

Developing community health facilities for Kingswood and District

A public consultation – 2 October to 22 December 2006

Building better health services
In Bristol, North Somerset and South Gloucestershire



DEVELOPING COMMUNITY HEALTH FACILITIES FOR KINGSWOOD AND DISTRICT

A public consultation

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1. Foreword

This consultation document is the result of a year's hard work by the Kingswood and District Project Board. As members of the Project Board, we want you to know how we worked together to produce this document and the proposals we have made for improving local health services.

The Project Board was set up in the autumn of 2005 to take a fresh look at the health needs of the people of Kingswood and District. In addition, we had the responsibility to come up with some ideas for developing local health services.

We know that nationally the way people access their health services is changing. There is a full explanation of this on page 11. In brief, services will be provided as close as possible to where people live. As a result the time spent in hospital will reduce.

Thinking about developing local health services, we started with a problem and an opportunity. The problem was that local people had rejected NHS proposals for closing Cossham Hospital. The opportunity was that the NHS had made a clear commitment to a more inclusive approach to developing proposals for improving local health services.

The fact that half of us on the Project Board come from groups and organisations outside the NHS is evidence that the NHS wanted to do things differently this time round. Also, we were clear that the starting point for our discussions was not about the closure of Cossham Hospital. Rather, we agreed to start with what really matters – the health needs of the people and communities that make up Kingswood and District.

An important first step for us, therefore, was to undertake a Health Needs Assessment. This describes the health needs of the people that are affected by the options for change. More details can be found on page 9. We wanted to make sure that the report was more than just facts and figures, so we talked to local groups to make sure that we heard what local people had to say. In addition, we commissioned a local community project to talk to groups whose views are often not heard, so that we had a fuller picture of local concerns.

The health needs information gave us a starting point for our discussions about the best way to develop local health services. Once we were clear about what health services are needed locally, we started to discuss possible options for change. We looked at a whole host of options for change, but after discussion we reduced this long list to a manageable set of seven options.

We then measured each of these seven options against a range of criteria and eventually chose the three options that are set out in this consultation document. The three options all aim to provide a high quality community hospital for the people of Kingswood and District. See page 7 for a definition of a Community Hospital.

Along the way, we have all learnt more about local health services, and some of the pressures on the NHS, as well as the complexities in developing local health services!

Our discussions have always been lively, sometimes heated, often frustrating but now, we believe, productive. However, we have one thing in common – we all want the best health services for the people of Kingswood and District.

As groups and individuals we have different views on the proposals in this consultation document. We all agree, however, that any one of these options offers a better future for health services in Kingswood and District and that staying with the current arrangements is not an option.

We recognise that the local NHS Trust Boards will make the final decision. However, we think that this decision needs to be informed by the views of local people.

We have written this as a Project Board and look forward to hearing your views on the options in this consultation document.

Kingswood & District Project Board was chaired by Penny Harris, Chief Executive of South Gloucestershire Primary Care Trust and included people representing the following organisations and bodies:

Avon & Wiltshire Mental Health Partnership Trust
Bristol Primary Care Trust (formerly Bristol North PCT)
Chase & King's Forest Community Project
South Gloucestershire Council
Bristol City Council
Cossham Hospital League of Friends
GPs in Bristol and South Gloucestershire
Joint Parishes Forum
North Bristol NHS Trust
Save Cossham Hospital Group
South Gloucestershire Primary Care Trust
South Gloucestershire Patient & Public Involvement Forum
South Gloucestershire Senior Citizens Forum
NHS Trade Unions

How to find your way around this consultation document

There are some technical and specialist terms used in this consultation document. You will find an explanation of these terms in the **Jargon Buster** on page 17.

You will also see information boxes, like this. These boxes provide more information on issues referred to in the main text.

2. The services to be provided

The community health services listed below are those that the Project Board wishes to see provided in Kingswood and District, and that the NHS believes are affordable and will complement developments in GP surgeries. These services can be accommodated in any of the three options outlined on page 5.

