

**Report on the Formal Public Consultation
on the future delivery of primary care services for the patients of
Wrington Vale Medical Practice
11th November 2009 to 13th March 2010**

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Commissioned by NHS North Somerset

May 2010

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Executive summary

Background

This Public Consultation on the future delivery of primary care services for the patients of Wrington Vale Medical Practice (WVMP) was undertaken by NHS North Somerset (NHS NS) from 11th November 2009 until 13th March 2010.

It was preceded by a 'Pre-Consultation phase' of activity from June 2008 until May 2009. This is described in the 'Pre-consultation Patient and Public Feedback Report' of January 2010

A meeting of the North Somerset Council Health Overview and Scrutiny Panel (HOSP) held on 27th August 2009 heard the proposals from NHS NS and comments from the public. They determined the proposals constituted a significant / substantial variation in service

This decision required NHS NS to lead this Formal Public Consultation to consider the WVMP proposals as well as all viable alternative options

The aim of the formal public consultation was to seek views on Patient Environment, Additional Health Services, Comparing Options and Specific Issues relating to a single site option.

The Options presented were:

1. Do nothing or do minimum
2. The two site option – improved and extended services from current sites
3. Sell Wrington and Churchill sites and bring services together on one site in new purpose built facility – the Pudding Pie Lane option
4. As Option 3 PLUS purchase or rental of space in Wrington to provide a small branch surgery
5. As Option 3 PLUS satellite clinics out of local facilities, e.g. local businesses and village halls

The Consultation Document aimed to provide

“...sufficient background and information about the future of services for patients of WVMP so that you can respond to the specific questions outlined in the response form.”

Consultation Document

The consultation was promoted through the surgeries, local businesses and organisations, local media, leaflets to all registered households, and on the NHS NS website.

Respondents were invited and encouraged to participate in a range of ways and were signposted to sources of background information. A series of public meetings and discussions was held to contribute to the process.

NHS NS states that it considers this Public Consultation to form part of a continuing dialogue with patients and welcomes further comment on the future delivery of primary healthcare services.

This report was commissioned by NHS NS and the Independent Reviewer was appointed in December 2009, with input from LINKs (Local Involvement Network).

Participation in the Consultation

Respondents participated in the following ways:

Feedback Forms:

Printed questionnaires.

Survey Monkeys:

Electronic versions of the printed questionnaires which were completed and returned on line.

Throughout this report, Survey Monkey Forms are included in figures for Feedback Forms.

Comments Sheets:

Open-ended forms available at meetings and venues around the WVMP Practice area.

Letters, emails and telephone calls:

The content of telephone calls was conveyed to the Independent Reviewer in email form and is included in the number of emails received.

Attending meetings:

A series of meetings was held during the consultation period consisting of: Public Meetings, Conversation Cafes, Topic Focus Groups and meetings with community groups.

As the database was being compiled, it became clear that some respondents were submitting more than one response and attending more than one meeting.

There were also occasions when one written submission was signed by more than one person.

An effort was therefore made to calculate the number of individuals participating in the Consultation as distinct from the number of responses received.

This was to avoid double counting and to reflect more accurately the level of participation in the Consultation.

Due to incomplete data and differences in signing in methods, some discrepancies may remain. When it has not been clear whether or not duplication has occurred, the assumption has been made that two separate people have responded or attended a meeting.

Using the methods described in Appendix 2 and for the purposes of analysing most of the findings, the total number of individuals participating in the Consultation – written feedback and attending meetings – is calculated to be 614.

This takes into account receiving more than one response from the same person, a response being signed by more than one person and participants attending meetings as well as submitting a written response.

The content of **all** responses has been recorded in the database and taken into account in writing this report.

Submissions were also received from 10 others - Churchill, Shipham and Wrington Parish Councils Dr Brian Mathew Prospective Parliamentary Candidate, Dr Liam Fox MP, Medcentres, Keep Langford Green (KLANG), Save Our Surgeries (SOS), WVMP Patient Practice Partnership, and Yeo Vale Medical Practice,

The SOS submission included a petition carrying 702 signatures against the proposal to relocate the current surgeries to the Langford site.

Clearly this means that more than 614 people have participated in the consultation, but the **additional** number of participants has not been identified.

The petition addresses only one aspect of the consultation and is included in an analysis of that aspect in this report.

The practice population is 9,100 as stated in the pre-consultation report, and 1,652 of these are under 18 years of age (practice figure). There is no statutory duty to consult people under this age, and to reflect more accurately the proportion of patients participating in the Consultation, this net figure of a practice population of 7,448 is used.

It should be noted that a meeting was in fact held with students from Churchill Community Foundation School and their comments are included in the data base and have been taken into account in the writing of this report.

614 individual respondents comprise 8.24% of the net practice population of 7,448.

This level of response rate should be borne in mind when considering the statistical significance of the responses.

The findings of this report may be regarded as a record of a moment in time that highlights the issues and concerns raised.

Respondent characteristics

The following information was obtained from the 411 respondents using the Feedback Form. Throughout this report the term Feedback Form includes those returned electronically through Survey Monkey.

Gender

Female	245
Male	163
Not given	3
Total	411

Age

18 – 24 years	1
25 – 34 years	12
35 – 44 years	32
45 – 54 years	49
55 – 64 years	88
65 – 74 years	118
75 – 84 years	72
84 +	31
Not given	8
Total	411

Surgery used

Churchill	78
Wrington	189
Both	141
Not given	3
Total	411

Key findings

Throughout the responses, and whatever the views of respondents on the future provision for primary health care, there was a clear valuing of the skill and dedication of the doctors and other staff at the surgeries.

“My wife and I are very happy with the current facilities and believe we receive better, more caring and friendly services than anywhere else we have lived previously. Long may it be so. But we understand the need for fit for purpose expansion for the practice to move forward into the future.”

Source: Database 385

Submissions to this consultation fall into two broad categories:

- Those expressed through all forms of written feedback which can be more easily described and classified
- Those expressed through the consultation meetings which have been recorded in a different way and are less susceptible to numerical analysis and classification

There is however a resonance between the two which as will be illustrated in the main body of this report. Alongside the findings from the written responses may be found summaries of the points raised at the meetings on the main topics:

- Additional services
- The Options
- The Consultation process

Key information and findings are summarised in the following pages of this Executive Summary.

Should the current facilities be improved?

The following information was obtained from respondents completing the Feedback Form.

	Churchill	Wroughton	Overall
Improve	125	68	193
Don't improve	121	178	299
Not given	165	165	-
Total	411	411	-

In fact, suggestions as to how facilities might be improved were made by respondents both in favour of and against improvements.

Reasons given for improvements were to create more space and to provide more services.

Reasons against improvements were that they were very satisfactory as they are.

Additional services

Feedback Form responses indicated a complicated pattern of preference for additional services.

The most favoured was Out Patient facilities, and the least favoured were Child and Adolescent Mental Health Services and Oral Health.

Additional Service	Number of respondents stating this as their first choice
Local out-patient clinics	129
Physiotherapy	78
Podiatry	35
Teenage health	21
Mental health counselling	18
Child and adolescent mental health	16
Oral health	16

Additional Service	Number of respondents stating this as their last choice
Child and adolescent mental health	106
Oral health	106
Teenage health	80
Mental health counselling	66
Podiatry	64
Local out-patient clinics	39
Physiotherapy	37

Reports of the Consultation meetings reflect an interest in a wide range of additional services, but alongside this runs the debate as to whether or not they are needed and whether it is the function of a GP practice to provide them.

Ideas submitted for additional services may be found in Appendix 5 of the main report.

How options should be evaluated

The pattern of response was complex when respondents using the Feedback Forms were asked which criteria they considered important in evaluating future options.

The most important were considered to be Ease of Access and More services.

The least important was considered to be Environmental Impact.

Criteria for evaluating options	Number of respondents stating this as their first choice
Optimises ease of access	145
More services for patients	118
Improves quality of patient experience	86
Compliance with standards	76
Minimises environmental impact	74
Future proofing	68
Improves patient and staff safety	67
Improves working lives of staff	42
Improves productivity and value for money	41

Criteria for evaluating options	Number of respondents stating this as their last choice
Minimises environmental impact	73
More services for patients	52
Improves working lives of staff	44
Compliance with standards	42
Improves productivity and value for money	41
Future proofing	37
Optimises ease of access	34
Improves patient and staff safety	27
Improves quality of patient experience	24

Views on Options

When considering the Options presented, the most popular was to develop the existing two sites and the second most popular was to develop a new, single site surgery.

The following table reflects the views of all written respondents – 464 – not just those expressed in the Feedback Forms.

Option	In favour
1. Do nothing or do minimum	128
2. The two site option	262
3. Develop single site	241
4. Option 3 plus Wrington branch surgery	46
5. Option 3 plus satellite clinics	15

The total amounts to more than 464 as respondents expressed views in favour of more than one option.

With this must be included the 702 signature petition against the relocation of the existing surgeries to Langford, stating that other alternatives have not been fully explored.

It should be noted that of those indicating a preference for the single site, 45 did so with conditional support only – for example that access arrangements were satisfactory, or that it was not at Pudding Pie Lane.

Reports from the Consultation meetings indicate a similar pattern of response, with the debate focussing on the choice between development of the existing sites and the provision of a single site surgery.

The Consultation Process

The consultation process itself attracted much comment.

Respondents using the Feedback Form were asked if they thought it was user friendly:

Yes	No	Not stated	Total
42	36	333	411

They were also asked if it addressed the right things:

Yes	No	Not stated	Total
36	15	360	411

269 of all 464 written submissions (Feedback Forms, comments sheets, letters and emails) commented on aspects of the consultation process:

- 14 respondents made positive comments about how the consultation was being managed by NHS NS.

“These proposals seem to be to be well thought out and can only improve the health care services offered to patients. I think the documents have been well produced and are easily understood. I have been very impressed with the aims and objectives outlined.”

Source: Database 207

However from the 464 written submissions:

- 96 respondents thought the process was skewed, flawed or that the decision had already been made
- 76 respondents referred to a lack of detailed information on which to make decisions
- 30 respondents referred to poor organisation, for example timing, promotion or having to re-submit comments originally submitted before the Public Consultation
- 23 respondents made adverse comment on the impact of the lobby against the development of a single surgery.

- 14 respondents considered the public meetings were too focused on providing information and not enough on facilitating discussion

“This consultation has been an exercise in ticking the appropriate boxes to make it appear that proper consultation has taken place.”

Source: Database 250

Reports of the Consultation meetings indicate similar opinions with the suspicion that the decision has already been made and that the Consultation process has been biased towards that outcome.

Conclusion

Much thought and debate has been undertaken throughout this Consultation with strong views being expressed both for and against the proposal to re-locate the current surgeries.

The focus of this debate is the choice between developing the two sites and developing a single site.

A parallel but inter-connected debate has been taking place about the provision of additional services.

The need for more information and clarity on a range of issues – reasons for the proposed changes, finance, evidence of need, evidence of impact of changes – is a recurring theme.

Responses to this Public Consultation indicate that those participating in the consultation share the desire for the continuing local and easily accessible provision of a range of good quality services by a trusted team of medical staff.

However, there are different views about what these should be, how they should be provided and how they relate to the overall provision of primary care in the area.

There is a widely held expectation that any services must be easily accessible to patients, especially those who are older or more vulnerable.

Amongst the 464 written submissions, respondents are broadly divided between developing the existing sites and re-locating to a single site. Their views are informed by perceptions of:

- The relative costs of each option
- The impact of each option for individual patients and for the local community
- The environmental impact of each option
- The need for change

The 702 signature petition against the relocation of the existing surgeries to Langford should be taken into account at this point.

The Public Consultation process itself was the focus of much comment which could be used to help inform future dialogue.

These are issues that impact deeply on the lives of respondents to the consultation and it is to be hoped that the information set out in this report will assist in the ongoing discussion between the health care providers and the patients to ensure that high quality services continue to be provided locally.

Background and Context

This Public Consultation on the future delivery of primary care services for the patients of Wrington Vale Medical Practice (WVMP) was undertaken by NHS North Somerset (NHS NS) from 11th November 2009 until 13th March 2010. This is 4 weeks longer than the standard set by the Cabinet Office.

NHS NS stated it considers this Public Consultation to form part of a continuing dialogue with patients and welcomes further comment on the future delivery of primary healthcare services.

This report was commissioned by NHS NS and the Independent Reviewer was appointed, with the support of LINKs, in December 2009.

Pre-consultation

The Public Consultation was preceded by a 'Pre-Consultation phase' of activity from June 2008 until May 2009. This is described in the 'Pre-consultation Patient and Public Feedback Report' of January 2010.

The consultation and involvement process arose from the doctors at WVMP coming to the view that:

“in order to remain viable as a business and to continue to deliver good quality primary healthcare services to local people they have to consolidate their two existing surgeries (2.5 miles apart) and build a single new surgery that is ‘fit for purpose’ for the 21st century.”

