

The Care Forum

Shaping Our Future in North Somerset

Report on the public consultation

1 December 2005 to 1 March 2006

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Glossary

BME	Black and minority ethnic communities
BHSP	Bristol Health Services Plan
GP	General Practitioner
ICT	Information and communication technology
PCRC	Primary care resource centre
PCT	Primary Care Trust
PFI	Private finance initiative
VCS	Voluntary and community sector
WAHT	Weston Area Health Trust

1. Summary

- 1.1 The public consultation period for '*Shaping our future in North Somerset*' ran from 1 December 2005 to 1 March 2006. During this time, The Care Forum recorded the comments of 132 people who attended eight public meetings and 130 people who attended a stakeholder event. The Care Forum recorded 55 pieces of correspondence received by the Primary Care Trust (PCT) and Bristol Health Services Plan (BHSP) office, and this information is also included in the report. This report has separated the outcomes of the public meetings from the outcomes of the stakeholder event.
- 1.2 The majority of people who attended meetings agreed with the broad vision put forward in the consultation document produced by North Somerset PCT. People broadly agreed with the principle of delivering more services outside acute hospital settings and moving more services to community hospitals, other local healthcare settings and into people's homes.
- 1.3 There was support for the development of a modern community hospital in Clevedon, but opinion was divided between modernising and extending the current hospital building, rebuilding on the same site or a new build on a different site.
- 1.4 People supported proposals to develop primary health care centres (PCRCs). They agreed that a PCRC should be developed in Portishead, but some people thought the proposed site was unsuitable. There was general support for a PCRC in Weston-super-Mare, to include walk-in services, but some concern was voiced about the effect this would have on the viability of Weston General Hospital. There was support for a PCRC in Worle, but some people thought that the need was already evident, and the centre should be developed sooner rather than later.
- 1.5 People were less satisfied with plans for the rural areas of North Somerset, because they lacked any definite commitment to service development.
- 1.6 Accessibility to services was considered to be a key issue for people living in towns, villages and rural areas. People asked for more locally based services, improved transport links, mobile services and better-resourced community transport services.

2. Introduction

The Care Forum

2.1 The Care Forum is an independent voluntary organisation, registered charity and company limited by guarantee. Working primarily within the geographical area of Bristol, Bath & NE Somerset, North Somerset and South Gloucestershire, The Care Forum aims to enable and improve public involvement in health and social care services and provides an infrastructure for effective representation, communication, consultation and networking within the voluntary and community sector (VCS). It coordinates and facilitates VCS involvement in partnership working with public agencies in the joint planning and improvement of health and social care services.

The Role of The Care Forum within the public consultation for *'Shaping Our Future'*

2.2 As part of its work, a representative from The Care Forum sits on the Bristol Health Services Plan (BHSP) Strategic Communications and Public Involvement Group to advise on good practice in engaging voluntary and community sector organisations. A representative also sits on the BHSP Public Interest Forum.

2.3 North Somerset PCT, with the support of the BHSP, commissioned The Care Forum to record comments and responses made during the public consultation process. The Care Forum's role was to ensure that views made known as part of the consultation process were independently recorded. People who attended meetings were informed of this process. Up to eight scribes were provided per public meeting and 13 scribes attended the stakeholder event. The Care Forum did not record presentations or responses made by health service staff, or the profiles of people who attended meetings.

2.4 All comments were recorded, whether or not they were immediately relevant to the scope of the consultation process. Records of meetings were entered onto a database. A full copy of the database will be provided to the PCT and to the BHSP office. Numbers in brackets indicated the number of people who made a particular comment. Italics indicate quotes from individual members of the public.

3. Profile of Meetings

Public meetings

3.1 Between 1 December 2005 and 1 March 2006, the PCT held eight public meetings, attended by a total of 132 people.

Date	Venue	Type of meeting	Attendance
10.1.05	Stakeholder Event, Winter Gardens, Weston Super Mare	Stakeholders (by invitation)	130
12.01.06	Clevedon Community Centre, Clevedon	Public	16
16.01.06	Claverham Village hall Claverham	Public	12
17.01.06	Milton Baptist Church, Weston Super Mare	Public	19
18.01.06	Healthy Living Centre, Bourneville, Weston super Mare	Public	1
19.01.06	St James' Church Hall Winscombe	Public	25
23.01.06	Somerset Hall, Portishead	Public	19
01.02.06	Methodist Centre Nailsea	Public	16
09.02.06	Clevedon Community Centre, Clevedon	Public	24
Total attendances			262

Table 1: Meetings held as part of the public consultation

Stakeholder event

3.2 The PCT hosted an event for stakeholders on 10 January 2006, attended by 130 people. Participants were an invited group, which included representatives from the PCT, NHS Trusts, GP practices, North Somerset Council, other statutory agencies, parish and town councils, patient and public involvement forums, independent providers of health and care services, and VCS organisations.