- Hospital Outpatients - a wide range of medical and surgical clinics: those provided today at Cossham and a number transferred from the acute hospital. These clinics will be provided by consultants, and other specialists, and the way they will be delivered will change over time.
- Community Outpatients – a wide range of clinics such as those currently provided at Cossham Hospital and Kingswood Health Centre. Examples include audiology, dietetics, podiatry, speech and language therapy, community dentistry and sexual health clinics.
- Minor Injury Unit - a new service to treat minor injuries locally, thereby reducing the need to travel to Accident and Emergency Departments at the main hospitals. The service would be provided by specialist nurses.
- Diagnostics – the x-ray and ultrasound scans currently performed at Cossham Hospital for local GPs, and to support the outpatient clinics and minor injury unit described above. Opportunities to provide a wider range of diagnostic tests will be followed up.
- Physiotherapy – a community physiotherapy service would continue to be provided as part of the local health service. Most of its patients will continue to be referred by local GPs.
- Intermediate Care Team – This team includes a wide range of health and South Gloucestershire Council community care staff who work to support people in, or, to return to, their own home. It is currently based at Cossham Hospital. It is likely that their local base will remain within this project.
- Patient and Carer Facilities – A Patient Information Centre is planned as part of this service. This will be a resource for patients, carers and staff.

The detailed planning and costing of these services and the site options will continue during the public consultation. Updates will be reported in the monthly Kingswood and District Newsletter. Details of how to obtain the Newsletter and other relevant papers can be found on page 16.

Kingswood and District

Kingswood and District is the area where most people who will use these services live. The relevant electoral wards are identified on the map on page 6.

3. What this consultation is about?

This consultation document sets out three options for developing local health services. The community health services they would all provide are described on page 4. All three options could involve the sale of land.

The local NHS Trusts concerned – South Gloucestershire Primary Care Trust, Bristol Primary Care Trust and North Bristol NHS Trust, believe that each of the three options is affordable and would accommodate the high quality health services to be provided for the people of Kingswood and District.

Option 1 Refurbish Cossham Hospital and Kingswood Health Centre

Cossham Hospital to be refurbished for the current range of services, together with more outpatient clinics, a Minor Injury Unit and a patient information centre.

Kingswood Health Centre to be refurbished for the Alma Road GP surgery and the South Gloucestershire Council staff there now. It is likely that a small number of other community services will also stay here.

Part of the Cossham Hospital site could be sold to help pay for this development.

Option 2 New build on Cossham Hospital site and refurbish Kingswood Health Centre

New building on the Cossham Hospital site to cater for the current range of services, together with more outpatient clinics, a Minor Injury Unit and a patient information centre.

Kingswood Health Centre to be refurbished for the Alma Road GP surgery and the South Gloucestershire Council staff there now. It is likely that a small number of other community services will also stay here.

The main building and part of the Cossham site could be sold to help pay for this development.

