new developments make progress, we increase the capacity of local health and social-care services to respond to these changing needs.

We believe that there will be a future need for a primary care resource centre in Worle, but we need to make sure that this is developed as part of an integrated approach.

Until the local authority's Area Development Framework is finalised, we do not think it is appropriate to commit to a major development in Worle. However, we do recognise the need to improve local services in the short term, particularly to improve access to local primary and community care services.

To achieve this in the short term, our priorities will be to:

- tackle the issues of recruiting and holding onto staff in primary care, as we saw with Weston-super-Mare earlier; and
- increase the range and scope of community-based services in Worle, using and improving existing facilities where possible, for example Worle Health Centre, Riverbank Surgery and Locking Castle Medical Centre.

Q12	What do you think about our plans for a primary care resource centre in Worle?
Q13	Are there any areas in this consultation plan that you think we need to improve or change in the short term? What are they and why?

## **Section 6: What is the effect on our workforce?**

We know that delivering the changes to health-care services outlined in this document and the wider Bristol Health Services Plan will need more than new buildings. More than anything else, delivering good health care depends on having high-quality staff with the right skills and the opportunities to use them.

We have been working with colleagues across North Somerset, Bristol and South Gloucestershire to support and develop our workforce. We recognise the following important issues.

- The need for our workforce to be supported as they use their knowledge and skills to respond to new treatments and technologies that affect the way we provide health-care services.
- The increasing mobility of staff, between different organisations and areas of the country.
- The need for the NHS to offer attractive working conditions, including a good work and home-life balance, flexible working, and fair employment conditions.
- The need to develop new roles and new ways of working, in particular more integrated ways of working across health and social care.
- The need to develop the primary care workforce in particular to make the most of opportunities to provide increased care in their local communities.

Within North Somerset we have begun this work, in partnership with North Somerset Social Services and Weston Area Health Trust through the North Somerset Academy. The Academy provides excellent facilities to support training and development across North Somerset.

We are also particularly aware that we will need more staff in the community to support the changes we are planning, and we have accounted for this in our operational plans.

## Section 7: Frequently asked questions

These are some of the most common questions that you have asked, and we have tried to answer them in detail here.

**1 “Why should we believe these proposals will be introduced when we know that you have major financial problems?”**

We know that simply continuing to do what we have done over the last few years is not an option because it will mean continuing to ‘live beyond our means’ and overspending. We need to change the way that we provide our health services so that more people can be cared for in the community rather than in an acute hospital. This in turn will mean a reduction in overall costs.

This plan is a key part of our strategy for financial stability. However, it is important that we use as much of our money as appropriate to support front-line services (such as GP practices), so we need to use as little money as possible to maintain buildings each year.

**2 “What do these changes mean for Weston General Hospital and the Bristol Hospitals?”**

Weston Area Health Trust (WAHT) has been working with us in developing our plans to improve local primary and community services, and they reflect the clinical strategy developed by WAHT.

We believe that our proposals will improve access to hospital-based services for patients who need them. By increasing the role of specialists from Weston in delivering services in Clevedon, we will also increase the choice available to local people and reduce the pressure on the Bristol hospitals.

**3 “How will I know whether to go to my GP practice, a minor injuries unit or A&E?”**

If you are not sure whether you have a major illness or injury, you can get expert advice from your GP, or over the phone from NHS Direct, the Ambulance Service or our minor injuries unit.

**4 “We do not have enough beds in North Somerset at the moment. Aren’t your plans for new services based on fewer beds? How can that be right?”**

We do not think we will need as many hospital beds in the future. This is partly because of medical advances, which will mean that people need to spend much less time in hospital than they used to.

Through the BHSP work, we have carefully estimated the number of acute beds we will need, taking account of expected population growth and other changes. We will need fewer beds in the acute hospitals than we do now because our hospitals currently have many patients in beds who do not need to be in an acute or emergency hospital. Our plans to build up community services will mean that these people are not admitted to hospital in the first place. However, we realise that it is essential to build up the services in the community first before we reduce acute beds.

**5 “We hear that, in future, primary care trusts will not provide community services – how can you go ahead with these plans?”**

The Government has asked primary care trusts to review their role in providing services in the future, and it expects that fewer services will be provided by PCTs as PCTs themselves become responsible for commissioning (buying) services.