3.3 Participants were divided into small groups and asked to respond to four questions:

- What is good about our plans?
- Are there any areas we could improve?
- Have we missed anything?
- What other concerns/ideas/things should we be aware of?

Groups were then given the opportunity to discuss certain issues in more detail. They were also invited to post additional comments onto the back wall of the venue.

3.4 For clarity, this report distinguishes between views expressed at public meetings from those expressed by attendees at the stakeholder event and formal responses from organisations.

4. Profile of correspondence

Letters and formal responses	18
Emails	15
Phone calls	19
Requests for information	3
Total	55

Table 2: Correspondence received during the public consultation

- 4.1 The PCT received 55 pieces of correspondence during the consultation period. These consisted of 18 letters, 15 emails, 19 telephone calls and three requests for information.

5. Topics

- 5.1 Comments made at meetings and in correspondence were divided according to the following topic areas:

- The vision outlined in *Shaping Our Future*
- What is good about the plans
- Improving services in rural areas
- Primary care resource centres: Portishead, Weston-super-Mare and Worle
- A modern community hospital in North Somerset
- Care at home
- GP services
- Other service issues: carers; children's services; dentistry; mental health; learning difficulties; intermediate care; pharmacy services; physical and sensory impairment
- Related topics: finance; information and communication technology; staffing; PCT reconfiguration and practice-based commissioning; voluntary and community sector services
- Public involvement in the engagement process.

6. The vision

Views of the public

- 6.1 There was strong support for the overall vision for the future of health services in North Somerset and the principle of locally based services.
- 6.2 Eight people were concerned about the future for the proposals if North Somerset PCT ceases to exist as a result of PCT reconfiguration, and whether the needs of North Somerset would be lost in the larger scheme of things.
- 6.3 A number of people said that the vision was not specific enough and that they needed more detail to reasonably determine whether the plan could be delivered. They asked for more detail overall,

and more information about the following: rural areas; PCRCs; services for people with physical and sensory impairments and long term conditions; timescales and budgets.

- 6.4 Other concerns included: deliverability of the vision (2); failure to reflect the needs of North Somerset's rural communities; the effect of practice-based commissioning and lack of evidence to date that the PCT would work sufficiently closely with the VCS.

"The principle is fine but it may just be elaborate rhetoric."

"This is only consultation and I have grave concerns that the plans won't happen."

"The vision has been talked about for too long and needs to actually start happening."

"The vision as presented is excellent, we just want it to happen."

"The spend never seems to come to the rural areas. Why are rural areas being neglected?"

Stakeholder views

- 6.5 The stakeholder group also supported the long-term vision of delivering more services locally. Concerns included: scepticism about when proposals would be turned into actions (7); lack of a clear action and implementation plan (5); lack of evidence that the vision would meet the necessary outcomes (2); and the need for more detail about timescales, costings and workforce planning.
- 6.6 In their formal response, North Somerset Council broadly welcomed the plan to improve health care by providing services more locally. They said that the ways forward were positive, timely and fitted well with proposals for the development of integrated primary and community care teams for adults, and the recent white paper, 'Our health, our care, our say'. They thought the proposals offered significant opportunities for joint working in relation to local primary care services and the development of Children's centres.

- 6.7 Four people were concerned that the proposals were primarily based on a medical model. They said that it did not take into account the social model fully enough or consider how to create healthy individuals and communities.
- 6.8 Other comments were: that there was clearly still a need to build trust between agencies (3); that the plan was not inclusive, in that it did not recognise the roles of other agencies e.g. police and local authority or connect with them at a strategic level; that the plan appeared to have been developed in isolation, and needed better connectivity between the PCT, NHS Trusts and the Strategic Health Authority; that the plan required better commissioning principles and joined up planning to show acute and primary care, social services and the voluntary sector working together, as well as greater user involvement; the vision focussed on the stabilisation of services, and not on patient needs; delivery of the plan would depend on infrastructure issues that have not yet been resolved; that it would be uneconomical to provide services to meet the need at a local level; concern about the delivery of specialist services within this model; and that the vision did not adequately address the needs of vulnerable groups and BME communities.
- 6.9 People wanted evidence that the proposals were future-proofed. Three people noted that the long-term vision must be adaptable to the social, medical and technological changes, which will occur over the life of the plan.
- 6.10 People said that in order to deliver the plan the following would be needed: strong leadership; more effective integration of services between agencies; better communication between the PCT, GP practices and other providers; facilities shared with secondary care that are fit for purpose; and joined-up thinking at every stage.