Source: Pre-consultation report

A meeting of the North Somerset Council Health Overview and Scrutiny Panel (HOSP) held on 27th August 2009 heard the proposals from NHS NS and comments from the public. They determined the proposals constituted a significant / substantial variation in service

This decision required NHS NS to lead this Formal Public Consultation to consider the WVMP proposals as well as all viable alternative options

Aim

The aim of the formal public consultation was to seek views on:

“Patient Environment – is there a need to improve the current surgeries and if so should they be extended or a new surgery built?”

Additional Health Services – which services should be provided locally and which are the most important?

Comparing Options – do you agree with the way we propose to assess the options?

Specific issues relating to a single site option – we will be seeking your views on the most convenient and accessible location if a single site is chosen and any associated disadvantages. The public consultation will not include detailed deliberation of potential sites for a new purpose built surgery”.

Source: Announcement of Public Consultation

The Consultation Document aimed to provide

“...sufficient background and information about the future of services for patients of WVMP so that you can respond to the specific questions outlined in the response form.”

Source: Consultation Document

Promotion

The consultation was promoted through the surgeries, local businesses and organisations, local media, leaflets distributed to all registered households, and on the NHS NS website.

Respondents were invited and encouraged to participate in a range of ways as listed below and were signposted to sources of background information.

- Attending and participating in Public Meetings, Conversation Cafes and Topic Focus Groups
- Inviting a member of the Consultation Team to address community groups and similar organisations
- Using the NHS NS website to register feedback and comments
- Completing the Feedback Form
- Completing the Comments Sheets that were available in the surgeries, at public meetings and local businesses and organisations
- Writing to, emailing or telephoning NHS NS

The Feedback Form, originally available in hard copy, subsequently became available on-line through Survey Monkey. Throughout this report, the term 'Feedback Form' is used to encompass both the paper and electronic versions of the form.

A series of public meetings and discussions was held to contribute to the process. A list of these may be found in Appendix 1

During the Consultation Period the following information was produced:

- A series of three newsletters was placed on the Consultation page of the NHS NS website in December 2009, January 2010 and February 2010.
- A set of Frequently Asked Questions was compiled from issues raised at the meetings and in correspondence which was updated during the consultation process until 5th January 2010
- A 'Mythbuster' information sheet which addressed concerns about the consultation process and aimed to clarify issues of fact and interpretation.

There was a level of coverage of the proposals and consultation in the local media, and a cuttings file has been maintained but these have not been taken into account in this report.

Related work

Other work has continued alongside the Formal Public Consultation as a result of concerns and issues raised in earlier stages.

The Consultation Reference Group was established in October 2009 to provide organisational direction and support to the Public Consultation Document and process. It has provided factual and background information but has had no input into the findings of this report.

The Business Case Review Group was established in April 2010 to work with the WVMP to develop their business case. This has had no input into or impact on the writing of this report.

An Impact Assessment is being undertaken by LINKs and will be presented to the Consultation Reference Group to inform their future deliberations.

An Equalities Impact Assessment has been completed with input from LINKs.

Methodology

All responses to the Public Consultation were received and logged by the Wrington Vale Consultation team at NHS NS.

NHS NS arranged the facilitation and scribing of all Public Meetings, Conversation Cafes, Topic Focus Groups and Community Group Meetings.

An Independent Reviewer was appointed in December 2009 to receive all responses and meeting notes and input these into a data base which forms the foundation of this report.

At the close of the Public Consultation period, the analysis of all the responses began.

All responses were read and emerging concerns, topics and perspectives were identified. The frequency that these were mentioned was logged on the data base.

It should be noted that not all Feedback Forms were completed in full and some issues or perspectives were commented on more frequently than others throughout the range of responses.

Respondents used all forms of participation to express their views in individual ways, which has resulted in nuances of opinion and perspective which would not have been achieved with a more rigid consultation process.

On occasions, comments were made in a neutral way, without the respondent being specific as to which option or position they favoured. Care has been taken by the writer of this report not to assume any particular stance on behalf of the respondent when this has happened.

All source documents will be returned to NHS NS on completion of this report.

Calculating the number of respondents

As the database was being compiled, it became clear that some respondents were submitting more than one response and attending more than one meeting.

There were also occasions when one written submission was signed by more than one person.

An effort was therefore made to calculate the number of individuals participating in the Consultation as distinct from the number of responses received.

This was to avoid double counting and to reflect more accurately the level of participation in the Consultation.

Details of how these calculations were undertaken may be found in Appendix 2

The author

Linda Shaw is a freelance worker in the voluntary and statutory sectors.

She has extensive experience of community and health issues having had a 25 year career in social work – largely with older people and people with learning difficulties.

Her career diversified when she left social work and moved into adult education – teaching basic skills, and English to speakers of other languages.

In 1998 she became the first lay member of the Weston super Mare Primary Care Group. There she played a key role in arranging a public consultation meeting with local voluntary and community groups.

In 2002 she became Director of Voluntary Action North Somerset (VANS) and worked strategically and operationally with other agencies including the Primary Care Trust and North Somerset Council to promote the role of voluntary and community organisations.

In that role she led the involvement of voluntary and community groups in the development of the Local Compact and wrote briefing papers for the voluntary sector on a range of topics.

Since leaving VANS in 2008 she has provided developmental support to a number of voluntary groups.

Her appointment as Independent Reviewer was supported by LINKs.

Participation in the Consultation Process

It is important to acknowledge the commitment of those participating in the consultation process and to thank everyone who has taken the time to participate so fully and thoughtfully.

For many this is a matter that is an integral part of their lives and any change is viewed with real anxiety about the impact this will have for them and for the wider community.

Many respondents throughout, noted the excellent care they receive and did not want their comments about changes or improvements to be seen as a criticism of this.

“My wife and I are very happy with the current facilities and believe we receive better, more caring and friendly services than anywhere else we have lived previously. Long may it be so. But we understand the need for fit for purpose expansion for the practice to move forward into the future.”

Source: Database 385

Respondents were invited and encouraged to submit feedback to the consultation in a range of ways.

Written responses received:

Format	Number received
Feedback Form – hard copy	340
Survey Monkey – electronic Feedback Form	69
Letter	54
Email	34
Comments sheet	25
Total responses	522

*A 702 signature petition was also received from SOS – see p24

Meetings attendances:

523 attendances were recorded at Public Meetings, Conversation Cafes, Topic Focus Groups and meetings with community groups.

A list of meetings and numbers attending may be found in Appendix 1

Individuals participating

Using the methods described in Appendix 2 and for the purposes of analysing most of the findings, the total number of individuals participating in the Consultation is calculated to be 614.

Submissions were also received from:

- Churchill Parish Council
- Shipham Parish Council
- Wrington Parish Council
- Dr Brian Mathew Prospective Parliamentary Candidate
- Dr Liam Fox MP
- Medcentres
- Keep Langford Green (KLANG)
- Save Our Surgeries (SOS)
- WVMP Patient Practice Partnership
- Yeo Vale Medical Practice,

Comments from all these participants have been taken into account in the writing of this report.

The SOS submission included a petition carrying 702 signatures against the proposal to relocate the current surgeries to the Langford site.

A summary of SOS involvement in the Consultation may be found in Appendix 3.

The petition addresses only one aspect of the consultation and is included in an analysis of that aspect in this report.

The registered practice population is 9,100 as stated in the pre-consultation report, and 1,652 of these are under 18 years of age (WVMP figure).

There is no statutory duty to consult people under this age but one meeting was held with students at Churchill Community Foundation School, and their view have been included in this analysis.

Therefore, to reflect more accurately the proportion of patients participating in the Consultation, the net figure of a practice population of 7,448 is used to ascertain the proportion of patients participating in this Consultation through written submissions or attending meetings.

Thus, 614 individual respondents comprise 8.24% of the practice population.

Submission of the petition clearly means that more than 614 people have participated in the consultation, but the **additional** number of participants has not been identified.

This level of response rate should be borne in mind when considering the statistical significance of the responses.

The findings of this report may be regarded as a record of a moment in time that highlights the issues and concerns raised.

Consultation meetings

A series of Public Meetings, Conversation Cafes and Topic Focus Groups were arranged as part of the Public Consultation.

The Consultation Document set out a timetable of meetings and explained:

“These meetings will consist of a combination of the following:

- Presentations from members of NHS North Somerset staff
- An opportunity to spend time in smaller discussion groups around specific issues
- An opportunity to ask any questions you may have
- Opportunities to tell us about your views”

In addition, a number of meetings were held with community groups who responded to the invitation from NHS NS to become involved.

The meetings schedule and numbers attending may be found in Appendix1.

Three Topic Focus Groups were established to explore further themes emerging from the Pre-Consultation report.

- Access and Transport
- Village Cohesion / Sustainability
- Improving Primary Health Services in Rural Areas

Summaries of discussions, compiled from the notes taken by the facilitators and scribes at these Consultation Meetings, may be found in Appendix 8.

A record of discussions at Consultation meetings – Public Meetings, Conversation Cafes, Topic Focus Groups and meetings with community groups – was made by members of the Consultation team and these were passed to the independent reviewer.

For earlier meetings, these took the form of flip chart sheets Ideas Capture Sheets and other notes which the author of this report collated as set out in Appendix 8. Some of the later meetings, and the smaller meetings were written up in full by members of the Consultation team. They are also reproduced in Appendix 8.

These records suggest that while some discussions were focussed on a particular aspect of the Consultation, that participants also used these opportunities to take a reflective approach and express their views on a range of topics.

It has not always been possible to put these comments into the context in which they were meant, nor has it always been possible to identify the strength of opinion behind each comment. This is particularly so when reasons for and against a particular view have been recorded.

The summaries set out in this report can therefore provide an insight into the range of views but do not reflect the actual level of support behind each perspective.

Respondent characteristics

The following information was obtained only from respondents using the Feedback Form:

Gender

Female	245
Male	163
Not given	3
Total	411

Age

18 – 24 years	1
25 – 34 years	12
35 – 44 years	32
45 – 54 years	49
55 – 64 years	88
65 – 74 years	118
75 – 84 years	72
84 +	31
Not given	8
Total	411

Surgery used

Churchill	78
Wrington	189
Both	141
Not given	3
Total	411

How do you travel to the surgery / surgeries? Please tick as many as apply to you.

Method	Churchill	Wroughton	Not stated or indicated	Total
Drive own vehicle	187	158	66	411
Walk	39	204	168	411
Passenger in own vehicle	28	44	339	411
Passenger in another vehicle	25	22	364	411
Cycle	12	25	374	411
Public transport	3	3	405	411
Voluntary community transport	1	2	408	411
Taxi	0	2	409	411

When did you last see a doctor at your GP surgery?

	Total
In the past 3 months	270
Between 3-6 months ago	82
More than 6 months ago	52
Never	1
Not stated	6
Total	411

Have you seen a Practice Nurse at your GP surgery in the past 6 months?

Yes	No	Not stated	Total
317	89	5	411

Views on Current Facilities

About the current surgery facilities at both Churchill and Wroughton: Do you feel that they need to be improved?

	Churchill	Wroughton	Total
Yes	125	121	246
No	68	178	246
Other or not stated	218	112	-
Total	411	411	-

Respondents using the Feedback Forms (411) were therefore equally divided overall as to whether or not the surgery facilities need to be improved.

However more respondents stated a need for Churchill to be improved.

There were occasions, when respondents voted against improvement, then subsequently made comments suggesting ways of improving the facilities at both Churchill and Wroughton surgeries:

"I am perfectly happy with the facilities at present ... neither surgery is very wheelchair friendly, for example there are no wheelchair spaces in either waiting room and the heavy front doors at Wroughton are not easy."

Source: Database 47

"...the main answer is probably 'no' No doubt some improvements will be possible and well received, particularly if the existing surgeries are extended."

Source: Database 482

22 respondents explicitly referred to their understanding that improvement meant developing the Pudding Pie Lane site rather than improving the existing surgeries.

Such perceptions led some respondents to reply in ways that supported their point of view whichever that was:

“If 'improvement' means providing specialised services at the practices - no - I do not want these at the expense of closing down the existing surgeries”

Source: Database 183

“Yes, a single purpose built building would give patients more privacy and access to more treatments. Having everything and everybody under one roof makes more sense for everyone.”

Source: Database 461

There were 61 references (from these 411 responses) to transport issues, again revealing a complexity of thought and interpretation of the question.

- 24 stated travel would reduce if local services were improved as there would be less travel to hospitals
- 21 stated travel would increase or become more difficult if the surgeries were improved, fearing that this would mean the development of the Pudding Pie Lane site
- 16 indicated they were prepared to travel for specialist services which they did not expect to access locally

“I can see the advantages of local outpatient clinics both to patients and the environment, as this would mean less traffic travelling to and from hospitals and less carbon emissions.”

Source: Database 485

“As a fit 74 year old the present surgery is more than adequate for my requirements. The problem with relocating the surgery is access. Without a car access to Weston Hospital is more practical than Pudding Pie Lane.”

Source: Database 448

“If I need extra services I am quite prepared to go to Weston or Bristol ... We are not a town and do not need a town practice.”

Source: Database 433

When asked for details about how the facilities could be improved, the most frequent responses were:

- 80 – more space
- 78 – more services
- 43 – better facilities for nurses
- 33 – improved appointments and communications systems
- 24 – general update
- 24 – greater privacy
- 19 – improved personal access
- 12 – improved car parking facilities
- 8 – to comply with regulations

“I feel the care from the doctors and nurses and all staff is excellent but they do need more room or a surgery able to offer a few more procedures.”