Option 3 New build on Kingswood Health Centre site

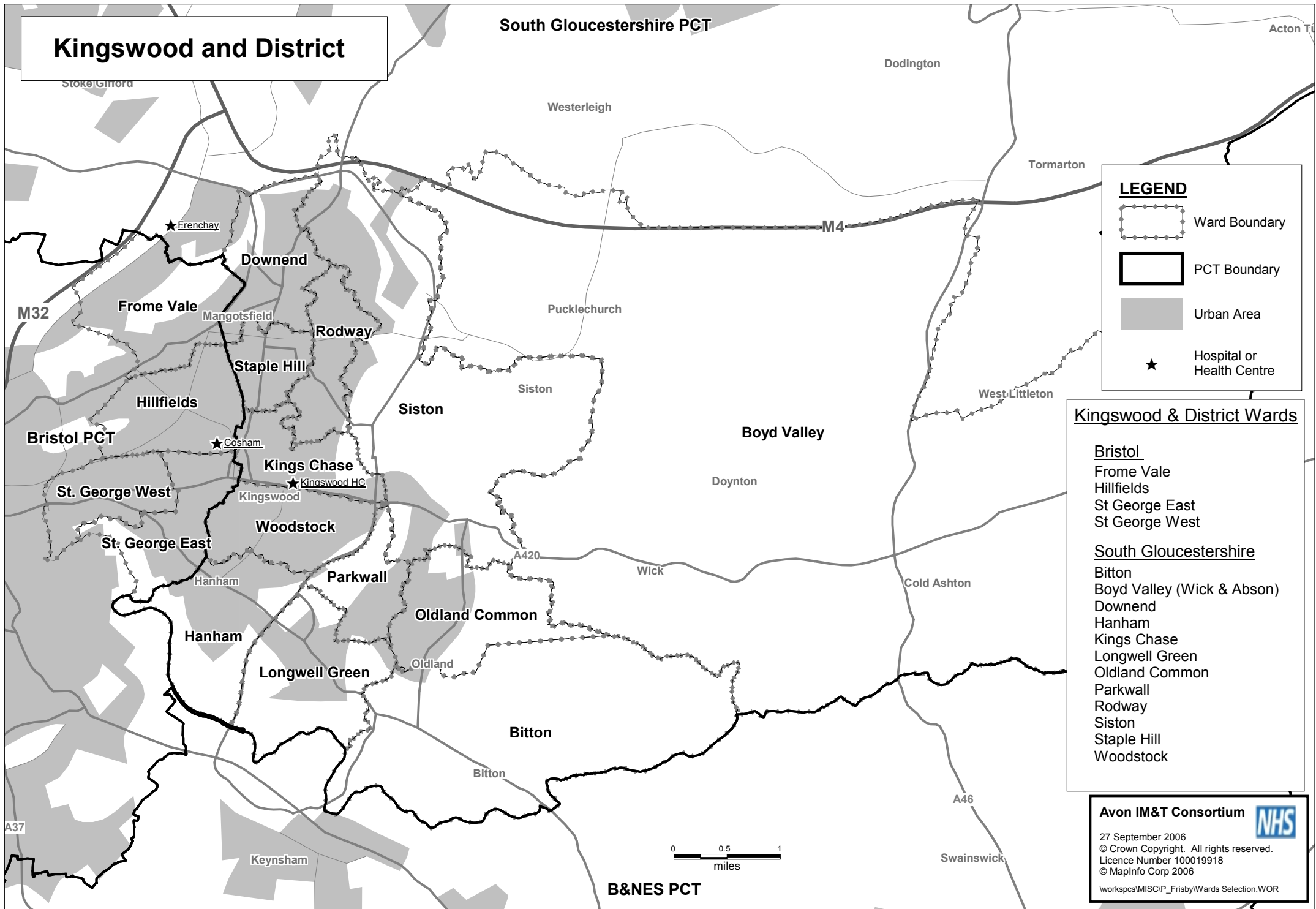
Kingswood Health Centre to be demolished to make way for a new building on this site for the services currently provided at Cossham Hospital, together with more outpatient clinics, a Minor Injury Unit and a patient information centre.

The Alma Road GP surgery and the South Gloucestershire Council staff currently in Kingswood Health Centre would also be based in this new building.





The whole of the Cossham Hospital site could be sold to help pay for this development.

Kingswood and District


South Gloucestershire PCT



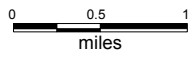
LEGEND

-  Ward Boundary
-  PCT Boundary
-  Urban Area
-  Hospital or Health Centre

- Kingswood & District Wards**
- Bristol
- Frome Vale
 - Hillfields
 - St George East
 - St George West
- South Gloucestershire
- Bitton
 - Boyd Valley (Wick & Abson)
 - Downend
 - Hanham
 - Kings Chase
 - Longwell Green
 - Oldland Common
 - Parkwall
 - Rodway
 - Siston
 - Staple Hill
 - Woodstock

Avon IM&T Consortium 

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B&NES PCT

What we would like you to do

A choice has to be made between the three options. It is the responsibility of the local NHS Trusts to make this decision. The basis on which the NHS Trusts will make this decision is described on page 13. It is, therefore, very important that the NHS Trusts understand your views and preferences before they come to a decision. That is the purpose of this public consultation.