7. What is good about the plans?

7.1 Attendees at the stakeholder event were asked to identify the things they thought were good about the proposals. This is what they said:

- Development of community based services meeting local patient need (32)
- Development and upgrading of Clevedon Hospital (9)
- Focus on supporting GP practices (7)
- Emphasis on joint collaborative and partnership working (5)
- Focus on health promotion and prevention (5)
- Patient/public focus, inclusive of specialist client groups (4)
- Having a coherent plan for the future (4)
- Recognises need for accommodation for community staff and integrated services (5)
- Purpose built buildings with good facilities, good parking and good access (4)
- Improving access (3)
- Changing the way we do things (3)
- Positive engagement process, so that people are now listening and taking the discussion into the community (3)
- Emphasis on professionals other than GPs as first point of contact (2)
- Optimises use of existing resources (2)
- Affordable (2)
- Proposals coming from the grass roots level (2)
- Recognition of carers needs (2)
- Recognition of need to work with voluntary sector (2)
- Primary care resource centre in Portishead (2)
- Will still happen even if the PCT is reconfigured
- Community focused resource centres
- Co-location of services
- Creates an opportunity to improve
- Recognition of need for improvement of services
- Drop-in centre in Weston
- Using ICT
- Increase in capacity
- Provision of children's services from Clevedon Hospital
- Reduction in waiting times
- Degree of urgency acknowledged.

8. Improving services in rural areas

Views of the public

- 8.1 People agreed that the proposals lacked sufficient awareness of the need in the rural areas in North Somerset. They said that the proposals lacked concrete undertakings about the service development in rural areas, and complained that the language used was imprecise. Four people said that rural GP practices would be unsuitable to deliver an extended range of services because they are inaccessible.
- 8.2 There was widespread agreement about the difficulty of accessing healthcare services in North Somerset due to transport problems, particularly for older people who are less likely to be car owners. People agreed that the availability of bus services and adequate car parking should be a priority for any new facility.
- 8.3 People said it was difficult to get around North Somerset by bus, and complained about the lack of bus services from villages and between towns, including Nailsea and Portishead. They were concerned about both cost and long journey times. Some people said that using taxis was their only option, and that this was very expensive. People asked for: better availability of travel information for patients (3); a hospital transport service between facilities; and detailed coordinated consultation with all community transport providers. People also raised the issue of travelling to acute hospitals in Bristol and Weston-super-Mare, and the difficulties of parking when they got there.
- 8.4 People extolled the value of community transport and voluntary driver schemes in North Somerset, particularly for older people. They said that such schemes should be resourced better and supported by the PCT. One person said that information about these services needed to be better advertised and coordinated. One community transport group said that there was growing demand for their service, but that the rising cost of insurance paid by volunteer drivers using their own cars must be taken into account.
- 8.5 There was widespread agreement that it was sensible to provide mobile services to the rural areas. People thought it would be

economical to deliver services in this way, as well as improving access to healthcare services for communities.

“Too much use of the words ‘aims’ and ‘possible’.”

“I know people who have taken all day to get to and from a mid morning appointment.”

“It is only due to the goodwill of villagers – to run hospital cars etc – that we are able to correct the deficiencies of the NHS.”

Stakeholder views

- 8.6 A number of people were concerned about how health services would be delivered to North Somerset’s rural communities, while recognising the tension between quality and cost. Ten people said that the plan made no specific reference or commitment as to how rural areas would be served. Winscombe and District Senior Citizens Forum said that the section of rural areas was the weakest part of the proposal. They were concerned that no specific working group had been set up to consider the uniqueness of the 59,000 people living in North Somerset’s rural areas. The Forum complained that the proposals for rural areas were all “ifs, buts and maybes”, and others agreed.
- 8.7 North Somerset Council said that the proposals for rural areas were disappointing in that they were neither clearly defined nor presented as being definitely deliverable. The parish councils wanted services to be delivered at parish level.
- 8.8 One group was disappointed that proposals for a rural PCRC had not been followed up. There was a general feeling that the needs of the rural areas were not high enough on the agenda and that the rural working group should be reintroduced to adequately represent this constituency.
- 8.9 Other comments and suggestions included: that levels of rural deprivation must be taken into account more in planning services (7); adequate transport is the key to reducing rural deprivation; the effect of isolation of the elderly and vulnerable; services e.g. pharmacy and dentistry, should be delivered at a parish level;

improving links with patients though the use of ICT; and the use of GP practices in a hub and spoke model.

- 8.10 One group emphasised the need for support to carers, who are isolated in rural areas, and for whom travelling is a particular difficulty. Carers asked for rehabilitation, respite care and intermediate care services to be locally available in rural areas.
- 8.11 North Somerset Council said that further consideration needed to be given to developing detailed plans to improve access including more work on transport issues. They requested that the PCT helps deliver improvements in accessibility by working with partners and the community to identify areas and groups with poor accessibility; and helps implement actions plans for improvements and prioritise accessibility through service planning.
- 8.12 Stakeholders agreed about the need for improved transport links in North Somerset. Concerns included: the growing percentage of older people in rural areas, who are least likely to have their own transport and least able to bear the cost of taxis or public transport (10); that the issue of traffic congestion had been brushed aside (7); that people attend accident and emergency services inappropriately because they cannot access other services (5); that there was no point in relying on public transport to underpin the success of the proposals (3); the cost of providing community transport services; the transport problems for people living in villages and towns; shortage of bus services; shortage of parking facilities for disabled people; and length of journey times.
- 8.13 Suggestions included that: the NHS should provide transport for patients (7); community transport groups should be better resourced (4); the NHS should bear the cost of travel for patients attending PCRCs (2); better coordination of hospital and community transport services (2); financial concessions for community transport schemes; GP practices could run their own patient transport schemes; services such as podiatry and dispensing could be done from village halls; taking appliances and services to patient's home; and the PCT and North Somerset Council should act together to ensure that an adequate transport system is provided.