Source: Database 370

“The practice nurses desperately need their own permanent quarters, and should each have their own surgeries or consulting rooms.”

Source: Database 149

“Better access to appointment - currently I am waiting a week to have my daughter seen at Wrington by my doctor.”

Source: Database 418

“Clearly the doctors need to improve the facilities they currently have, but not necessarily on a grand scale.”

Source: Database 484

“A bit more privacy at reception - everyone in the waiting room can hear your conversation with the receptionist”

Source: Database 100

“Disabled access is not easy in either location.”

Source: Database 239

The following comments encapsulate the points made by those expressing views against the improvement of the current surgeries:

“Speaking from my own experience the facilities are adequate. If it’s not broken, why mend it?”

Source: Database 316

“Perfectly adequate service located in a convenient place to get to.”

Source: Database 22

“I am more than happy with the surgeries as they are. They cater for all my needs.”

Source: Database 522

“All the GPs, practice nurses and admin staff are first rate and provide an excellent level of care. Should the need arise to see a specialist, the GPs arrange prompt referral appointments.”

Source: Database 511

“It has suited all our requirements over the years and I have not heard of complaints from anyone else.”

Source: Database 488

“It is very convenient and provides all the medical care I need in a very caring and professional way. Excellent.”

Source: Database 337

Views on: Additional Services

Additional services that are currently provided in hospitals that could be provided locally.

“We would like you to tell us which of the following services you would like to see provided at WVMP if there was sufficient space. Please tell us which are important to you by numbering your choices from 1 – 7 (1 being ‘most important’ and 7 being ‘least important’).”

Respondents using the Feedback Forms were invited to list any other services they would like to see provided locally.

360 of 411 respondents answered at least part of this question which was completed in different ways by respondents:

- Some respondents ranked each choice individually while some ranked each service in relation to the others
- Not all respondents ranked all the choices
- Comments were made alongside the scores qualifying or expanding on respondents’ reasons for their choices

Ranking according to first choice the services in order of preference were:

Additional Service	Number of respondents stating this as their first choice
Local out-patient clinics	129
Physiotherapy	78
Podiatry	35
Teenage health	21
Mental health counselling	18
Child and adolescent mental health	16
Oral health	16

Ranking according to last choice the least requested services in order of preference were:

Additional Service	Number of respondents stating this as their last choice
Child and adolescent mental health	106
Oral health	106
Teenage health	80
Mental health counselling	66
Podiatry	64
Local out-patient clinics	39
Physiotherapy	37

A complete set of rankings may be found in Appendix 4.

Suggestions for new services were numerous and wide ranging and a full list of suggestions for these may be found in Appendix 5.

42 of the 360 respondents to this question stated these services were not required in the area, generally expressing the view that GP surgeries are for primary care services and that people are prepared to travel for more specialist treatment:

“I have no wish to extend the current facilities and I am quite happy to travel to current centres should I need any additional facilities.”

Source: Database 137

21 of the 360 respondents to this question expressed concern that this was a leading question that could be used to justify a new single site surgery:

“Other services sound very nice but I think local access to a surgery is more important than possible extra services.”

Source: Database 258

“I object - these questions are loaded in favour of a new building.”

Source: Database 140

18 of the 360 respondents to this question felt they were not in a position to answer as they could only present their own current needs, and generally that the WVMP has the information to make such decisions:

“The doctors themselves must know the most common health problems amongst their patients and therefore the services that would be of most use.”

Source: Database 281

The following issues around the possible provision of additional services were discussed at the Consultation meetings.

- The extent to which they were needed – participants mentioned the lack of information about present and future need, on which to make an informed decision – that the doctors or NHS NS should be doing this
- That the provision of additional services should not jeopardise the provision of good quality basic primary health care
- Whether it was realistic to provide additional services that might require specialist equipment and personnel – that this was the province of hospitals
- The extent to which these services would be provided by other practices – good links would be needed
- That tele-medicine might be more effective than these additional services
- That locally provided services could be easier to access and that in turn would lead to greater levels of local traffic and an increase in demand for car parking space where they were being provided
- That current facilities at the surgeries were being under used and that longer opening hours would be helpful in addressing some of these needs
- That people in rural areas don't expect local access to these services
- Would such services be expensive to run

- Could a mobile service be provided
- What will the impact of the Clevedon Community Hospital be on the kinds of services that could be available
- What will the impact be on hospitals if services are relocated

Additional services that were suggested are included in Appendix 5.

Views on: Evaluation Criteria

“The formal consultation process may generate, in addition to those already on the table, other options for extending and improving the facilities at WVMP.

We would like you to tell us how important you feel that each of the following criteria is in the evaluation of the final list of options. Please tell us which are important to you by numbering your choices from 1 – 9 (1 being ‘most important’ and 9 being ‘least important’)

Respondents were also invited to state any other criteria they felt should be included.

381 respondents answered at least part of this question.

Respondents did not find this section easy to complete and this was undertaken in different ways by respondents creating a complex set of results:

- Several choices were given equal rank
- Not all choices were scored
- Comments were made alongside the scores to clarify or raise issues, as well as in the ‘other criteria’ box

The most important were considered to be Ease of Access and More services and the least important, Environmental Impact.

A full set of rankings may be found in Appendix 6 and these are summarised on the next page.

Ranking according to first choice the criteria in order of preference were:

Criteria for evaluating options	Number of respondents stating this as their first choice
Optimises ease of access	145
More services for patients	118
Improves quality of patient experience	86
Compliance with standards	76
Minimises environmental impact	74
Future proofing	68
Improves patient and staff safety	67
Improves working lives of staff	42
Improves productivity and value for money	41

Ranking according to last choice the least valued criteria were:

Criteria for evaluating options	Number of respondents stating this as their last choice
Minimises environmental impact	73
More services for patients	52
Improves working lives of staff	44
Compliance with standards	42
Improves productivity and value for money	41
Future proofing	37
Optimises ease of access	34
Improves patient and staff safety	27
Improves quality of patient experience	24

The most frequently mentioned issues arising from this question were:

- 31 respondents noted the importance of local and accessible primary care services
- 27 commented on the difficulty of answering this question or felt that it was loaded in favour of the single site development
- 16 noted that there could be no negotiation over compulsory standards

“I feel that none of the items in this list are of any particular importance over and above ease of access and availability of the doctor.”

Source: Database 326

“Compliance – surely by definition statutory standards must be kept wherever the surgery is situated.”

Source: Database 306

“It is a strangely worded question and not easy to answer. In my opinion the Wrington surgery offers all these things already.”

Source: Database 260

“I do not like how these statements are phrased. However I number them, each one reads in favour of a new site for the practice which I am not in favour of.”

Source: Database 433

Views on: Options Presented

“Your views on the options currently under consideration plus any others which you would like to put forward. Current options are contained within the attached consultation document.”

Respondents were not asked to actually vote for or rank these options and while some responses clearly favoured certain options, others voted for and noted their thoughts on, more than one proposal.

In analysing the responses to this question, those submitted in other written formats have been included. The total potential numbers of people responding to this question was therefore 464.

453 respondents expressed a view on at least one of these options, some being in favour of more than one option.

The responses are analysed in more detail in the following sections, but in order of preference the choices were:

	Option 1	Option 2	Option 3	Option 4	Option 5
For	128	262	241	46	15
Against	127	86	184	198	211
Other or not stated	209	116	39	220	238
Total	464	464	464	464	464

- Option 1 Do nothing or do minimum
- Option 2 The two site option
- Option 3 Develop single site
- Option 4 Option 3 plus Wrigton branch surgery
- Option 5 Option 3 plus satellite clinics

With this must be considered the 702 signature petition against the relocation of the existing surgeries to Langford, stating that other alternatives have not been fully explored.

It should be noted that of those voting for the single site, 45 did so with conditional support only – for example that access arrangements were satisfactory, or that it was not at Pudding Pie Lane.

Comments from the Consultation meetings are included in the individual option sections that follow. The reports suggest that the debate at these meetings focussed on the choice between developing the two sites and re-locating.

Views on Option 1: Do nothing or do minimum

“NHS NS has included a do nothing or do minimum option so that we can compare the other options and ensure they provide additional benefits for patients and value for money.”

Source: Consultation Document

The information below is based on the responses from 464 written responses – Feedback Forms, Comments Sheets, letters and emails.

The most frequently expressed reasons in favour of this option were:

- 92 personal impact
- 18 cost

“I would be happy as I have facilities on the doorstep and can walk to surgery for appointments.”

Source: Database 226

“The current surgeries provide all that is now needed and will do into the future. Any other additional facilities are provided by the hospital.”

Source: Database 419

“This has to be a serious option. Lowest cost, least disruption.”

Source: Database 78

The most frequently expressed reasons against this option were:

- 72 loss of future services
- 10 compliance with standards

“Over the years this would mean less and less services being provided for the patients and possibly the surgeries becoming very run down and eventually being forced to close.”

Source: Database 133

“This cannot happen. Everything changes so to do nothing is choosing to go backwards.” Source: Database 181

“Realistically there has to be action taken to enable the practice to provide the community with the service and care needed in the future. Already there are a number of practices in the locality providing a wider choice of facilities and the practice increasingly needs to offer similar facilities.”

Database 204

“I feel that this would not be an option with the changing NHS criteria and pressures on services from the ever changing Government targets.”

Database 517

Reports on the Consultation meetings record little support for this Option and note a feeling that ‘something needed to be done’ at most meetings.

The following points were also raised:

- That it may be a short term solution, but would soon become outdated and not meet quality standards
- Would it actually be a cheaper option in the longer term

Views on Option 2: The two site option

“This option would result in the Practice remaining operational from its current two sites, but with improved and extended or even new premises as far as the current or neighbouring sites allow.”

Source: Consultation Document

The most frequently expressed reasons in favour of this option were:

- 109 personal impact
- 20 that planning issues could or should be overcome
- 13 cost

“At present I can drive myself and walk to Wrington surgery. This could change at any time and if I had to reach Pudding Pie it might be very difficult.”

Source: Database 42

“I am unconvinced by the statements regarding difficulty of getting planning permission etc, as we do not know what additions would be required.”

Source: Database 479

“Cost effective and less disruption to ongoing services.”

Source: Database 321

The most frequently expressed reasons against this option were:

- 38 cost
- 17 future loss of services

“Improvements to both sites would be more expensive in the long run as costs would be duplicated and options on both sites would be limited.”

Source: Database 58

“Lack of expansion and therefore no increase in services offered may in the future reduce the quality of care available to me from the practice if I needed it.”

Database 204

The 702 signature petition against the single site option should be considered here. This states that “other alternatives such as expanding existing buildings have not been fully explored.”

Notes from the Consultation meetings record a level of support for this option and the following points were raised in its favour:

- That services would be more accessible
- That it would be more beneficial to Wrington’s economy and sustainability
- It would be beneficial for social interaction
- That patients are satisfied with the current level of service – in what way are they not suitable now
- People have moved to Wrington because of easy access to the surgery
- Surely doctors want to work here anyway – they don’t need a new surgery to attract them

On the other hand:

- That services might be duplicated if this Option were implemented
- Access is already not easy to existing surgeries
- Many people already drive to the surgeries

The notes of meetings also reflect interest in finding ways to develop local services without having to lose both sites:

- Explore lease and land availability and planning issues to see if the sites could be extended
- Explore the potential for developing a second floor at Wrington
- There should be more research into making this happen

Views on Option 3: The one site option

“Sell Wrington and Churchill sites and bring services together on one site in new purpose built facility – the Pudding Pie Lane option.”

Source: Consultation Document

Of those in favour of this option, 45 expressed only conditional support, the most frequently given reasons for this being:

- 19 that transport and access issues are addressed
- 21 depending on location , specifically mentioning:
 - 7 not at Pudding Pie Lane
 - 4 not in Wrington
 - 3 it must be in Wrington

“We are both in favour of this. Transport would need to be supplied for people who have none.”

Source: Database186

“Would only be acceptable if the road (Pudding Pie Lane) was blocked at corner where it meets Ladymead and the access etc was safe for the school children. It’s very busy sometimes. Gridlock when school kids out. With super surgery opposite this will become unsafe and impractical.”

Source: Database 242

“Would be happy with site proposed in Langford / Churchill area but would not want to travel to Wrington.”

Source: Database 385

“Only acceptable if site chosen is in Wrington.”

Source: Database 88

The most frequently expressed reasons in favour of this option were:

- 88 improved services and facilities
- 12 cost
- 11 personal impact and travel

“I feel strongly having a new venue with updated and larger premises can only be good for this area ... to fight change is non productive and it is of benefit to allow the practitioners who care for the community to have the best facilities and equipment to carry out their very dedicated work.”

Source: Database 35

“Modern and efficient in medical and financial respects.”

Source: Database 265

“This would make it easier to see my regular doctor.”

Source: Database 119

The most frequently expressed reasons against this option were:

- 136 access
- 49 cost
- 48 environmental impact including being on a green field site
- 26 detrimental impact on other aspects of village life

“This would discriminate against those without – the old and the very young who are less likely to have independent transport.”