We hope that the public consultation will provide an opportunity for an informed discussion about the relative merits of each of the three options. As well as knowing your preference, it would be helpful if you could also tell us the reasons for your choice. The following questions may be helpful.

- Which option is likely to give you the best quality of care?
- Which option is easiest for you to reach?
- What other factors would influence the decision of your friends, family and other members of the community?

We are keen to encourage people to think about these different issues before they express a preference between the various options.

The local NHS Trusts are entering this public consultation without a preferred option. The Trusts want to hear your views now, so that their decision- making is fully informed.

On page 15 you will find details of the different ways you can make your views known.

The closing date for you to make your views known is noon on Friday 22 December 2006.

Community Hospitals

The Department of Health defined 'Community Hospitals and services' in a June 2006 policy document. This document was called 'Our Health, Our Care, Our Community: investing in the future of Community Hospitals and services'.

The Department of Health describes a community hospital as one that provides a broad range of services for a defined local community. These services may include any health or social care service that can be provided safely locally. Some Community Hospitals will have beds, many will not. They will not usually perform surgical procedures or have accident and emergency departments.

Seeking views during public consultation

As well as working hard to get the views of as many people as possible, we will try and seek out views from among those groups who are often under-represented in public consultations. We need to find out if any of the options would disadvantage these communities.

We must emphasise that this consultation document was drawn up by the Kingswood and District Project Board, half of whose members come from outside the NHS. Furthermore, the proposals for developing health services contained in the consultation document were informed by the views of local people expressed in the previous public engagement exercise carried out in 2005.

The options for consultation were noted by the Local Authority Joint Health Scrutiny Committee (JHSC) in September 2006. A final draft of this document was also sent to the JHSC. The final document was then approved by the three relevant NHS Trust Boards – South Gloucestershire Primary Care Trust, Bristol Primary Care Trust (formerly Bristol North PCT) and North Bristol NHSTrust.

Are these proposals and Frenchay Community Hospital connected?

Yes. Whichever option is chosen, there will be a Minor Injury Unit in the new Kingswood Community Hospital. The reasons for this change are explained in the Kingswood and District Health Needs Assessment. In summary, it is because Kingswood is the main centre of the population, where health needs are greater and where fewer people have a car.

This may have implications for the Minor Injury Unit planned for Frenchay Community Hospital. For example, it is likely that people living in Kingswood and District would choose to use their local service. The detailed planning of Frenchay Community Hospital will commence in 2008.

The proposals for Kingswood and District will have no other impact upon the range of services planned for Frenchay Community Hospital.

Is there a connection between these proposals and the proposed Independent Sector Treatment Centre?

An Independent Sector Treatment Centre (ISTC), commissioned by the Department of Health has recently been announced for the Bristol and South Gloucestershire area. It will provide some diagnostics including x-ray, planned surgery and associated outpatient clinics. The impact of the ISTC on Kingswood and District services is expected to be minimal.

4. Our starting point

In August 2005 the local NHS started a new round of talking and listening to local people about developing health services in Kingswood and District. We call this 'public engagement'. It followed the withdrawal in March 2005 of the proposal to close Cossham Hospital and move services to two local health centres.

This proposal was withdrawn in response to widespread public concern. At that time, the local NHS Trusts recognised that they needed to start again, and base new proposals on the health needs of the community.

There was also a commitment to involve local groups. This was demonstrated by the membership of the Kingswood and District Project Board, which first met in October 2005. Half the members of the Project Board come from organisations outside the NHS.

The views expressed during the public engagement by local people in public workshops and through letters and petitions were very clear:

- they deserve their 'fair share' of local health services
- priorities include a Minor Injury Unit, outpatient clinics and diagnostic services such as x-ray
- these services should be delivered from Cossham Hospital.

The first task for the Project Board was to understand better the health needs of people living in Kingswood and District. This was the essential first step in developing proposals for the future of local health services. A Health Needs Assessment was produced, and copies are available – see page 16.