9. Primary Care Resource Centres: Portishead, Weston-super-Mare and Worle

Views of the public

- 9.1 People generally supported proposals to create PCRCs in North Somerset, but asked for more clarity about what services they would deliver, including where the centres would be located and how adequate parking would be accommodated.
- 9.2 Concerns included: the ability to staff the centres with the necessary skill mix (5); the development of additional services in PCRCs would overburden GPs (2); the development of PCRCs might mean the closure of GP practices; the availability of financial resources to support the developments.
- 9.3 People had differing views on where PCRCs should be located. There was general agreement that there should be a PCRC in Portishead. Views varied about the need for PCRCs in Weston-super-Mare and Worle. Two people were concerned about how these centres would serve people living in more rural areas. Winscombe contact Scheme echoed this concern, while supporting the concept of PCRCs. One person suggested that a PCRC should be sited in Churchill.
- 9.4 People asked for the following services: advocacy; asthma clinic; audiology (2); children's services (2); counselling; physiotherapy services (2); cardiac clinics including ECG (2); chiropody; complementary therapies; consultant clinics; continence service; diabetes clinics (2); diagnostic tests; ECG tests; eye clinic; haematology; health promotion; information and signposting (2); maternity care; minor injuries unit (2); occupational therapy (2); orthopaedics; osteopathy; out of hours GP services (2); outpatient clinics; PALS service; physiotherapy (2); podiatry; prevention services; social services; speech therapy; surgical appliances; weight loss clinic; and a well woman clinic.

“[It] makes great sense, it’s good to have all the facilities in one place. I think it’s an excellent idea.”

“It’s very difficult to get an appointment to see a GP now so where are you going to get people from to staff the extra facilities you are proposing?”

“A primary care resource centre is a wonderful, wonderful dream if it happens.”

Portishead

9.5 There was widespread agreement that there should be a PCRC in Portishead to meet the needs of the growing local population. However, a number of people thought that the proposed site was unsuitable as it would not be big enough to site the services that have been proposed, or have space for sufficient parking.

9.6 People said: adequate parking facilities were crucial (7); the developers should be required to contribute to the cost (2); there must be public transport links to the site; there should be a free shuttle bus around Portishead; and Portishead could be a hub for mobile services going out to rural areas. One person said that a community hospital in Portishead was a priority.

“You said that the decision had already been made, so what are you doing here?”

“You say that the site in Portishead is the preferred option but it feels like it is the preferred option of the PCT, as you are still not listening to us.”

“I am dismayed to find that the plan is to combine the two health centres to make it less convenient for the patients.”

Weston-super-Mare

- 9.7 People generally supported the proposal for a PCRC in Weston-super-Mare, although some people were concerned that smaller GP practices would be lost as a result. They valued these practices as offering a family service.
- 9.8 Seven people strongly supported the proposal for a walk-in facility in the centre of the town. One person noted that a walk-in centre could appeal to some vulnerable groups. Two people queried the need for a PCRC as well as a hospital. People said that: there should be separate services for residents and holidaymakers; a new PCRC would encourage more GPs to work in the area; the walk in centre should include mental health services; there should be a shuttle services between the PCRC and Weston General Hospital; and that there was an urgent need for increased sexual health services in the area.

Worle

- 9.9 There was general support for the development of a PCRC to meet future demand generated by planned residential development in Worle. One person said that it should not be prioritised, as it is not a deprived area. One person said that Worle needed a resource centre now, not later. One person thought it would be appropriate to use the RAF Locking site.

Stakeholder views

- 9.10 Stakeholders gave general support for the PCRC model. Concerns included: lack of PCRCs in the centre of the area; and that it would set up a two tier system, making it difficult to recruit GPs in rural, less well served areas. One person said that PCRC services should be standardised with the same range of service undertaken at each one.
- 9.11 Stakeholders suggested that PCRCs should include: mental health services; counselling; drug and alcohol services.

Portishead

- 9.12 People welcomed the prospect of improved services in Portishead. Concerns included: that the fast growing population of young families and older people would mean that the proposals would not meet future levels of demand (3); difficult access to the site; that the site would be too small; and whether the service at Portishead

would duplicate that of Clevedon, which is geographically quite close.

- 9.13 North Somerset Council fully supported proposals for a PCRC in Portishead. They were keen that the service should be developed in a way that maximises potential for partnership with the council.