Source: Database 42

“It would make a visit to the surgery stressful, time consuming and costly.”

Source: Database 163

“How will I get there if I have no car?”

Source: Database 115

“Totally against this. It will be far too costly to the NHS and taxpayers. The only person to benefit will be the developer.”

Source: Database 433

“Building on a green field site outside the village boundary - where will it stop? How long before the other fields are built on? When the Broadoak estate was built it was promised that the northern side of Pudding Pie Lane would never be built on.”

Source: Database 433

“Have dire effects on Wrington village as many people walk around village or come into village to use surgery and also use village shops.”

Source: Database 396

It is important here to note the 702 signature petition from SOS objecting to the proposal for a single site surgery for the following reasons:

- *It would be difficult for many Wrington (and Churchill) residents to get to a surgery in Langford given the limited public transport links and would significantly increase car journeys to and from the village*
- *It would mean the loss of an important community facility.*
- *PCT documents show it is likely to be considerably more expensive for North Somerset PCT to provide (at least double). This does not represent value for tax payers money.*
- *Other alternatives, such as expanding existing buildings have not been fully explored.”*

Source: SOS Petition

Records of the Consultation meetings show a range of views both for and against this Option with issues concerning transport, access and the environment being raised:

- It would be valued and good to have services on one site
- It would avoid the confusion and communication difficulties that sometimes happen now
- It is an opportunity to provide better care for mothers, babies and children

- It provides an opportunity for future innovative development e.g. allotments
- It would be cost effective
- It could open up new ways of community inter-action
- That the need to travel is less significant for those who already travel to their surgery
- That Pudding Pie Lane is a good site for a surgery
- The Pudding Pie Lane site is particularly difficult to access and is situated near a school which presents risks
- That road access could be improved and more footpaths created
- That a more suitable site should be identified – possibly one more central to the practice population
- That identifying a potential site is not easy
- That access would be difficult especially for older people – the costs of this would fall on them, and they are anxious about this
- Development should not take place on a green field site – would the planners allow this
- How will this improve the basis GP / patient relationship

The proposed provision of a transport scheme raised questions:

- Would it be able to cope with the demand
- Would it be sustainable over time
- What would it cost to run – would this offset other savings
- It would be time consuming for patients
- It would be difficult to manage – who would do this
- The risk of cross – infection
- The difficulty of transporting children
- That there can be difficulties with community transport in terms of staff training and attitude

From another perspective on transport:

- There could be opportunities to link with e.g. the school on provision for transport
- More information is needed on the detail of peoples' requirements
- That there would still be a need to travel for some treatments

The possible impact on Wrington village if this option were to proceed

- Risk to the Pharmacy
- Risk to community life
- Risk to possible Service Village status and future development – including housing
- That people could develop community life in other ways

Views on Option 4: Single site plus branch surgery in Wrington

“As Option 3 PLUS purchase or rental of space in Wrington to provide a small branch surgery.”

Source: Consultation Document

The most frequently expressed reason in favour of this option was:

- 27 the provision of local accessible services

“Seems to satisfy the problem of providing a local service in Wrington whilst enabling the practice to evolve.”

Source: Database 349

The most frequently expressed reasons against this option were:

- 54 cost
- 28 that such a service would be unsustainable

“This could prove a money wasting option to number 3 and undermine the services in the long term.”

Source: Database 381

“I cannot understand how with all the discussion around infection control, patient confidentiality, etc that a small space in Wrington would be acceptable or in the event, sustainable.”

Source: Database 283

14 respondents felt it would unfairly provide special treatment to Wrington patients.

“This might be a solution, but why should Wrington have a small branch surgery when it is close to Pudding Pie Lane and has a reasonable bus service?”

Database 485

Views on Option 5: As Option 3 plus satellite clinics out of local facilities

Those in favour of this option suggested this was to provide local and accessible services.

“Would be an advantage to have some clinics in village hall.”

Source: Database 112

The most frequently mentioned concerns about this option were:

- 99 that it was a retrogressive step and unsustainable
- 49 that it would not be possible to comply with standards
- 30 that it was not cost effective

“This sounds like a return to pre-war services.”

Source: Database 189

“No, bad idea need permanent location with standard hours of services so people know where they can go and when. “

Database 501

“I do not think that these would be sustainable in the long term. The logistics and organisation of having smaller satellites ... is opposite the main reasons as to why the Practice partners want a single site ... I believe that if these were to be put into operation initially, they would inevitably close at a later stage.”

Database 466

“One of the principle reasons for change is the need to meet enhanced standards of infection control, H&S requirements etc. How could these requirements be achieved in village halls or other business premises?”

Source: Database 259

“Disagree – will be difficult to administer and expensive to run.”

Source: Database 368

Notes of Consultation meetings indicate that Options 4 and 5 were usually discussed together and were generally felt not to be feasible. The following points were made:

- That they could mean easier access to services for some people
- It is worth exploring and could have a good impact on community life
- That the quality and range of service might be lower
- That it would be difficult to maintain quality standards
- The distinction between a satellite surgery and a satellite clinic
- Managing this could be difficult

Views on: Other options that you feel should be included.

“Other options that you feel should be included (please state).”

Source: Feedback Form

The most frequent responses to this question were:

- 41 to re-state views on the options
- 19 suggestions for further facilities and services
- 13 that alternative sites for a single surgery should be found
- 11 that a ‘split and merge’ option be considered
- 5 that ‘community ownership’ be considered

Suggestions for further facilities and services have been included in the list in Appendix 5.

A list of suggestions made for alternative sites may be found in Appendix 7.

“Amalgamate Churchill surgery with Winscombe and Wrington with Congresbury ... it meets the stated aims of the NHS trust in their document Shaping the Future for Rural Areas, it meets the village cohesion issue.”

Source: Database 429

“Offer surgeries to other practices and consider a community buy out option.”

Source: Database 402

Options to emerge from notes of the Consultation meetings were:

- Could the PCT fund a new surgery and keep the existing ones running
- Could the two surgeries operate independently

Business or Care?

Previous sections show that respondents are very aware of economic considerations in these proposals.

Running alongside this the potential conflicts between managing a business and providing care were specifically referred to by 10 of the respondents submitting written comments.

“The proposal has been made so that the practice can restructure its finances, not so that it benefits the local people.”

Source: Database 433

Six of these also expressed concern about the role of a private developer and to what extent this may have influenced the proposal.

“Why have developers already been consulted before the patients?”

Source: Database 115

In the course of the Consultation meetings, the following questions and issues were voiced about the business and financial aspects of the proposals, and their relationship to patient care.

- What does ‘profitable’ mean
- Were there other ways of owning or managing the property that took the onus away from the GPs
- Could the PCT fund the new build rather than the GPs or take on ownership of the land and lease it to a developer
- To what extent was the proposed development being driven by the GPs’ financial and other needs and interests rather than the patients’ needs
- To what extent was the proposed development being driven by the developers
- What would happen in 25 years time when the initial agreement came to an end
- That the proposed development might open the way for private business to become more involved in health provision

Views on: Consultation Process

“Do you have any additional feedback for NHS NS about this Consultation on the future delivery of primary care services for the patients of WVMP? For example:

- Is it user-friendly, readable and easily understandable?
- Does it address the right things?
- Are there any gaps?”

Is the Feedback Form user-friendly, readable and easily understood?

Respondents using the Feedback Form answered:

Yes	No	Not stated	Total
42	36	333	411

“I think the documents have been well produced and are easily understood. I have been very impressed with the aims and objectives outlined.”

Source: Database 207

“Many elderly people have found this form very difficult to fill in.”

Source: Database 210

Does it address the right things?

Respondents using the Feedback Form answered:

Yes	No	Not stated	Total
36	15	360	411

Suggestions for issues that had not been addressed were:

“I do not think that enough consideration has been given to the environmental impact of a single surgery.”

Source: Database 80

“The adverse effects to Wrington village as a community of closing the surgery are not stated.”

Source: Database 498

“Very little about transport.”

Source: Database 344

Other comments

317 of the 464 written submissions commented on the consultation process .

14 respondents stated they thought the Public Consultation was well managed:

“The feedback form is thought provoking and covers what needs to be considered. I would also add that I admired the way the NHS staff handled the public meeting at Langford Vet School on 17th November despite the aggression of some members of those in attendance.”

Source: Database 102

Concerns expressed about the Consultation process may be summarized as follows:

- 96 that it was flawed and / or skewed towards one option
- 76 that there was insufficient relevant information
- 30 that it was poorly promoted or managed
- 23 that the anti-single site campaign exercised undue influence
- 14 that public meetings were not participative enough

“You have totally confused two different subjects i.e. doctors’ desire to move premises ... along with the possibility of providing some additional services in the community.”

Source: Database 489

“No, it concentrates on the minor issues and not the major issues as to where services are to be provided from.”

Source: Database 164

That the process was skewed in favour of the single site option:

“This whole process seems to have been about pushing one option forward and I am very concerned that the consultation has been weighted to one direction.”

Source: Database 505

“Despite denials to the contrary, I feel that the PCT has already decided what will happen as regards the future of Wrington / Churchill practices and is just going through the motions.”

Source: Database 462

That there was incorrect or there was insufficient relevant information with which to develop an informed opinion:

“The principle of consultation is admirable and to be continued, however on this occasion there was a lack of meaningful information, both financially, medically and socially, with which to present a valid view.”

Source: Database 479

“Some advice is incorrect, e.g. it states that expanding Wrington surgery would involve moving the playground on the Glebe field, but this is not true.”

Source: Database 499

That it was poorly timed, promoted or managed:

“I would have preferred this consultation to have been started in a different manner and that the patients had been consulted from the outset and thus prevented many patients from thinking this is a done deal.”

Source: Database 401

“Very hard to get hold of the consultation document. This should have been delivered to each household.”

Source: Database 319

That the campaign against the single site exercised undue influence:

“We are concerned that the vociferous and well organized Wrington Save Our Surgery Ginger Group is likely to have undue influence during the consultation and the decision making process. Apart from initially disseminating a great deal of misinformation to Wrington residents, this well organized campaign has been successful in completely dominating all the previously held consultation meetings with aggressive speakers and thereby prevented the opportunity for a fair and open discussion of the merits or disadvantages of the proposed scheme.”

Source: Database 8

That the public meetings were focused on presenting information rather than on facilitating discussion and the exchange of views or badly timed:

“... expected to have discussion of options rather than exposition of process.”

Source: Database 49

“Have meeting in Wrington in the evenings so that people who work away would be able to attend.”

Source: Database 294

“... could not face bringing my three children where there was no provision for them and during a time when they would normally have tea.”

Source: Database 203

Reports of the Consultation meetings record points made about the Consultation process that reflect those described above.

- That misleading information is being circulated by those against the single site development
- That information in the consultation papers is misleading
- That it is already a ‘done deal’
- That it has focussed on the single site in Pudding Pie Lane rather than taking a more neutral approach

- That there is a threat to the 'if we don't do this the surgery will close' approach
- Meetings need to be at convenient times and child friendly
- Difficult to get tickets for meetings
- Publicity was inadequate – too much reliance on email, not reaching all groups, not enough notice of meetings
- Information came out too late
- To what extent will young people be involved
- What impact the Consultation process will have on the final outcome

Conclusion

Much thought and debate has been undertaken throughout this Consultation with strong views being expressed both for and against the proposal to re-locate the current surgeries.

The focus of this debate is the choice between developing the two sites and developing a single site.

A parallel but inter-connected debate has been taking place about the provision of additional services.

The need for more information and clarity has arisen particularly in relation to:

- Evidence of the need to change
- The impact of extra service provision on basic GP services
- Financial information relating to each of the options
- The potential to overcome leasehold and planning issues to develop the existing sites
- Transport and access from an individual perspective
- Transport and access from an environmental perspective
- The potential impact on Wrington village and on other communities in the area of the various options

Responses to this Public Consultation indicate that those participating in the consultation share the desire for the continuing local and easily accessible provision of a range of good quality services by a trusted team of medical staff.

However, there are different views about what these should be, how they should be provided and how they relate to the overall provision of primary care in the area.

There is a widely held expectation that any services must be easily accessible to patients, especially those who are older or more vulnerable.

Respondents are broadly divided between developing the existing sites and re-locating. Their views are informed by:

- The relative costs of each option
- The perceived impact of each option for individual patients and for the local community
- The perceived environmental impact of each option
- The perceived need for change

The Public Consultation process itself was the focus of much comment which could be used to help inform future dialogue.

These are issues that impact deeply on the lives of respondents to the consultation and it is to be hoped that the information set out in this report will assist in the ongoing discussion between the health care providers and the patients to ensure that high quality services continue to be provided locally.