The main conclusions of the Health Needs Assessment are that:

- It is an area of population growth – up 7% to over 126,000 in 2011. **This strengthens the case for more local health services.**
- It is an area with more people over 65 than the average for South Gloucestershire. **Older people have greater health needs.**
- It is an area with higher levels of deprivation than the South Gloucestershire average. **Health needs are greater in areas of deprivation.**
- The greatest health needs in Kingswood and District are concentrated in six wards: St George West, Kings Chase, Frome Vale, Hillfields, Staple Hill and St George East. **Community health services should be easily accessible to the communities living in these wards.**
- It is an area where more people have long-term conditions e.g. diabetes. **People with long-term conditions need ready access to GP services supported by local facilities.**

The report also describes the different communities that make up Kingswood and District population. It illustrates how local people use current NHS services, together with some of the issues that are most important to them when using these services such as travel and parking.

In addition, we realised that the views of some groups, for example young people, and those from black and minority ethnic communities, were less likely to be heard. Therefore, we invited a local organisation, the Chase and Kings Forest Community Project, to ask such groups for their views on local health services. A copy of their report is available, see page 16. Its main points can be summarised as follows:

- Services need to be local for people who find it difficult to travel, for example young people or families without a car
- A single point of contact with the health service, for example a community nurse, is important for many people and their carers
- Inconsistent access to interpreting services is a cause of frustration for non-English speaking patients and staff
- Accessible local mental health services are vital in supporting families and individuals

Deprivation and health needs

The Kingswood and District Health Needs Assessment considered many aspects of local health needs. The two main factors that influence illness and can help us predict the type and level of health problems amongst the population are:

- the level of deprivation and
- the proportion of people aged over 65.

By deprivation we mean not having things that are usually considered necessary for a healthy life. The relevant 16 electoral wards are listed below, with the areas with the greatest health needs at the top.

- St George West
- Kings Chase
- Frome Vale
- Staple Hill
- Hillfields
- St George East
- Rodway
- Bitton
- Parkwall
- Woodstock
- Downend
- Longwell Green
- Boyd Valley
- Hanham
- Oldland Common
- Siston

This list confirms that the electoral ward with the greatest health needs is St George West, and that the ward with the fewest health needs is Siston.

5. The changing NHS and your local health services

The way the NHS meets the health needs of the nation is changing rapidly. In future everybody will have more choice about where and when healthcare is received. The shape of local NHS services is also changing.

GP Services

For most of us, the local GP surgery or health centre is our main, and in some cases, only point of contact with the NHS. We are keen to develop the range of services provided in GP surgeries. This is already happening. For example, many people with long-term health problems, such as diabetes, are receiving more and more of their care from specialists who are experts in particular diseases and work from local surgeries, health centres and in people's homes.

Acute Hospitals

Across the country specialist hospital services are being concentrated in what are known as acute hospitals. People who need specialist care because they are seriously ill, or they have had a bad accident, will receive the very best specialist care here. This acute care will be given by a range of organisations including NHS Trusts and Independent Sector Treatment Centres.

Community Services

Finally, the NHS recognises that there are some health services that should be provided as close as possible to where people live, but which it would be inappropriate to offer in GP surgeries and health centres. Provision of these services will be through the new Community Hospitals as defined on page 7.

Examples of these health services include:

- minor injuries
- outpatient clinics and appointments
- some diagnostic tests, such as x-ray.

Patients do not need these services often enough to justify providing them in every GP surgery. Doing so would also be a poor use of the relatively specialist skills and equipment required. Providing these services in Community Hospitals will also shorten the journeys of both patients and their carers. Our ability to offer these services in Community Hospitals will continue to be assisted by advances in clinical technology.

The recent Department of Health policy document on Community Hospitals and services (see page 16) makes clear their commitment to developing local health services wherever it is cost effective and beneficial to local people.

This national commitment is reflected locally in the Bristol Health Services Plan. Kingswood and District is one of several Community Hospitals and services now being planned across Bristol, South Gloucestershire and North Somerset. These proposals received widespread public support.