Weston-super-Mare

- 9.14 North Somerset Council supported plans for a PCRC to be placed in Weston-super-Mare. The Council was keen that the service should be developed in a way which maximises potential for partnership with the Council. They thought that a nurse-led walk-in service was desirable if it proved to be affordable. They suggested that this might be colocated with Weston General Hospital to maximise potential diversion from the A&E department.
- 9.15 The Council thought that the approach to use of capacity in Weston General Hospital was inconsistent with the proposals for the north of the area, as Weston-super-Mare and surrounding districts would have no community hospital and a shortage of rehabilitation services. They thought that in the long term, a community hospital development in the Weston area would not duplicate services available on the acute site.
- 9.16 Four people were concerned that the proposals would destabilise services at Weston General Hospital and result in a threat of closure. One person suggested that the rehabilitation ward could incorporate GP beds.
- 9.17 People suggested that Weston-super-Mare needed: facilities for dealing with major accidents and incidents (2); a PCRC with nurse-led beds, place of safety and intermediate care beds; PCRC in the centre of town; its own community hospital; additional GP practices; improved community services; a one-stop-shop; and a closer working relationship between the PCT and Weston Area Health Trust (WAHT).

Worle

- 9.18 North Somerset Council would have preferred the development of a PCRC in Worle to be undertaken alongside the Portishead and Weston developments, as they believe there is already a clear need for such a service. However, they recognised the resource constraints that currently apply.

9.19 People raised concerns about lack of services in Long Ashton, Yatton, Nailsea, Barrow Gurney and Dundry, and the need for those residents to travel to other parts of North Somerset or Bristol.

10. A modern community hospital in North Somerset

Views of the public

- 10.1 There was general agreement that North Somerset needed a modern community hospital and that it should be based in Clevedon. One person favoured a site outside Clevedon.
- 10.2 A number of people acknowledged that that Clevedon Hospital is currently in poor condition and offers limited access. Fifteen people thought that refurbishment was the best option. Others thought that refurbishment would be an expensive and short-term solution. A number of people had concerns about the shortage of parking on the current site.
- 10.3 Seven people said that a new hospital should be built on the current site. One person suggested purchasing properties behind the hospital to expand the site. One person was concerned about how services would continue if the hospital were rebuilt on site.
- 10.4 Sixteen people preferred the new site option. Two people thought that a new build would be an easier process than refurbishment. Two people said that the community hospital should be built in Nailsea because of its good motorway access.
- 10.5 People generally supported proposals to extend the catchment area for Clevedon Hospital. Two people said that the hospital would need to be bigger than the current facility if this was to happen. One person said that it would also be necessary to put new transport solutions in place.
- 10.6 Two people said that it was vital to maintain beds in the hospital, as it was difficult for visitors to travel to Weston and Bristol, and the facility reduced bed blocking. Three people said the number of beds available should increase.
- 10.7 People also asked for: an accident and emergency department; day care; intermediate care; maternity services; outpatient clinics; 24-hour pharmacy; physiotherapy; respite care; and x-ray facilities.

Two people complained about long waits for physiotherapy services.

“A new site would be fabulous but I’m realistic and refurbishment might be cheaper.”

“[The site is] absolutely marvellous for the elderly people. It’s just opposite the Health centre, it’s great for outpatients, just marvellous.”

“The hospital does so many things for the town; it has outpatients, minor injuries, elderly people facilities and assessments. All towns could do with something similar to Clevedon Hospital.”

“Clevedon hospital is wonderful.”

“We want the Clevedon hospital kept where it is and expanded so that it can serve our increasing population.”

Stakeholder views

10.8 Stakeholders supported the concept of a community hospital and agreed that a hospital should be retained in Clevedon. The Clevedon Hospital League of Friends approved of the plans to enhance service.

10.9 North Somerset Council supported the plans, which they said were in line with the proposals within the white paper, ‘Our care, our health, our say’. The Council’s preferred option was to explore the possibility of refurbishing the existing hospital, as this would give an opportunity for further development of integrated health and social care services. However, they were concerned that the model of care planned for the north of the area was different from that in the south, and felt that further consideration should be given to ensuring that a comparable range of services is available throughout the area.

10.10 People said that: the hospital should be relocated to a new site as the current hospital needs complete refurbishment, is on a small land-locked site with limited parking and poor disabled access (9); there must be adequate parking facilities (8); the current site

should be redeveloped as this could be done reasonably quickly (7); the hospital should be a new-build, as this would offer higher standards (6); and that continuity of service must be maintained. There was general agreement that the services offered from Clevedon Hospital should be available to all North Somerset residents, but two people thought that if this happened, bed numbers would need to increase. Two people challenged the assumption that the community hospital should be in Clevedon, and one thought Nailsea would be a more accessible location.

10.11 Stakeholders said that the hospital should include: GP led beds; intermediate care beds (2); minor injuries unit (4); older people's services; outpatient clinics run by WAHT; rehabilitation services; respite beds; shared space for secondary healthcare services and voluntary services (2); storage facilities; and x-ray facilities (2).