Appendix 1

List of Consultation Meetings

Meeting	Date	Number recorded as attending	Venue / Topic
Public Meeting	17.11.09	99	Langford Veterinary School
Public Meeting	18.2.10	115	Langford Veterinary School
Conversation Café	26.11.09	55	Wrington Memorial Hall
Conversation Café	8.12.09	27	Sandford Village Hall
Conversation Café	2.2.10	10	Churchill War Memorial Hall
Conversation Café	9.2.10	15	Blagdon Village Club
Topic Focus Group	15.12.09	23	Transport Langford Veterinary School
Topic Focus Group	19.1.10	31	Village Cohesion and Sustainability Churchill War Memorial Hall
Topic Focus Group	26.1.10	24	Improving Primary Health Services in Rural Areas Blagdon Village Club
Community Groups	27.1.10	38	Blagdon Luncheon Club
	1.2.10	14	Blagdon Mother and Toddler Group
	2.2.10	20	Little Stars Mother and Toddler Group, Wrington
	3.2.10	Figure not available	Carers' Involvement Network Clevedon Town Hall
	4.2.10	7	Churchill Community Foundation School
	23.2.10	20	Wrington Luncheon Club
	25.2.10	26	Shipham residents
	3.3.10	20	Jumblies Toddler Group Langford
	9.3.10	11	Wrington Primary School PTA

Appendix 2

Calculating the number of respondents

As the database was being compiled, it became clear that some respondents were submitting more than one response and attending more than one meeting.

There were also occasions when one written submission was signed by more than one person.

An effort was therefore made to calculate the number of individuals participating in the Consultation as distinct from the number of responses received.

This was to avoid double counting and to reflect more accurately the level of participation in the Consultation.

Due to incomplete data and differences in signing in methods, some discrepancies may remain. When it has not been clear whether or not a duplication has occurred, the assumption has been made that two separate people have responded or attended a meeting.

The methods used were as follows:

All forms of participation

- Anonymous responses were counted as one individual – there were 9 anonymous participants or illegible signatures
- Database entries for both written responses and attendances at meetings were cross-referenced

Written responses

- Individuals submitting more than one response were identified and calculated as one individual – comments on all their responses have all been logged on the database and included in calculating the strength of opinion on topics addressed

- Responses signed by couples were identified and each person counted as one individual
- 'Official' responses as listed on p26 of this report have been noted as such. Comments have been logged and included in calculating the strength of opinion on topics addressed

Meetings

- Names of people attending meetings were cross checked on the database and people attending more than one meeting identified and calculated as one individual.
- The number of attendances recorded is therefore higher than the number of individuals taking part.
- There may have been occasions when people attending meetings did not sign in. They will therefore not have been included in the totals
- The names of people attending meetings with community groups were not noted, but numbers were noted and are included in the total figures

Outcome

522 written responses were received which has been calculated to represent written responses from 464 individuals, including the 10 organisations.

Of these, 409 Feedback Forms were returned from 411 individuals

518 attendances were recorded at public meetings, conversation cafes, topic focus groups and community group meetings. This has been calculated to represent 419 individuals attending at least one meeting.

Appendix 3

Summary of Save Our Surgeries Involvement

Background

Save Our Surgeries (SOS) was initially established to oppose the proposal to close the Wrington surgery but then extended to oppose the closure of both surgeries.

Individual supporters responded as such to the consultation, and as a group SOS participated as follows:

- Submitted a petition with 702 signatures. Some of the signatories have responded to the consultation in other ways.
- Held an Open Public Meeting
- Engaged in detailed correspondence on aspects of the consultation.
- Set up support sessions at the village hall offering help with completing the feedback forms.

Commentary

SOS submitted a “commentary” statement to the consultation setting out its position in detail. In summary it stated:

- It believes its views are representative of patient opinion across the practice area
- It believes ease of access to early diagnosis and effective treatment is of prime importance and that the single site option would put this at risk
- Patients are happy with the current level of service
- They regret the way the proposal has been handled and the damage to relationships this brought about
- The PCT failed to state that its own Strategic Development Plan of May 2009 intended to bring the two surgeries together
- The consultation is biased in favour of Option 3
- There is a perception that some services have already started to move from Wrington

- They favour implementation of Option 2 and strongly oppose Option 3
- Unfair weighting is given to views of patients who live nearer to other practices
- The financial viability of a single site over a two site practice has not been quantified or demonstrated

SOS asked for:

- An independent and unbiased examination of Option 2 before any decision is made
- The consultation process to be reviewed

Petition

SOS submitted the following petition which carried 702 signatures:

“Petition against the proposed new location of Wrington Doctors Surgery in Langford.

Wrington Vale practice plans to close Wrington and Churchill surgeries and relocate to new premises in Langford. Although the plans are to offer additional health facilities on the new site, we, the undersigned, object to these proposals on the basis that:

- *It would be difficult for many Wrington (and Churchill) residents to get to a surgery in Langford given the limited public transport links and would significantly increase car journeys to and from the village*
- *It would mean the loss of an important community facility.*
- *PCT documents show it is likely to be considerably more expensive for North Somerset PCT to provide (at least double). This does not represent value for tax payers money.*
- *Other alternatives, such as expanding existing buildings have not been fully explored.”*

The wording of bullet point 3 is slightly different on some petitions and reads:

- *“PCT documents show it is likely to be considerably more expensive for North Somerset PCT to provide (an estimated increase of 41%). This does not represent value for taxpayers’ money.”*

Open Public Meeting

SOS arranged an open public meeting for Wrington and Churchill which was attended by Dr Liam Fox MP and Dr Brian Mathew, Prospective Parliamentary Candidate for the Liberal Democrats, neither of whom were able to stay for the whole meeting.

Members of the WVMP Consultation Team attended this meeting.

SOS outlined the policy context which provides an opportunity to develop accessible services but stated they feel the single site option – wherever it is situated – would not achieve this. They noted that other practices operate successfully from two sites.

They recognised the pressures GPs are under in terms of delivering services, but felt that necessary improvements could be made by fully utilising the existing sites.

Dr Fox recognised the good work the practice undertakes but felt the consultation should not be pre-determined. He felt that local developments should be informed by what will be provided at Clevedon Hospital and emphasised the need for rural solutions, not urban ones.

Dr Matthew considered the consultation process was flawed because it was so narrowly focussed. He felt the costs of building a new surgery were not justifiable and that a specific model of care was being forced onto people. He also felt there was a lack of information in the process.

A representative from Wrington Parish Council stated that they were not in support of a single site option as it would increase the travel requirements of many patients and that any additional services should be provided from the existing sites.

During the questions session, the following points were raised:

- That a surgery was needed in Wroughton
- The consultation document is skewed to the single site option
- Concerns about cost of development and question on the costs of developing the existing sites - these are not currently available
- The role of the developer and profit element for the practice
- What extra services would be provided – it was noted these could be spread across a wide area including Clevedon Hospital
- The planning position – this has not been established in any detail
- The impact on Wroughton if the surgery closes – loss of Service Village status and potential impact on future development
- How will the decision be made

Appendix 4

Ranking of Additional Services

Respondents using the Feedback Form were invited to complete this question:

“Additional services that are currently provided in hospitals that could be provided locally.

We would like you to tell us which of the following services you would like to see provided at WVMP if there was sufficient space.

Please tell us which are important to you by numbering your choices from 1 – 7 (1 being ‘most important’ and 7 being ‘least important’)

Of the 411 respondents using the Feedback Form, 246 completed at least part of this.

The following table records the number of respondents choosing each level of rank for each service.

Rank	1	2	3	4	5	6	7
Number of responses							
Local ‘out patient clinics’	132	39	32	24	16	19	39
Physiotherapy	78	80	47	28	18	15	39
Podiatry	35	67	62	36	21	19	66
Teenage health	21	15	30	34	33	55	81
Mental health counselling	18	29	38	47	43	34	68
Child and adolescent mental health services	16	14	18	31	39	37	107
Oral health	16	12	38	42	34	28	108

Appendix 5

Suggested Additional Services

The following list of services has been suggested by respondents. As many suggestions arose from meetings, it is not possible to indicate the exact level of support for each one.

They have therefore been presented in an approximate order of ranking – most frequently mentioned first – based on the number of known responses plus the number of times they were mentioned in notes of the Consultation meetings.

These are additional to the priorities set out in Appendix 4.

X-ray, general screening, diagnostics	32
Out-patient, minor injury, minor surgery	21
Health promotion and screening – blood tests, lumps and bumps, dietary advice, well man, well woman	18
Audiology	13
District Nurse and Health Visitors / Midwife	12
Physiotherapy / OT	12
Holistic / complementary / alternative / counselling	11
Podiatry	9
Dietician	8
Geriatrician / dementia care / continence	8
Hearing	8
Longer opening hours / better use of existing space	8
Oral health	7
Cardiac	5
Mother and child	5
Young people's health	5
Benefits and Social Services	4
Diabetes	4
Family planning / sexual health	4
Carers support	3
Dermatology	3
Mental Health support	3
Ophthalmology	3

Arthritis / Rheumatology	2
Care at home – older people, chemotherapy	2
Pain management	2
Allergy clinic	1
Asthma	1
Haematology	1
Social and community facilities	1
Substance abuse / domestic abuse	1
Transfusion unit	1
Urology	1

Appendix 6

Ranking of Options Criteria

Respondents using the Feedback Form were invited to complete this question:

“This formal consultation process may generate, in addition to those already on the table, other options for extending and improving the facilities at WVMP.

We would like you to tell us how important you feel that each of the following criteria is in the evaluation of the final list of options.

Please tell us which are important to you by numbering your choices from 1 – 9 (1 being ‘most important’ and 9 being ‘least important’)”

Of the 411 respondents using the Feedback Form, 381 completed at least part of this.

The following table records the number of respondents choosing each level of rank for each criterion.

Rank	1	2	3	4	5	6	7	8	9
Number of responses									
Optimises ease of access	148	47	32	19	21	15	19	23	34
More services for patients	118	46	32	26	16	11	12	17	53
Improves quality of patient experience	86	56	47	36	33	17	10	12	24
Compliance with standards	77	26	43	30	30	27	23	14	43
Minimises environmental impact	76	47	39	28	27	12	19	25	75
Future proofing	68	53	38	30	29	26	22	21	37
Improves patient and staff safety	68	28	22	39	43	30	39	19	27
Improves working lives of staff	43	28	37	40	42	33	24	25	45
Improves productivity and value for money	42	46	45	42	44	19	23	19	42

Appendix 7

Suggestions for alternative sites

The following alternative options were suggested by individual respondents:

“Has the possibility of the land opposite the houses in Garston’s Orchard near the industrial estate been looked into?”

“I would have liked the WVMP to have consulted the diocese to ascertain whether more of the Glebe land could have been leased.”

“Somewhere north of Budgen’s on the A38 would be better if at all possible.”

“The best site would be at OS 3482 1598 Rickford, allowing easy access from Wrington, Churchill and villages further east.”

“Better use might be made of the clinic at Lower Langford.”

“What purpose does the ambulance station serve? There is land here that could be re-developed”

“As the nominal centre of the practice is on or around grid ref 457603 (map ST46/56) renewed efforts should be made to obtain a site near to this point.”

“Find a new brown field site - we must not build on green field sites in an area of outstanding natural beauty.”

“Building a small hospital which would serve a wider area such as Congresbury & Yatton which could then provide a meaningful range of services such as x-ray, minor injury, physio and outpatient clinics.”

“Provide the extra services at the new Clevedon Community Hospital or Yatton etc. then the effort could be concentrated in

bringing the existing surgeries into line with statutory requirements and standards.”

From the consultation meetings:

- Brook House
- Gatcombe Farm
- Use land from play area for Churchill extension, relocate play area to Broadoak
- Churchill crossroads would be possible site

Appendix 8

Notes of Consultation Meetings

The notes in this appendix are based on the flip chart and other notes made by facilitators and scribes at the meetings.

The headings used aim to bring the issues together for the purposes of this report and do not aim to reflect the actual process of discussions at the meetings.

They may be found as follows:

Page	Meeting
79	Langford Veterinary School 17.11.10
83	Langford Veterinary School 18.2.10
87	Topic Focus Group: Access and Transport
91	Topic Focus Group: Village Cohesion and Sustainability
95	Topic Focus Group: Improving Primary Health Services in Rural Areas
98	Community Cafe: Wrington 26.11.09
102	Community Cafe: Sandford 8.12.09
104	Community Cafe: Churchill 2.2.10
107	Community Cafe: Blagdon 9.2.10
111	Community Group Meetings
111	Blagdon Luncheon Club 27.1.10
111	Blagdon Mother and Toddler Group 1.2.10
112	Wrington Mother and Toddler Group 2.2.10
113	Carers' Involvement Network 3.2.10
115	Churchill Community Foundation School 4.2.10
116	Wrington Luncheon Club 23.2.10
117	Shipham residents 25.2.10
117	Langford Toddler Group 3.3.10
118	Wrington Primary School PTA 9.3.10

Public Meeting: Langford Veterinary School 17.11.09

Following presentations on the 'Context, Overview and Options' and the 'Clinical Vision and Patient Benefits' attendees were invited to break up into smaller discussion groups to consider:

- Additional services that are currently provided in hospitals that could be provided locally
- Your views on the options under consideration plus any other which you would like to put forward

Views expressed on Additional Services

- That participants did not have sufficient information on which to base an informed choice – a professional overview is needed
- Were these services actually needed, at what level of demand and where would they be provided – could they not be provided from a range of places
- Why would such services have to be provided from one new centre – there is a risk it would not be 'local' for some people
- It would be good to have these – and more – available locally on one site: it would save travel to Bristol and Weston super Mare
- That these services would come at a cost and should not be provided if it means core primary care services would be lost – people are prepared to travel for these sorts of services
- Concern that this will lead to more services being provided in towns
- The actual additional services suggested at this session have been incorporated into the summary in Appendix 5

Comments on the Options presented

- Why is change necessary – in whose interests are the proposals
- That opinions would to some extent be informed by where people lived – rural solutions are different from urban ones
- That it was important to keep services local for everyone – the need for patient choice
- Whatever is planned should be 'future proofed' to work
- That if nothing is done, the opportunity to update is lost – need to think about future generations

- More information was needed about the detail of the options and how things would work in practice e.g. collecting prescriptions, improving the telephone system, exactly how much space would be needed including car park
- Questions on the existing buildings – issues of ownership, lease arrangements, what would happen to them if a single site were developed
- Could a local builder be used for a development
- Does a single site development go against ‘Shaping Our Future’ – why should services be moved into the community
- Why do other practices find two sites sustainable
- Overall respect for the work of the doctors.