6. What this might mean for you

Some examples of the benefits these changes will bring for individual patients by 2013 are given below. In each case, what often happens now is contrasted with what is planned for the future. Please remember that in some places people are already working in the way envisaged for the future today.

If you have long-term health problems....

For example – if you have chronic heart disease

NOW

- occasional visits to a GP
- annual visits to acute hospital for assessment
- see hospital consultant team
- occasional hospital admissions

FUTURE

- regular visits to a specialist nurse
- occasional visits to Kingswood Community Hospital for assessment
- see GP supported by specialist team at Kingswood Community Hospital
- fewer hospital admissions required

If you need to be seen urgently, but it's not life threatening ...

For example – if you suspect you have a fracture

NOW

- go to Frenchay Hospital
- see junior doctor or nurse in A&E Department
- x-ray at Frenchay Hospital
- treatment at Frenchay Hospital

FUTURE

- go to Kingswood Community Hospital
- see a specialist nurse in Minor Injury Unit
- x-ray in Kingswood Community Hospital
- treatment at Kingswood Community Hospital

If you need to go to hospital for surgery ...

For example – if you need a planned operation

NOW

- GP refers you to acute hospital consultant team
- you see the consultant team at Frenchay Hospital
- hospital offers you an admission date
- many patients admitted overnight
- rehabilitation at home
- follow up outpatient appointment at Frenchay Hospital

FUTURE

- GP refers you for tests or scans at Kingswood Community Hospital
- you and GP choose where you want to go for an operation
- you book your admission
- most patients have day surgery
- rehabilitation in acute hospital
- follow-up appointment in Kingswood Community Hospital

7. What happens next?

Public consultation will finish at noon on Friday 22 December 2006.

The Kingswood and District Project Board will then discuss your responses and comments. The Project Board will then prepare a report on the response from the public for the Local Authority Joint Health Scrutiny Committee and the three relevant NHS Boards.

The three relevant local NHS Trust Boards – South Gloucestershire Primary Care Trust, Bristol Primary Care Trust and North Bristol NHS Trust - will then make the final decision on the development of health services for the people of Kingswood and District at Trust Board meetings.

The NHS Trusts are accountable to the NHS South West.

The decisions made by the Trust Boards will be based on each option's ability to satisfy the criteria listed below.

- 1. Clinical quality**
Improving the quality of clinical and clinical support services.
- 2. More local services**
Extending the range of community services in Kingswood and District.
- 3. Quality facilities**
Providing high quality, modern facilities, which are fit for purpose.
- 4. Attracting staff**
Helping recruit, retain and build the expertise to provide a quality service.
- 5. Future proofing**
Flexible enough to meet patient needs in the future.
- 6. Sustainability**
Having a positive impact on the local environment.
- 7. Affordability**
The cost of running these services judged over the lifetime of the project.

The NHS Boards will review each option's performance against these criteria, the public response to this consultation, and any further relevant information that becomes available.

Criteria 1 to 6 were previously used by the Kingswood and District Project Board to judge how well the options help the NHS to deliver the desired services.

Criteria 7 will be judged in terms of the total cost of running these services, including the cost of the capital investment. The NHS has to borrow this money and then pay the equivalent of mortgage payments.

The local NHS has the money to run the community health services described on page 4. Locally there is no direct access to a 'pot' of money to pay for the building improvements required for each of the site options. The government has however, launched a five-year programme to develop Community Hospitals. The local NHS will make a business case via NHS South West to seek this capital investment.

Preliminary costings, using an advisor independent of the NHS, indicates that the building cost of Option 1 (refurbishing Cossham Hospital and Kingswood Health Centre) is likely to be less expensive than the other options, with Option 3 (new build on the Kingswood Health Centre site) the most expensive.

The detailed planning for these services and sites will continue to make sure that the building costs of all three options are affordable. This information will be shared with the Project Board and will be available to interested parties.