10.12 One group suggested that a better option would be to strategically place PCRCs with some beds, as this could release resources to pay for respite beds in upgraded nursing homes. One person said that integrated therapy services, including physiotherapy, occupational therapy and rapid response teams, should be based together in Clevedon. One group said that until a proper assessment of cost and feasibility was carried out, it would be difficult to choose between the two options.

10.13 Other concerns included: the effect that developments at Clevedon might have on Weston General Hospital and its continued viability (4); that a hospital in Clevedon would not meet the needs of people living in Weston-super-Mare; the financial risk associated with relocation, as the increased running costs might be unsustainable; and the use of PFI to fund the development.

11. Care at home

Views of the public

11.1 People generally agreed with the emphasis on caring for more people at home and in community settings. However people were concerned that it might not be possible to deliver the right level of service because of staffing issues and the problems of working in rural areas. Other comments and concerns included: the need for more day care services in Clevedon and Nailsea (2); the need for better joint working between acute hospitals, community

healthcare teams, and social services, with collocation of teams; the need to maintain and develop the district nursing service, which is essential to providing care at home; and the importance of a palliative care service. One person said that the home care services that have been promised often never materialised.

- 11.2 The Clevedon Senior Citizens' Forum expressed concern that intermediate care services were inadequate in rural areas and that people were regularly discharged from hospital without the necessary support, leaving the responsibility for care on families or neighbours.

“Often services are promised, e.g. home care and home help, but then those services are not provided.”

Stakeholder views

- 11.3 North Somerset Council said that it needed to come to a better understanding of how resources would transfer from acute care to community services and how the financial impact of this upon social care would be addressed.

12. GP services

Views of the public

- 12.1 People were concerned about the shortage of GPs in North Somerset. They said that: GP practices were no longer meeting the needs of their patients (3); the PCT had promised to increase the number of GP practices in the area, but that this had not happened; GP services needed expanding in Clevedon; it was unrealistic to expect GPs to take on extra responsibilities, while current capacity is stretched to the limit and on the verge of collapse; there have been cuts in contraceptive services at a time when the area has high teenage pregnancy rates; it is very difficult to change GP because of the lack of capacity; it was essential for rural communities that GP practices are built up; and that GP services would gradually be wound down and absorbed into PCRCs.

- 12.2 Two people questioned whether the delivery of secondary care services through primary care resources was achievable. One group felt that GPs would need to display a great deal of flexibility to react to the new changes. Others suggested that the following services could be offered via GP practices: coordination of intermediate care; minor injuries; physiotherapy; well woman and well man clinics.
- 12.3 A number of people said that they found it difficult to arrange an appointment with their GP, and asked for the system to be reviewed. Cleeve Parish council echoed this concern. One person said that while the PCT talks as though patients are the priority, they did not believe this to be true, and they thought that achieving financial balance was now the priority.
- 12.4 One person asked for open surgeries, which had worked well in the past. One person suggested a first-come first-served system.
- 12.5 Other concerns included: people no longer received services from local GPs who knew them and their history (5); the availability of out of hours services, including the closure of evening and weekend surgeries (3); and that the out of hours service was such a disaster that it was easier to phone 999 (2). One person said that GP practices should be encouraged and enabled to provide the out of hours service themselves so that there was continuity of care.

“There’s such a shortage of GPs that you just get lumped with one.”

“What we want is what we used to have – our own doctor. We don’t get that, especially out of hours.”

“We are 14 GPs down at the moment – capacity is stretched to the limit and it’s collapsing. It’s a sick joke to say that GPs will be able to do extra things.”

“GPs will see it as extra work and they don’t have enough time to do home visits so how can they do all this extra work?”

Stakeholder views

- 12.6 Stakeholders asked for: improved out of hours care including speedier access; clear signposting to services (4); a more holistic view of patient's needs (3); better knowledge of drug and alcohol issues and liaison with other services (2); a greater willingness to work with voluntary sector providers; improved access to appointments; better provision for people with mental health problems; more consistency of services between practices; clinical space for visiting specialist services; more dispensing services; better access for vulnerable groups; creative and flexible GP commissioning; an appropriate structure for patient consultation, that is taken seriously; and more GPs with specialisms.
- 12.7 One person said that there was a need for a more coordinated service for patients whose GP practice was outside North Somerset but whose social care was supplied via North Somerset Council. One person suggested that GP practices could work more efficiently by rotating services between them. Two people were concerned that an increase in GP specialists would reduce their capacity to deliver general services.

13. Other service issues

- 13.1 Both stakeholders and members of the public raised other issues that they considered relevant to the future quality of healthcare services in North Somerset. North Somerset Council said that there was a general need to address the interface with secondary care and specialist services more comprehensively.