We believe, however, that our proposals are based on the needs of local people and will be necessary whoever is responsible for providing community services. As we develop our detailed plans, we will be flexible in terms of design and workforce. We are confident that our proposals are consistent with the Government’s policies.

**6 “Will the new buildings be financed through the private finance initiative? I’ve heard that this always means things are more expensive, and that our health care will be run for the benefit of the private sector.”**

We do not expect our schemes to be financed through the private finance initiative, as they will not be large enough to attract such investment. We would, however, expect these primary care developments to be funded by the private sector in what are called ‘third-party developments’, with the new buildings having long-term leases.

**7 “What about services for people with mental-health problems, for children and for people with learning disabilities?”**

Our proposals do not specifically relate to local mental-health services, services for people with learning disabilities and children’s services as these come under separate planning processes. We will, however, make sure that any new developments support these plans and recognise opportunities for integration with Weston Hospital and the proposed children’s centres across North Somerset.

**8 “Won’t these plans to give care at home mean that there will be more of a burden on carers who already have limited respite care?”**

We have already started a review on the needs of carers and respite care provided across North Somerset. We understand the pressures on carers and we will work with our voluntary-sector colleagues to develop more individual packages for respite care across North Somerset.

**9 “We understand that the new model of care will put more pressure on already understaffed and overstretched community nursing and therapy services. What are you doing to tackle this?”**

Our recent work has shown that North Somerset has fewer community nurses and other health professionals (such as physiotherapists, occupational therapists and podiatrists) than the national average, and we are developing plans for further investment over the next three years to tackle this.

We also recognise that before additional work is transferred out of the acute hospitals to the community, more investment in community staffing levels will be needed. We will provide funding for this by transferring funding that previously went to acute hospitals as the work is relocated and provided in a new way.

## Section 8: Our conclusion

We believe that we have an exciting opportunity to improve primary and community-based health-care services in North Somerset.

Our current services are excellent in many ways, but they also have major weaknesses that limit future developments. We also know that to manage within the resources available, we need to provide many more services in the community, closer to people's homes. This is the basis on which detailed plans for hospital services in Bristol are being developed.

We also recognise the role of Weston General Hospital in providing high-quality hospital-based services for North Somerset. Although there are no specific proposals within this document relating to services in Weston General Hospital, we recognise that further work is ongoing through the Bristol Health Services Plan (BHSP) to provide sustainable acute services across Bristol, North Somerset and South Gloucestershire. The current financial pressures on Weston Area Health Trust highlight the importance of this work.

We want your views on our following proposals.

- To develop services in our more rural communities, including more mobile services and a greater capacity within our existing primary care practices to provide more services locally.
- To develop new and improved services as part of a primary care resource centre in Portishead.
- To develop a modern community hospital in Clevedon to support the population of North Somerset.
- To develop a primary care resource centre in Weston-super-Mare, which will include relocating three general medical practices and appropriate walk-in services.
- To continue to work closely with our partners in planning now for the expected future population growth in Worle and West Wick.

If, after this consultation process, there is support for developing a community hospital for North Somerset, we recognise that there is a need for more detailed consultation. This will help us to decide whether to:

- redevelop the current hospital site, which will involve refurbishment to bring the old building up to modern standards and to provide a range of community-based services; or
- build a hospital on a new site in or around Clevedon.

## Appendix

### Summary of questions

#### Questions about our overall vision

Q1	What do you think about our vision to improve health care by providing more services locally?
Q2	Are there parts of our vision that you think we need to improve or change? What are they and why?

#### Questions about our plans for rural areas

Q3	What do you think about our recommendations to tackle health needs in our more rural areas?
Q4	Are there any specific issues you think we need to consider? What are they and why?

#### Questions about our plans for improving services in Portishead

Q5	What do you think about our plans for a primary care resource centre in Portishead?
Q6	Are there any parts of our plans that you think we need to improve or change? What are they and why?

#### Questions about a community hospital in Clevedon

Q7	What do you think about our plans for a community hospital for North Somerset?
Q8	We have suggested two possible options – what are your views on options A and B?

#### Questions about our plans for improving services in Weston town centre

Q9	What do you think about our plans for a primary care resource centre in Weston super Mare?
Q10	What do you think about a nurse-led walk-in service as part of a

	more integrated development?
Q11	What do you think about our proposal to use the existing capacity in Weston General Hospital rather than duplicating it in a town centre development?