Role of Joint Health Scrutiny Committee

Before the main BHSP consultation, it was agreed that the Cossham/ Kingswood and District proposals represented a significant change or 'variation' from the current services provided for people living in Bristol and South Gloucestershire. In these circumstances the Local Authorities have statutory powers to consider the health services' plans through what is known as 'overview and scrutiny'. They scrutinise both the consultation process and the options to see if they meet the needs of the local population.

Bristol City Council therefore convened a joint health scrutiny committee of councillors from the two local authorities. The joint committee will receive written and verbal evidence from the PCT and its partners as well as local people and other interested parties such as the Patient and Public Involvement Forums.

The committee will be meeting in public on 12 October, 16 November and 14 December 2006 to receive to receive evidence. Meetings will be at 10.30 am at either the Kingswood Civic Centre or the Bristol Council House. The committee will meet again in January 2007 to consider the outcomes of the consultation process.

8. Tell us what you think

We hope that as many people as possible will tell us what they think of the options for developing health services for the people of Kingswood and District.

It would be very helpful if you could think about the questions on page 7: these are based on the criteria by which the NHS Boards will judge the options.

You can write, fax, e-mail or phone your comments to:

Address for all correspondence, and requests for information	The Bristol Health Services Plan (BHSP) Kingswood and District consultation FREEPOST BS1078 King Square House King Square Bristol BS2 8EE
Telephone contact	Freephone 0800 015 5127
Email contact	bhsp1@bristolpct.nhs.uk
Fax contact	0117 900 2514
Minicom	0117 900 2675
Website	www.avon.nhs.uk/bhsp

You may find it helpful to use the feedback form on page 19.

We will be arranging a series of public meetings during the consultation. Please contact the BHSP office for dates and venues, to invite a speaker to join your meeting or if you have any concerns about the consultation.

Please also contact the above address if you need to have information relating to this consultation in a different format eg in a large print, another language or in Braille. We will do our best to meet your needs so that you are able to participate in the consultation.

This public consultation has been planned and organised following the Cabinet Office Code of Practice for public consultations and Section 11 of the Health and Social Care Act 2001.

All responses may be made public unless you ask us to keep your response confidential. We will store and process your information in line with the Data Protection Act.

9. Do you need more information?

More information is available about our plans for health services in Kingswood and District, including:

Kingswood and District Health Needs Assessment - a 78 page report containing population, health and community information on the population of the 16 Local Authority wards that make up Kingswood and District. A five page 'Summary and Recommendations' is also available.

Report on the public engagement phase (August to November 2005) of the Kingswood and District Project - a 27 page report from the Care Forum summarising the views of local people expressed through this four month period of meetings and discussions with local people.

Seeking the views of "hard to reach" communities - a 24 page report from the Chase and Kings Forest Community Project which was part of the public engagement exercise, but which concentrated on seeking out the views of groups less likely to participate in formal public engagement processes.

Kingswood and District Project Board - the following information is available for the 21 meetings that the Board had between October 2005 and September 2006.

- Agendas
- Minutes
- Supporting papers

Kingswood and District Newsletters – regular two page bulletins on progress with the project. Several bulletins were issued between October 2005 and September 2006. They will continue on a regular basis to keep interested parties up to date on developments.

National Policy Documents – such as 'Our Health, Our Care, Our Community: investing in the future of Community Hospitals' published by the Department of Health in July 2006.

This information is available on request from the BHSP office. Their contact details are on page 15.

The Health Needs Assessment, the reports on the public engagement and hard to reach communities and the Kingswood and District Newsletter can also be found on the www.avon.nhs.uk/BHSP website.