Carers' needs

- 13.2 Members of the public said respite care was vital for the health of both patients and carers. They said that carers need more support than is currently available, including education and training (e.g. for lifting). Three people said that Orchard View is a vital resource that offers carers confidence and peace of mind. People were concerned that Orchard View would close down permanently in order to save money.
- 13.3 Stakeholders also emphasised the need for support to carers, the need to avoid early discharge by offering rehabilitation and respite

services and the importance of accessibility of services. Cleeve Parish Council was concerned about the availability of respite care.

Children's services

13.4 Stakeholders noted that the proposal did not address the opportunity to work with children's centres, which they said should include GP services. One person identified the need for better community care services for children with learning difficulties.

Dentistry

13.5 Members of the public were concerned that the proposals did not mention dentistry. They were concerned about the lack of availability of NHS dentists in the area, which caused particular problems for older people and those on low incomes.

Mental Health Services

13.6 Three members of the public said that the plans did not address the needs of people experiencing mental health problems and that mental health services needed to improve. They were concerned about the reduction in bed numbers in the area due to the closure of Barrow Gurney Hospital. They asked for better services from GP practices.

13.7 Stakeholders acknowledged the progress that had been made by the integration of mental health teams in North Somerset but said that the proposals did not address the primary care needs of mental health service users. Needs included better support and resourcing of the VCS working with mental health service users (2), and the provision of independent advocacy.

Learning Difficulties

13.8 Members of the public and stakeholders said that people with learning difficulties were continually offered a poor quality of service in both hospital and community settings. People asked for more accessible and sensitive services to meet the needs of this group, as well as the use of plain English in written information.

13.9 Stakeholders, including North Somerset Council, were concerned that the plan did not adequately address primary care services for people with learning difficulties. They said that it was vital to educate professionals in the needs of people with learning difficulties in healthcare settings. Suggested improvements

included: access to independent advocacy services; better signage; alternatives to written requests to attend GP services; the creation of learning difficulties liaison posts in primary care settings; and better integration of care between health and social services.

Intermediate care

13.10 North Somerset Council said that the consultation document was unclear about the future for the jointly provided intermediate care and rapid response services. The Council said that a clear way forward needed to be agreed, as the services contribute significantly to admission avoidance, timely discharge and provision of rehabilitation in the community. They asked for a full review of rehabilitation services and their current locations.

13.11 Stakeholders identified a shortage of intermediate and continuing care services. One person highlighted the need for better communication between GPs, community care, and acute hospitals to prevent readmission. One person was concerned that referrals to nursing homes instead of NHS care could mean that patients have to pay for their own care costs. One person said that local health services should support the 'Pro-active' rehabilitation programme where facilities such as local gyms are supported to help patients get fit again after hospital intervention, as happens in Somerset.

Pharmacy Services

13.12 Pharmacists were concerned that the proposals made no mention of pharmacy services. They said that pharmacists had an important role in signposting people to services, and dealing with people who could not access other services. Seven people said that there was no point in a GP practice or PCRC without accessible pharmacy services.

Physical and sensory impairment

13.13 One stakeholder voiced concern that there was no reference to services for people with physical and sensory impairments. People asked for an increase in audiology, physiotherapy and speech therapy services.

14. Related topics

Finance

Views of the public

People asked for more clarity about how the proposals would be funded, and more detail about how money would be apportioned to different services and geographical areas. Two people were concerned that while this was a 20-year plan, funding was not assured over the long-term. People were particularly concerned about how any refurbishment or rebuild of Clevedon Hospital and the development of the PCRCs would be financed. Six people said that the NHS continually wasted money.

“I fear that you have too little money and you’re stretching it too thinly. There will only be enough money to do the basics.”

Stakeholder views

14.2 Stakeholders were concerned about the affordability of the proposals, and the need for tough decisions. Of particular concern were: the prohibitive cost of care at home; continuity of funding streams; cost of relocation of Clevedon Hospital; need for commitment to supporting core services and communications; that financial decisions are led by those with the strongest voice, not patient needs; the impossibility of meeting waiting list targets within available resources; lack of clarity in the plan around the cost of each initiative and where the funding was coming from; no changes in current financial allocations and funding streams which would be needed to indicated a change in priorities; and that schemes will need financing over 20 years, but plan is constrained by a three year time frame.

Information and Communications Technology (ICT)

Views of the public

14.3 People broadly supported the better use of technology. They said that ICT should be used to support staff who need to travel to patients or clinics away from the main site. Two people suggested that email or text messaging could be used to book appointments and to send and receive other information to patients and carers.

Stakeholder views

14.4 Stakeholders emphasised the need for improved ICT, as this would be vital to support the delivery of services in the community where staff could be working in isolation, be working from home, on the move or in people's homes. People said that an integrated ICT system would increase efficiency. Two people said that to date there had been no investment in IT to support work in the community, and no integration of systems across agencies.

Staffing

14.5 Both members of the public and stakeholders were concerned about whether adequate staffing would be available for the new developments and to meet new demands. Cleeve Parish Council echoed this concern. People were aware that there are already shortages in some areas, eg GPs, dentists and podiatrists.