Option 1 – do nothing or do minimum

- Very satisfied with how things are and would not affect us
- It is the cheapest option
- There is a need for change to get things up to date – but not necessarily agree with how things should be provided
- Would not allow for provision of extra services

Option 2 – the two site option

- That this is a good option – it would benefit ‘both’ communities, be environmentally beneficial and allow for the development of services
- Moving the surgery out of Wrington should be secondary to the needs of the village – keeping the surgery is good from an economic and community viewpoint
- It meets the needs of current and possible future housing developments
- The potential to develop both sites should be explored in terms of expansion
- There would be problems developing Wrington because of its situation
- The loss of play area if Churchill were developed would be detrimental – but could the play area be re-located

- There are problems with having two sites – travel between the two, duplication of services and impact on cost – but if services were on both sites this would not happen
- That in a few years time the facilities would not be good enough

Option 3 – the single site option

- This is a good option because it offers the best chance for services
- But accessibility is the key and good transport needs to be set up – lack of good public transport to Pudding Pie Lane (which is difficult for some to use), problems in the winter
- Comprehensive transport plan needed that takes into account future travel patterns, environmental impact and so on as these are not known
- People expect to travel to services in rural areas and people in Wroughton use their cars anyway
- It is a poor option as the cost of closing the surgeries impacts on vulnerable people
- This is more about financial decisions, not the needs of patients
- What advantages would this have over Option 2
- Pudding Pie Lane is not a good location – it is not central to the practice population, the road is unsuitable for pedestrians or more traffic, it is situated near a school, it is green belt land, the mushroom farm has caused problems in the past
- That setting up a transport scheme would be problematic – how would this be managed, what would the charges be, where would funding come from, would it be sustainable, it would be time consuming for patients

Option 4 – as Option 3 plus a branch surgery in Wroughton

- What is the definition of a branch surgery
- Where would it be, when would it be open, what services would be offered, would it be easy to get an appointment
- It may be unsustainable – limited services, meeting standards, it didn't work in Blagdon
- It would only be relevant to Wroughton
- A waste of money, better than Option 3 – worth testing

Option 5 – as Option 3 plus satellite clinics

- We want to keep our surgery – not doctors in village halls or business premises
- Would it be feasible in terms of costs and staffing
- Advantages could be ready and easy access and have ancillary services

Comments expressed on finances

- More information and transparency needed on costs of each option to have a meaningful dialogue – how will it be funded, would other services lose out, would rental be more expensive in the long run, where would income from sale of existing sites go to
- Concerns about the role of the developer of one site – financial interest, who will be building revert to in 25years time, is this a long enough lifespan
- Will there be independent financial advice on site options
- If anything goes wrong what about compensation culture

Comments expressed on the consultation process

- Promotion and publicity was poor – difficult to find information, too much reliance on email and the website, not effectively reaching people, notices looked like ‘junk’ mail
- Meetings – should be held in more places, tickets difficult to get hold of, acoustics poor, held at short notice and background information not available beforehand
- Content – a feeling of being patronised, not being given enough accurate or correct information, leading questions biased in favour of Option 3
- General – how will young people be involved, what is the cost, what weight will be given to the responses, how will developments during the process be dealt with

Public Meeting: Langford Veterinary School 18.2.10

The purpose of the second Public Meeting was to hear views, describe the Business Case Review Process, outline the work so far and answer outstanding questions. The work on the process so far was outlined together with the schedule for the next stages.

Barbara Hardy, Consultant employed by NHS NS to lead an in-depth business case review, described why this was needed, what it meant, who would undertake it and what the outcome of the process would be.

As part of this, she stated that a re-appraisal of the potential options was being undertaken and that the analysis would be available to the public.

Notes of the discussion that followed record that the following points were made:

- That messages being conveyed by SOS are not correct and not taking what everyone wants into account.
- That some, but not all, Parish Councils are in favour of the single site proposal
- The Business Case for the options should include the 'cost' to the communities involved e.g. local businesses
- That the language being used by NHS NS still suggests a 'done deal' despite assurances that this is not so
- That local people want to be able to access the services they have long been having
- Clarity was requested over where the main population base of the practice is and there was detailed discussion during which the following points were raised:
 - The possible status of Wrington as a Service Village
 - The size and population of Wrington in relation to other villages e.g. Churchill and Langford
 - A large proportion of patients live closer to other practices – if they were taken off the number registered at Wrington, the Wrington population becomes more significant
 - That people are entitled to choose which surgery they attend and that views from all areas are helpful

- That Wrigton people feel strongly about the issues
- There is a school near the Pudding Pie Lane site
- People should be encouraged to walk, not use their cars
- A surgery should be opened in Blagdon
- What are the financial drivers, what is the value for money for NHS NS? Is the mortgage on the current premises a driver? Is the given notional rent affordable? There is too little information available to be able to complete the feedback form – is this because it is not available or because the PCT do not want to share it?
 - NHS NS replied that the main driver is high quality sustainable services into the future, and believes these are the same for the GPs
 - They also noted that some of the financial information cannot be released as WVMP is an independent business
- That the business objectives have not been declared
 - One GP made the following points:
 - surprise that people should want the practice to stand still
 - that General Practice is now complex medicine and that the practice is working with half the area it needs
 - that if nothing is done, this will result in poor quality of practice into the future
 - NHS NS commented that the consultation seeks views on the patient environment, the need to improve, additional services and the options and that a financial appraisal will be undertaken as part of the Business Case Review
 - They also noted that the notional rent will be debated in the Business Case Review and that moving services out of hospitals is not a driver for change
- That other practices in the area manage to work from two sites
 - One GP replied that they have more space per patient, more consultation rooms and their District Nurses in house. If nothing is done, within 10 years there will be no practice in Wrigton which may mean the private sector comes in and builds a poly-clinic
- That maps showing walking time to the surgeries had no footpaths which is a major flaw

- That the balance should not swing from easy access to additional services
 - One GP replied that general practice is no longer basic, it is complex
- That the Government's emphasis on centralisation assumes a level of access which may not be possible to achieve in rural areas and that patients have indicated their willingness to travel if they have more complex health needs
 - NHS NS noted that the more local a service is, the more it will be used, especially by older people
- That we can't stand still, neither surgery can do what is required
- People don't want to stand still, they want Option 2
- Why can planning permission for Option 3 be sorted but not for Option 2?
 - NHS NS replied that all options will be considered
- Why was no risk analysis or cost analysis undertaken on Pudding Pie Lane before going to consultation?
 - NHS NS replied this was because all options are being assessed and these will be undertaken on shortlisted options
- Two consultations are happening together – additional services and one site – what could be provided from two sites?
 - NHS NS replied that they are not at that stage
- That Option 3 has been concentrated on at public meetings
 - NHS NS replied that all options have been presented at the Conversation Cafes
- That the needs of patients need to be considered, not just the value for money for NHS NS and the practice
- One participant said he would register at a nearer practice if the new site at Pudding Pie Lane went ahead
- How does having one or two sites impact on team working and how will this work in the future?
- That team working is important and standards are higher than ever while health needs are becoming more complex
- Services are needed that help people maintain their health particularly with long term conditions and end of life care – this often happens at home so team working is extremely important

- One GP replied that communication is an issue over two sites and that if doctors can't communicate, the quality of care goes down.
- He noted that the practice reached the one site option with sadness and recognised that they would like to find a better site than Pudding Pie Lane
- He also noted that as the complexity of work increases, doctors need colleagues on hand to help with diagnosis and care
- That this is contrary to 'not a done deal' and that there needs to be thinking 'outside the box'
- That this does not imply a done deal, but was a clear explanation – the doctors should be listened to and their advice taken carefully
- One participant had only just heard about the proposal
- Could communication be improved electronically over two sites?
- Face to face and easy access is the main key to communication
 - One GP replied that email was not valid for discussion patients or diagnosis.
 - Face to face communication was needed for sensitivity with both colleagues and patients

Topic Focus Group: Access and Transport

An introductory presentation set the scene by identifying the options under consideration and their possible transport and access impacts together with a summary of concerns expressed in the pre-consultation stage of this process.

Access was defined as:

In the widest sense, not just physical access but access to services and information in ways that users can easily understand

While transport included:

Pedestrian, cycling, community transport, public transport, housebound patients, green travel

The objective of this group was identified as:

To explore and identify issues and to find solutions for 'access and transport' cross the WVMP consultation options.

There were two tasks:

- 1) To identify all of the issues – for each of the options – around access and transport
- 2) To identify potential solutions to these issues

Initial comments were:

- This is a great opportunity for us to try to solve this problem as it affects the whole of North Somerset. But it is going to cost money.
- Can the PCT use the info/findings of the transport issues of this consultation across the board and apply it to help in other areas?

The importance of understanding the extent and detail of access issues was considered:

- If the number of people affected is low (under 25) then surely a voluntary service could be provided. If however the numbers are a lot higher then it is a different matter. We need to know exactly what the problem is before we can find a solution.
- Could a survey be carried out to see how many people actually walk to the surgeries at the moment
- The information in the walking figures document is too theoretical as not everyone can walk to the surgery
- Could the receptionists ask if people have driven or walked so that we have more information on this?
 - If we do that then we need to ask probing questions
 - Would need to know if they drove themselves or if they had to get a lift off a relative
 - How easy it was for them to get there
- Would be helpful to look at each option in relation to how many people would have to travel
- Planners would expect environmental impact in total not to be worse than current situation
- Public transport access e.g. from Blagdon

It was noted that there will still be a need for travel on some occasions, and that the need for support can change over time:

- There will still be a need to travel further afield for some treatments
- There is a big difference between planning for pre-booked appointments and emergency appointments
- When patient is well enough to walk or cycle, great, but not everyone is
- What about people who are able to walk but will not necessarily be able to walk in say 6 years time
- Patients from elsewhere might come to the surgery so encouraging people to drive

There were different perspectives on the current situation:

- Some people – young and old – moved to Wrington because of the easy access to the surgery

- There is potential for patients to go to other surgeries i.e. nearer work
- Car park in Wrington is never full in the morning
- Wrington car park is full later in the morning

With regard to a transport scheme being established as part of a single site development, the following points were made:

- Is the practice potentially offering to use staff members to run the admin of these services?
- Does the practice have a budget figure for funding transport? - needs to be included in the figures for this project

Different ways of setting up such a scheme were mentioned:

- Would be good to see some synergy between the surgery and the school
- What about a taxi system like the system run at the airport – so that someone is always waiting?
- Whatever service is chosen it needs to be centred on the surgery

The issues of setting up a voluntary transport scheme were considered:

- What is the capacity of voluntary transport?
- If people decide to use car rather than mini bus, there is a danger the service might stop
- Not happy to use charity mini bus with volunteers if could use a car. Would be different if it was a funded service
- We can't think in terms of volunteers for the transport solution - services in WsM are paid for
- There are issues around getting children to a surgery
 - Child seats funding
 - CRB checks
 - Will booster seats and child seats be provided?

There were financial considerations:

- Where is the budget for addressing transport issues – who will pay?