10. Jargon Buster

Affordability	Whether the NHS can afford to run the desired services in the buildings proposed by the three options.
Audiology	Specialist service provided at Cossham Hospital now assisting people with hearing loss and balance disorders.
BHSP	Bristol Health Services Plan, the NHS plan for health services in Bristol, North Somerset and South Gloucestershire. It covers acute and Community Hospital services.
Community Hospital	Community Hospitals and services serving defined local communities. The term is used today to describe a wide range of facilities that may or may not include beds.
Community Mental Health Team	Clinical teams supporting adults and older people with mental health problems. They usually include psychiatrists, psychologists, nurses and other mental health staff.
Criteria	A set of standards used by the Kingswood and District Project Board to judge each option's ability to deliver the desired services. See page 13 for a list of the criteria that will be used by the NHS Boards to judge the three options.
Deprivation	To be deprived in this context is to be without things that are considered necessary for a healthy life
Equalities Impact Assessment	In this context, a comparison of the implications of each option for a range of people whose access to healthcare has often been restricted by factors such as disability, race or sexuality.
Future proofing	Designing and equipping buildings flexibly enough to meet current and anticipated future needs.
Hard to reach	NHS description for communities that traditionally do not respond to NHS consultations. These include young people, travellers and people from black and other minority ethnic communities.
Independent Centres	Private healthcare providers offering elective surgery and diagnostics such as x-ray for NHS patients.
Intermediate Care Team	Team of health and community care professionals who provide short-term intensive rehabilitation to help people to remain in their own homes or return home from hospital.

Local NHS organisations	The relevant NHS organisations are listed in this ‘jargon buster’ under NHS Trusts and Primary Care Trusts. All such organisations are governed by a Trust Board with a lay Chair and both Executive (staff) and Non Executive (lay) Directors. The lay Directors are in a majority on all NHS Boards. Members of the public are welcome to attend public Trust Board meetings.
Long-term conditions	Long-term conditions are those that cannot, at present, be cured, but can be controlled by medication and other therapies. They include diabetes, asthma, and chronic obstructive pulmonary disease.
Minor Injury Service	Specialist nurse run service in a GP surgery, treating minor injuries when the surgery is open.
Minor Injury Unit	Specialist nurse run service in a Community Hospital or similar, treating minor injuries.
NHS South West	One of the ten new Strategic Health Authorities across England. Created by the merger of the three former Strategic Health Authorities in the region – Avon Gloucestershire and Wiltshire, Dorset and Somerset and the South West Peninsula.
NHS Trusts	NHS providers of health services. The two relevant NHS Trusts are North Bristol NHS Trust (NBT) and Avon and Wiltshire Mental Health Partnership Trust (AWPT). North Bristol NHS Trust manages Cossham Hospital.
Podiatry	Podiatry is concerned with the treatment of a multitude of foot related problems, from corns to nail surgery. Podiatry is more commonly known as Chiropody.
Primary Care Trust (PCT)	PCTs commission health services for their local population. They can also provide local community health services. The two PCTs involved in this consultation are Bristol PCT and South Gloucestershire PCT. South Gloucestershire PCT manages Kingswood Health Centre.
Refurbish	The term used here to refer to a major investment to bring an existing building up to ‘as new’ standard. It is relevant to Cossham Hospital and Kingswood Health Centre in option 1 and to Kingswood Health Centre in option 2.
Specialist Nurse	Nurse who has had additional training for a more specialist role. Examples include the asthma or diabetes nurse based in a GP surgery, or the nurses who run a Minor Injury Unit.
Stakeholder	People with an interest - in this case, including patients, local residents, local councillors, GPs and NHS staff.



FEEDBACK FORM

Kingswood and District
Public Consultation - 2 October to 22 December 2006

Which of the three options in the consultation document do you prefer?
The options are described on page 5 (please circle your choice).

- | | |
|----------------------------|-----------------------|
| 1) Do you prefer Option 1? | Yes / No / Don't Know |
| 2) Do you prefer Option 2? | Yes / No / Don't Know |
| 3) Do you prefer Option 3? | Yes / No / Don't Know |

It would be very helpful if you would also tell us your reasons for your preference.

I am a patient, local resident, carer, councillor, member of a voluntary or community group, NHS staff or Local Authority staff
(Please circle as many of these descriptions as appropriate).

Please return this form to the address below. No stamp is required.

Bristol Health Services Plan (BHSP)
Kingswood and District Consultation
FREEPOST
BS 1078
King Square House
King Square
Bristol BS2 8EE