14.6 Stakeholders said that to make progress, there would be a need to address workforce planning issues, staff shortages and the new skill mix required to support community services. One person said that they welcomed the opportunity to provide more nurse-led services and greater autonomy for front-line teams. People mentioned the need for better accommodation, working conditions and training, including a staff development programme to upskill staff in early intervention and preventative care. Two people said that there would be a need for strong effective leadership on all fronts.

PCT reconfiguration and practice-based commissioning

14.7 One member of the public was concerned that the proposals would not be followed through after PCT reconfiguration, and that this would leave North Somerset healthcare underfunded.

14.8 Stakeholders asked for reassurance that the proposals would go ahead, regardless of the future configuration of PCTs. People were uncertain about how strategies would progress once practice-based commissioning came into action. Four people thought that the changing function of PCTs and the introduction of practice-based commissioning would drive models of care, and that this could dislodge current strategies.

- 14.9 North Somerset Council regretted that the proposals were put forward in the context of continuing financial difficulty, uncertainty about future PCT configuration and whether there will continue to be a PCT for North Somerset conterminous with the local authority. They thought that coterminosity would be an important factor contributing to the success of the proposals.
- 14.10 Two people said that that PCT strategic plans would have to be joined up with practice-based commissioning to ensure continuity and efficiency. One person was concerned that the two GP commissioning groups in the area would want to commission different services.
- 14.11 One person said there had not been sufficient clinical involvement within the PCT. One person said that North Somerset PCT needed to liaise with neighbouring PCTs to ensure that sufficient infrastructure was in place to ensure plans could come to fruition.
- 14.12 GPs expressed concern about the need for better communication between the GP practices and the PCT with regard to practice-based contracts. GPs said that they were willing to expand services to fit in with the hub and spoke model, particularly in the more rural areas. However they asked for guarantees so that they could manage their practices effectively.

Voluntary and community sector (VCS) services

- 14.13 Fifteen stakeholders said that there needed to be increased communication and collaboration between statutory agencies and the VCS, and in particular between GPs and the VCS. They said there should be better use and greater recognition of the VCS in service delivery, and greater consultation with and involvement of the sector in the development of services. One person complained that the proposals did not acknowledge the importance of the VCS in service delivery. One person said that they thought the VCS was still expected to deliver services on the cheap, and that expectation needed to change.

15. Patient and public involvement

Views of the public

- 15.1 People said that: the public meetings had not been adequately publicised (6); the consultation document was very clear (2); information should have been made available in the local press and GP practices.
- 15.2 Other concerns were: the lack of communication both within the health service and with patients and the public (9); the difficulty of getting information about community and preventative services; the need for a signposting system from a central place; and that doctors and nurses had not been adequately consulted.
- 15.3 Nine people did not think that what was said in the consultation exercise would make any difference to the final outcome.

“I have been trying to get information...for over 15 months. I leave messages but nobody ever takes any notice of them.”

“I have not received answers to the questions that I raised.”

“The health professionals themselves don’t seem to have been kept informed about the changes taking place. My local clinic told me they were frustrated trying to get information about services.”

“I would like to know why none of our suggestions and the suggestions of our GP are being taken on board.”

“I feel that you’re just going to do what you want. Nobody believes in the PCT.”

“The consultation has been excellent and I just want it to happen.”

Stakeholder views

- 15.4 Some stakeholders said that better engagement and consultation was needed with the local population, specific interest groups eg Senior Citizens Forums, health staff and other service providers. They said that this had been poor in the past.

- 15.5 Some people felt that the consultation process needed to be slowed down and broadened to allow for real partnership working to take place. They wanted to know what the plans were for stakeholder involvement in the next stage of development.
- 15.6 Concerns included: the level and standard of communication between the PCT and service deliverers; lack of communication between the PCT and GP practices; and the need for more collaborative working in future planning stages where local and specialised knowledge would be vital.

16. Conclusion

16.1 During the consultation period The Care Forum recorded comments from 132 people at public meetings, 130 people at a stakeholder event and 55 pieces of correspondence. The information was gathered into a database, and this report collates the response and provides a summary of the key messages.

16.2 The key messages were:

- Support for the development of a modern community hospital in Clevedon.
- Opinion was divided between modernising and extending the current Clevedon Hospital building, rebuilding on the same site or a new build on a different site.
- Support for proposals to develop PCRCs in North Somerset.
- Support for the development of a PCRC in Portishead, but some concern about the suitability of the proposed site.
- Support for a PCRC in Weston-super-Mare, to include walk-in services, but some concern about any knock-on effect to Weston General Hospital.
- Support for a PCRC in Worle, but possibly sooner than proposed in the plan.
- Dissatisfaction with plans for the rural areas of North Somerset, because they lacked any definite commitment to service development.

- An emphasis on accessibility to services, improved transport links, parking facilities, mobile services and better-resourced community transport services.

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