### **Questions about our plans for Worle**

Q12	What do you think about our plans for a primary care resource centre in Worle?
Q13	Are there any areas in this consultation plan that you think we need to improve or change in the short term? What are they and why?

## Cut-out response sheet

You can use this form for your answers to any or all of the questions summarised in this appendix. You can also e-mail your comments to: **haveyoursay@nsomerset-pct.nhs.uk**.

Or, you can call our Freephone number on **0800 015 5127** or minicom on **0117 900 2675**.

Please use the left-hand column for the question number you are responding to. If there is not enough space, you can always attach another sheet or write on the back of this one.

### Contact details (optional)

Your name: .....

Your organisation (if relevant): .....

Your contact address: .....

.....

Your daytime phone number:.....

Your e-mail address:.....

Question number	Your comments

Please post this form to: The Bristol Health Services Plan, Freepost BS1078, King Square House, King Square, Bristol BS2 8EE.

## Glossary

<b>Acute and emergency hospital</b>	Hospitals with full accident and emergency (A&E) services, which can assess and treat the full range of emergency patients who have serious illnesses or need relatively high-risk operations.
<b>Anaesthetic</b>	Medication or gas that causes the patient to lose feeling in one part of the body or lose consciousness, usually before an operation.
<b>CHD</b>	Coronary heart disease.
<b>Day case</b>	Person who attends hospital for a minor operation and does not have to stay overnight.
<b>Diabetes</b>	Usually means diabetes mellitus, which is a chronic (long-term) condition involving high blood sugar, usually treated with insulin injections or a strict diet.
<b>Diagnostics</b>	Tests and investigations carried out to find out what is wrong with someone.
<b>Dietetics</b>	Study of food and nutrition and the use of diet in keeping healthy and treating illness.
<b>Echo</b>	Short for echocardiogram. 3D imaging test used to look for problems in the chambers of the heart.
<b>Elective surgery</b>	Surgery that is not essential and is not required for survival (for example, cosmetic surgery).
<b>Endoscopy (gastroscopy)</b>	Test for stomach and intestinal conditions, which involves inserting a fine tube through the patient's mouth and into their stomach.
<b>ENT</b>	Ear, nose and throat.
<b>GP with a special interest</b>	General practitioner who has an extended role in a specialist area that would normally be provided by a hospital doctor.
<b>Index of Multiple Deprivation</b>	A system of comparing local authorities and wards for deprivation using six indicators (income; employment; health and disability; education, skills and training; housing and access to services; and crime). The index was drawn up by the Office of the Deputy Prime Minister (ODPM).
<b>Inpatient</b>	Person staying in hospital for treatment.
<b>Intensive care</b>	Close and constant monitoring of seriously ill patients.
<b>Occupational therapy</b>	Support and treatment of people to help them overcome learning, physical and other difficulties to perform everyday tasks.
<b>Outpatient</b>	Person visiting a clinic for health advice or treatment.
<b>Outreach services</b>	Extending services to reach people or groups not previously served.
<b>Palliative care</b>	Providing relief to a terminally-ill (dying) person by managing their pain and other symptoms.
<b>Payment by results</b>	The new NHS financial framework for paying for

<b>Physiotherapy</b>	clinical activity at an agreed national charge. Treatment of injury or illness using exercise, massage, heat or water treatment and so on.
<b>Podiatry</b>	Care and treatment of conditions of the feet (similar to chiropody).
<b>Practice-based commissioning (PBC)</b>	Budgets allocated to individual GP practices for commissioning (buying) health-care services.
<b>Private finance initiative</b>	A way of funding major capital investments, using private construction companies rather than public money.
<b>Radiotherapy</b>	Treatment using X-rays or other radio waves, usually for cancer.
<b>Rehabilitation</b>	Care and treatment to restore normal or near-normal movement or function.
<b>Respite care</b>	Temporary relief for carers (such as help at home or day care for the person they are caring for) to give them a break.
<b>Retinal screening</b>	Using a specialist camera to test for damage to eyesight caused by diabetes.
<b>Self-care</b>	Caring for yourself without any medical, professional or other assistance or supervision.
<b>Stakeholder</b>	An individual or group with an interest in another organisation's performance.
<b>Sustainability</b>	Capable of being continued within available resources (financial and human).
<b>Telemedicine</b>	Use of telecommunications, computer networks and related technology to improve access to educational and medical services from acute hospital centres.