- Cost of voluntary transport service for taking patients to surgery needs to be properly calculated
- Can the savings that will be made by the one site option (i.e. savings on heating costs) be used to pay for transport solution
- Most people in the group think it is reasonable to expect the transport users to contribute to the costs
- Need to consider that currently there are lots of people who do not have to pay anything because they are close to the surgery

Comments relating specifically to the Pudding Pie Lane site were:

- Pudding Pie Lane is a single track with no pavement
- Traffic outside school very busy twice a day
- Pudding Pie Lane would need pavements and traffic calming in place
- This would have a severe impact on people being able to walk to the new proposed surgery than on the existing two sites (see stats in document provided by PCT on walking figures)

Possible solutions were identified:

- Would like to see improvements to the parking / lane at Pudding Pie Lane site but where would funding for this come from
- Could consultations (that do not require an examination) not be done on many different sites to help people reduce using cars?
- Would like to see more footpaths in the area

Other issues were raised during the workshop:

- Not just about Wrington. If Wrington residents don't want single site they are denying many other patients a new surgery with extra services
- The most important thing is to have access to my GP not extra services
- Should be keeping 2 existing surgeries not how people will get to a new surgery
- Glebeland could be given for expansion
- Extra services such as podiatry seem to be under used anyway according to data on your website

Topic Focus Group: Village Cohesion / Sustainability

Following a presentation on the context of the consultation, themes from the pre-consultation feedback were identified including:

- Concern that the loss of a local surgery is part of a wider problem of loss of local services including the pharmacy
- Some housing developments might not have happened if there was a threat to the local surgery
- The loss of the surgery would have an adverse impact on the value of property
- Concern about the loss of a valued health facility

Two tasks were set for the group:

- 1) To identify all of the issues – for each of the options – around ‘village cohesion and sustainability’
- 2) To identify potential solutions to these issues

Comments:

- Village Cohesion and Sustainability - what does this mean?
 - Individual villages or cohesion between villages
- Need to look at each topic e.g. access, sustainability, option by option and look at the pros and cons for each option
- Single site could be seen as a threat to villages but excellent services from 1 site could bring villages together.
- What impact would single site have on other villages – could impact on other local services
- Social interaction within the community – may not happen if service is not localised
- Look from opposite angle – quality of service is most important, if local services deteriorate. The services should be sustainable
- People who are close to other practices travel to Wrington for the quality of service – need to secure this into the future by developing practice so it does not go completely out of area
- Issues with social interaction can be overcome with other events e.g. church groups

- If surgery built at Pudding Pie other businesses may set up close by e.g. supermarkets. This would change dynamic of the area, increased traffic and so on
- Sustainability of villages should be put ahead of practice
- Find other ways of developing cohesion / village life – e.g. noticeboards to advertise local events, village newspaper
- Will the PCT try and maintain Wrington as a service village
- Because Wrington has a GP surgery it brings people into the village – dental surgery, pharmacy, post office, bank, shops could be impacted if GP surgery moves out of village
 - Service / shops in Wrington reliant on in-comers to the village. Quite often people come into the village because they go to the doctors.
 - Retailers concerned because if no GP surgery people will have no reason to visit. (Wrington by-passed by main roads so no passing trade)
 - Domino effect – once lose one service quite often then lose other services / shops
 - Prescription service at pharmacy will not be threatened. GP practice will still not be able to dispense to patients living less than 1 mile from a pharmacy
- NS's draft core strategy – Wrington & Churchill are service villages because they have a GP surgery. Service village means they are able to develop
 - How could North Somerset go against its core strategy and approve planning permission for a surgery outside the villages?
- Think it will be hard to sell new retirement homes in the village if there is no GP surgery.
 - A lot of people moved to the village because of the GP practice
- Can work to foster sense of community by providing services within villages
- Keeping surgery in Wrington
- If there were other services that we do not currently have in the area i.e. a library incorporated or close to a new surgery this could help cohesion. Working with local partners

Points were made about the proposed changes

- Look at bigger picture, government initiatives like remaining practice boundaries – if this happens only the best surgeries may survive
- Realise GPs need to modernise and need more space but don't want to lose service in Wroughton
- People of Wroughton don't want single site in Wroughton – just want to retain a service in the village
- Wroughton is a 'service village' so should retain a surgery
- One reason for wanting to move sites is to attract new doctors – can't believe that GPs wouldn't want to come and work in this area
- NHS provide additional funding to ensure 2 sites are financially viable because 2 sites are needed
- In order to fulfil the PCT / NHS responsibility to provide health care to all residents, if not practical from a financial point of view for a practice to promote services then PCT/ NHS should step in or subsidise
- If GP partners sell practice on Wroughton will not be able to be sold for housing because not a service village
- With no doctors surgery would Wroughton cease to be a service village and therefore not eligible for development in future
- Need to find other model of delivery so that partners don't have to take out huge personal loans to buy into partnership / buildings
- What is there to stop another GP practice moving into Wroughton and setting up a new surgery?
 - Answer from Practice was 'nothing, but would not be financially viable'
- Extend surgery in Churchill and run branch surgery in Wroughton (only open a few days a week) from a different site to retain sustainability of Wroughton village
- Recruitment of high quality new GPs in the future may be easier with enhanced facilities
- Get a new developer in to develop two sites
- What would happen to the site at Wroughton if it was left empty
- There is a contrast between what the doctors need and what Wroughton village needs

Access and transport issues were also noted:

- Transport hasn't been fully looked into – NHS should be preventing putting extra cars onto the road
- 100 people approx a day would need to drive out of village if Wrington site closed
- Want feasibility study to see if both sites could be extended
- If patients collect a prescription in Langford will they take it to Wrington to have it dispensed
- Sustainability – environmental impact / carbon footprint
- People happy to travel to Clevedon for extra services if they can retain a surgery in Wrington – not everyone would agree
- Consultation process has caused divide between villages
- NHS should sort out financial model
- Extra money that was going to be spent on notional rent for new site should be spent on improvements on 2 current sites
- Practicalities v. policy

Topic Focus Group: Improving Primary Health Services in Rural Areas

This record of the meeting was provided by NHS NS.

NHS NS is committed to moving suitable services into the community that had previously been delivered from acute hospitals. This vision, outlined in our “Shaping the Future” consultation in 2006 is not new. It was always clear that the needs of rural areas (that served by Yeo Vale, Wavering Down and Wrington Vale Medical Practices) will need a different approach than urban settlements.

Vision for primary care services in rural areas:

- Increase community support services such as Dietetics, Physiotherapy, Chiropody and Podiatry, and specialist nurse clinics in all the practices
- That services that require specialist equipment or a critical mass of patients will be provided out of one of the three practices such as the newly commissioned nurse-led comprehensive continence and advice service that currently patients have to travel to Portishead to access. There would be an agreement between the rural practices to determine which practice will host this service to the benefit of all their patients.
- To have more specialist / one stop clinics at Weston Hospital – in a community area of the hospital) and the new Clevedon Hospital. The practices felt that patients would be happy to travel for these services.

WVMP has proposed to develop their premises to be able to continue to provide high quality primary care services to all their patients. Currently they do not have any additional space to accommodate any additional services as outlined above.

At the Focus Group they major themes were:

- Patients want to ensure tht accessible high quality GP services should not be put at risk by extended services

- Patients would like to have services that can be provided in other areas, such as Specialist Nurses and Podiatry, located from the rural GP surgeries if the space allowed.

A number of issues were raised during the very helpful discussions about extended health services including:

- Mental Health provision would be valued, especially for younger and older people
- Patients would like the surgery to extend their opening hours so patients can access a GP 5 days a week and Saturdays
- Physiotherapy, Chiropody, Continence and ENT are all valued services that would be good to have closer to home to save travelling to hospital
- There was general support for accessing services from a local GP surgery rather than going to a hospital. It was felt it would be much more convenient for patients if specialist came to the local surgery, especially for those who don't drive
- Patients would like to see an improvement in the Out of Hours service (in terms of location) for people in rural areas
- If local GP practices were to share additional services, patients would be willing to travel to another surgery to access these services
- What is the role of technology? It should be seen as part of the solution as well as part of the reason for the practice wanting to move onto one site
- What percentage of patients who attend GP practices require extended services on a regular basis?
- There is confusion in the community. Some people think new services will be available and don't understand it is actually a relocation of current services
- Need to make sure that access to GPs is not put at risk for the sake of improving access to extended services
- Specialists are very expensive. If they are coming out to GP practices is that a good use of money or cheaper than going to hospital? This is important given the current financial climate

Myth Buster

There seems to be some confusion about what services could be available and to be clear:

- X-ray is not going to be provided in the rural practices, however we will be making use of new technologies such as tele-medicine
- We are talking about relocation of services rather than 'new cures'

The following were additional points made on the flip chart notes by facilitators:

- The value of better public transport and local transport schemes
- Local access to chronic pain management
- The importance of easy access to avoid deterring patients from seeking advice
- How much money has been allocated to this project?
- Is there an integrated system for appointments? – Yes
- The importance of support for vulnerable people in the community
- Would a mobile clinic be feasible?

Conversation Cafés

The Conversation Cafés aimed to be more informal than the Public Consultation meetings. Each opened with a presentation outlining the consultation process, the national context and the options currently under consideration.

Suggestions for extra services that were made at the Conversation Cafés have been included in the list in Appendix 4.

Conversation Café held at Wrington Memorial Hall on 26th November 2009

Comments on Additional Services

- Do not know what we want or may need in the future and need to identify the need before establishing services
- GPs need to tell us what they need as professional
- Content to leave services as they are / these already exist
- They are not needed – would prefer to see an expert rather than the GP
- Better use of time available at existing surgeries could help with these
- Services could be provided irrespective of the building issue
- Where and when would these be provided, would they be shared with other practices – they must be accessible
- Do not want extra services at expense of losing surgery in Wrington – they need to be available on both sites
- Would the suggested savings be real, where would the budget come from
- Have the doctors looked at this from the patients' view – their time and travel costs
- What will happen to hospital specialist services – will they be run down

Comments on Options Presented

- Need more information on detail of all options – costing, terms of building, leasehold and ownership arrangements, environmental and social impact
- Will there be visibility around the costs and viability of the options in the decision making process
- Have the disadvantages of the services delivered locally been examined
- The needs of the patients should come before those of the developer or the GPs – care, not business – wary of vested interests
- Should look at what buildings are needed, not choice of developer – who would be responsible for maintenance
- Is recruitment of GPs really an issue, do younger GPs understand rural issues
- The most important thing is the fabric of the village

Option 1 – do nothing or do minimum

- Whether or not confidentiality is expected at reception area

Option 2 – the two site option

- Two site option preferred – find ways of extending current buildings
- Ways of overcoming planning issues should be found, finding land for play areas and so on
- People can go elsewhere for extra services, flexibility around two centres, greater range of services e.g. Yatton
- This is a cheaper option, access is easier
- Surgery in Wrington essential - prefer personal touch of small / more local surgeries
- People have moved to Wrington to be near surgery – young and old
- Why is the extension of both existing sites not an option when both surrounding practices are doing this?
- This does not take future sustainability into account

Option 3 – the single site option

- Is Pudding Pie Lane a good site – green belt, access and parking is limited, those unable to walk there will delay getting advice, roads poor, easier to get to Yatton
- But alternative access could be set up
- Make the hub in Wrington – concentration of population and facilities, safeguards the pharmacy to avoid loss of community cohesion
- Public transport not good or accessible and practice transport scheme may not work – not viable, risk of spread of infection
- Risk patients registering elsewhere
- It has lots of advantages especially as it will be a new build
- An opportunity to combine school / day centre / new surgery besides recreation ground
- May lose services in the future if this option is not chosen – important to keep up with the times
- But if it becomes a poly clinic this could be detrimental to other local practices
- Is part of the new site is going to be for the use of private patients - what provisions are being made for NHS patients?

Option 4 and 5 – as Option 3 plus branch surgery in Wrington / plus satellites

- Not viable – this will fail
- Branches and satellites will not be viable, won't meet standards
- An alternative – merge existing surgeries with neighbouring practices

Comments on finance

- What is the sale value of the present sites and how much does this off-set the cost of single site development
- Question on PFI funding – will the developer own the freehold after 25 years – what about the security of a new site
- What about spending money in current climate
- Figures have been presented to make the single option look good
- Why can't the practice provide the finance as in the past

Comments on the consultation process

- There is an implication the contract has already been made, that it's a done deal
- Meetings not advertised well – not easy to get into
- Keep updating the information and getting it out, number the newsletters, every household should have the consultation document, not just the leaflet
- To what extent will consultation influence the decision – concern that processes is biased

Conversation Café held at Sandford Village Hall on 8th December 2009

Comments on additional services

- What is the demand for these, where is the evidence
- Current problems for patients living in Somerset re nurses and social services

Comments on options presented

- It is a marvellous practice offering a good services
- It is important to plan ahead and any development would need to be 'future proofed'
- Need more information – what are the 'drivers' behind the proposals
- Any development would be disruptive for quite a long time
- Could each practice operate independently
- Keep both surgeries and build a new treatment centre
- Car parking needs to be adequate
- Health service should provide the premises, not the GPs

Option 1 – do nothing or do minimum

- Not a good idea, wouldn't work, things would be worse in 10 years time
- Wouldn't meet disability standards

Option 2 – the two site option

- Means duplication of services and equipment
- Local people already travel between the surgeries to see preferred doctor
- Need more information on planning issues, lease arrangements and the potential to expand current buildings
- Which site would be developed

Option 3 – the single site option

- Sensible to have everything in one place
- How accessible would the site be – by car and by public transport – should be central to the practice area
- How accessible would a practice transport scheme be – voluntary schemes do help and there may be other solutions
- Could be potential to improve road access
- Other developments have taken place
- Would this become a poly clinic
- No robust business case for this – need more information on costs and sites
- Will more GPs be recruited
- How long would the lease be and what will happen to the building when it expires
- What private services are envisaged – would there be competition between private and NHS services

Option 4 – as Option 3 plus branch surgery

Option 5 – as Option 3 plus satellites

- This defeats the object – won't meet quality standards e.g. privacy, disable access
- Would be very difficult to manage
- defeating the object'
- If a single site were found in Wrington, would that solve the problem
- Satellites would not be sustainable

Comments on finance

- Costs seem high

Comments on consultation

- Who will make the final decision on the options and when

Conversation Café held at Churchill War Memorial Hall on 2nd February 2010

Comments on additional services

- What is actually meant by this, when would they be available, are they needed, what would they cost
- Members of the public only have their own experiences to go on
- Will it be possible to get staff to visit the surgeries and what about any specialist equipment
- Tele medicine might be effective, doesn't require much extra room
- Needs to be close co-operation with other practices including those outside PCT area
- Not wanted at the expense of normal GP surgery – can they be provided in current premises
- Accessibility is hugely important – not having to travel can have a huge impact
- Don't expect to see the same services as in a larger area
- Low tech ideas work best e.g. dietician

Comments on options presented

- Difficult to have an informed opinion without detailed information – need more information on the pros and cons of each option
- Need to be planning for the next 10 – 20 years
- Population is ageing and might find it harder to access services
- Economic climate means increase in poverty
- Difficult to know without information about the budget available – the budget will come with the services as they are moved from hospitals
- Most important to have the surgery in the right place

Option 1 – do nothing or do minimum

- This is unlikely to be the cheapest option
- Not really an option because of working conditions
- Would not meet standards e.g. confidentiality, disabled access

Option 2 – the two site option

- This will ensure good access for patients
- Patients very happy now even if the doctors are not
- Could current space be utilized better – could another floor be added
- Cost is likely to be less
- Could enough staff cover be arranged to cover longer opening hours

Option 3 – the single site option

- Having facilities in one place makes communication between staff so much easier and allows a better standard of care
- Is there a guarantee that a new building will secure new services?
- Concerns re practice transport scheme – what would this cost, would this be stopped in the future
- Public transport might be improved in conjunction with the school
- Impact on Wrington chemist if surgery closes
- Concerns about the Pudding Pie Lane site – environmentally, access, near a school
- Congestion could be an issue wherever a single site was
- Could be financial savings but would practice transport scheme offset these
- Most people drive already even if they live nearby
- Need to weigh the effect on Wrington as a community against the effect of lack of improved health services in the future
- People would find other forms of community life
- Would private services be offered from a single site

Option 4 – as Option 3 plus branch surgery

Option 5 – as Option 3 plus satellites

- Satellite surgeries wouldn't work – reduced facilities
- Only very simple things could be done.

Comments on finance

- Could current sites be handed to a developer if GPs don't want to own premises
- Could the NHS not fund the premises
- Concern that GPs are wanting to move / sell existing premises to make money

Comments on consultation

- Wording is not what it should be – patients should be asked if they would like to keep two refurbished sites, or a single site
- What happened at Yatton / Congresbury re a patient survey / consultation on the subject of moving sites
- Who else has been involved in discussions e.g. the Council
- What happens if the business plan rejects Option 3
- A lot of mis-information being put into the public domain e.g. that doctors will gain financially

Conversation Café held at Blagdon Village Hall on 9th February 2010

Comments on additional services

- Most people in agreement with extended services – they need to match the needs of the local population
- What sort of investment will be available for extra services if the single site does not go ahead
- Where would these be provided across the area – some could be very local others at e.g. Clevedon Hospital
- Would save people travel time and free up the hospitals
- Some would need to be handled sensitively e.g. Mental Health
- Be helpful to have alternative medicines, could pay for these
- Extend opening hours would be helpful – would save travel to Weston
- Would this weaken the service, taking it out of hospitals, specialist working away from their teams, could there be an issue about transporting patient data

Comments on options presented

- Confidentiality is an issue in general at current surgeries
- Transport can be difficult around the area, but it is worth driving if there are other services
- In what way do current premises not meet standards – more information will be available later in the year
- What is the main driver for a single site – financial viability or providing services to patients?
- The key thing is space at WVMP – allowing mobile vehicles to attend, space for parking
- Has anyone considered if they could operate the surgeries separately
- This would mean the contracts would have to go out to tender, this would create a whole lot more problems
- We do not want to lose the doctors we have, they are fantastic
- We should let the doctors decide

Option 1 – do nothing or do minimum

- Are there any advantages to this at all – no cost to taxpayer, some people prefer not to change
- There is every reason to do something – everyone in agreement
- We would be depriving ourselves of the extra services

Option 2 – the two site option

- There are differing views on whether there is enough space for this option – where is there space to do this – and that they are viable
- It would be challenging and costly but there is a need to expand
- We probably wouldn't get a lot of extra services with this option and they would have to be split
- It is very difficult to extend the Wrington surgery – one way system is ignored, parking is very restricted
- If you extend Churchill you will be eating into the car parking and access is poor
- Many people already drive to the surgery
- Would surgery still be able to operate while the changes are made – this was managed at Yatton
- Need to balance cost of buildings against the ability to serve population in an efficient manner

Option 3 – the single site option

- It will be easier for the practitioners and you'll be in the right place at the right time
- For the majority it could be an advantage accessing extra services in a single site
- There is a trade off for bringing things under one roof – elderly population disadvantaged in terms of access
- How would people get to Pudding Pie Lane from Wrington – family, transport scheme
- Would a practice transport scheme be established – would this be used, would it be practical from patient point of view
- Pudding Pie Lane is not suitable – situated by the school – but there used to be a school opposite Churchill

- Concern about how the roads in the area would cope with access and volume – wherever a single site is based, travelling will increase and the environmental impact of this
- The most important thing about visiting GP is that they listen to patients and refer to correct specialist. How will having a new building enhance this
- Yatton / Congresbury talked about single site option but it was decided they would remain as two sites
- Doctors have a vested interest in a single site

Option 4 – as Option 3 plus branch surgery

- Would this only be specific to Wrington
- People like local access but there are regulations that the surgeries have to meet – this makes it more and more difficult to have a satellite service
- All in agreement that it is not a viable option

Option 5 – as Option 3 plus satellites

- Are we talking about satellite clinics or satellite surgeries
- Would be better to have in one place rather than having to go to peoples houses for services such as baby clinics
- Always used to be services provided in the village halls – would be worth exploring and could be helpful for older people
- Would be good to have extra services no matter where they were - the clinics could then refer people onto doctors if needed
- There is a community element to this which is very important
- Would be much more appropriate to have single site than split to limit confusion, and convenience

Comments on consultation

- Will renewal of out of hours contract go through public consultation
- Feels like we are being led into single site as best option
- Concern that a lot more people from Wrington are going to respond, which will make the consultation biased

- People who are in favour of the single site are unlikely to do as much as people who are against it – people from Blagdon have been apathetic as they are in favour of the single site and did not feel they needed to do anything as they are happy for it to go ahead

Community Group Meetings

These tended to be quite informal with a mixture of individual and group discussion. The following summaries are based on the notes submitted by the facilitators of the meetings.

Blagdon Luncheon Club 27.1.10

The consultation and process so far was outlined, and participants had previously received the consultation document and feedback forms.

People were encouraged to complete the feedback forms or write in with their views and informed of the forthcoming Blagdon Conversation Café.

The facilitator then circulated seeking feedback from participants – the concern was expressed that it was already a done deal but participants were informed that all options were still being examined and that feedback is important.

Blagdon Mother and Toddler Group 1.2.10

The environment was noisy so a shortened presentation was given providing an overview of the consultation and the importance of the viewpoint of mothers with toddlers as there are higher than average numbers in the WVMP population.

The range of information that had been brought to the group was explained and an offer was made to speak to interested individuals.

Five people took up the offer for individual discussion and raised the following points:

- They would welcome a new facility with extended services, particularly better antenatal and post natal services
- Current provision for both is very poor with cramped facilities for post natal visits to the midwife / health visitors
- One mother said she realised there was opposition from some Wrington people who could currently walk to the surgery, but she

said they didn't usually choose to walk now and used their cars anyway.

Three mothers commented that they have to go to Langford for the baby clinic and weighing. The facilities there are cramped and they cannot take all their equipment with them.

20 consultation documents, feedback forms and prepaid envelopes were left with the group and any remaining will be taken to the next group by the leader.

Wrington Mother and Toddler Group 2.2.10

It was a noisy environment so everyone was spoken to individually rather than giving a presentation. They received a brief overview of the reason for the visit and the importance for the PCT to speak to mothers and toddlers as there are higher numbers than average within the WVMP population. They were also made aware of the range of information that had been brought to the group.

At least 3 consultation documents, feedback forms and prepaid envelopes were handed out and a small quantity left with the group. Any remaining will be offered to the next Mother and Toddler group by the leader.

The main points raised verbally were:

- At least 2 individuals were not aware the consultation was taking place
- Some individuals were very supportive of the idea of relocating the practice
- The majority were indifferent about the consultation because they drive to the GP surgery
- However they would welcome improved antenatal / postnatal services.
- One person was very anti the idea of losing the GP surgery in Wrington and said she has already made her views very clear to the PCT

- One person did not want to engage in any discussion because that is all she has heard about from some other mothers and is fed up with it
- A lot of the people said their main concerns are about the elderly patients.

Carers' Involvement Network – Clevedon Town Hall 3.2.10

This consultation was raised as an agenda item at this meeting which was attended by a member of NHS NS and the following comments were recorded:

- Concerns that Community Transport (including Bristol) is not always fit for purpose – the training of drivers was questioned with regard to the transporting of frail, elderly and disabled people and with regard to the quality of MIDAS
- The potential merger of Weston Dial-a-Ride and Weston Community Transport was noted

Carers' perceptions of NHS health services

- A maze – varied experience of patients with particular long term medical conditions – you may be lucky to have a GP with particular expertise in the condition of the patient you are caring for or you may not
- Services are fragmented. Some don't seem to work well together e.g. long waits for physiotherapy, no specialist for neuro-physiotherapy but District Nursing and Occupational Therapy seems to work extremely well
- Real problem with the open appointment system for carers – if the carer has health needs and have once been referred into the system for particular treatment / monitoring they need to have an open appointment for the life of their caring responsibilities so that if they are unwell after the 6 month period of the existing open appointment they don't have to start the process all over again. This would also prevent carers from attending unnecessary appointments before the 6 month deadline which they are presently doing just to keep the access 'live'

Carers' perceptions on how they themselves are perceived by health professionals in primary care settings:

- Health professionals expect spouses / family members to provide care – sometimes the carer knows more about the treatment the patient is receiving and has to teach the health professional to deliver the care. This does not build confidence. Carers are concerned about what happens if they cannot cope or become sick themselves and if the health professional is not competent to deliver the care as needed – the patient is put at risk
- Carers' competency to deliver all aspects of care can be over estimated by health professionals – more support is needed

Questions and issues

- What happens in GP practices to identify carers? What about people who don't think of themselves as carers but are nonetheless providing care? GPs should be identifying these people and putting them on the practice Carers Register. It is the GPs' responsibility
- Carers Champions – should be linked to GP surgeries – this information could be put on the PCT website and through communications channels

Location of new practice

- Look for disused properties to convert not just plots of land e.g. a disused farm might provide an ideal location. There are plenty of these in the rural areas
- Look at the innovative model of best practice in Kent where a new GP practice has allotments attached to help people with healthy eating, mental health wellbeing – also offers complementary therapies etc – google Care Farm Initiatives
- Very important to have a community resource – most important would be an information point staffed by a person. The person is crucial – could be specially trained volunteers to help people with local information, signposting to support etc. Could be like an outpost model of PALS. In rural areas this service would be welcomed as the service would become expert in local services

and be able to talk to people one to one. This personal contact is the most important feature.

Student Focus Group – Churchill School 4.2.10

This was the only involvement of those under 18 years of age in the consultation.

A member of NHS NS gave an introduction to the Primary Care Trust and background on the proposal and reasons for the public consultation.

Each student was given a copy of the consultation document and feedback form and asked to read the information on the various options.

- Some members of the group had concerns over Option 3. The initial thought was that it may be difficult for elderly people in Wrington to travel to Pudding Pie Lane.
- It was observed that the people who live in Churchill won't be very affected but the people who live in Wrington will.
- A few members of the group felt that Pudding Pie Lane would be a good location for a new surgery as it would be a central location for the practice population, of which Wrington only accounts for 20%.
- One student said she was not sure if additional services were needed but then said she did not know any different as these types of services had not been available up to now.
- One student added that the doctors know best with regard to the future requirements.
- Two students said they liked the idea of Option 4 or 5 and keeping a small surgery for basic appointments in Wrington.
- When Option 2 was discussed a few pupils thought that this was a good idea. However they could not think of where additional land would be available and recognised there would be difficulties in expanding the current sites as space is limited.

The group were asked if they could think of any other options which had not been mentioned.

No one could think of any and answered that wherever a new surgery is located, some people will be disadvantaged. Each option is good for some, bad for others.

A question was asked to the PCT – how often do the elderly need to visit the doctor compared to others.

One pupil observed that people will only speak out if they are against something. If they are in favour or don't mind either way they will not bother to speak out.

They were asked to take some time to complete the feedback forms and leave in the school reception for collection. It was noted there is no box for under 18s on the form. This is because there is no legal duty to consult but their views and opinions are valued.

They were asked about the importance of additional services, in particular a teenage health clinic. They answered that the school ran 'No Worries' drop in session, but they all agreed it would be better to have a drop in centre away from the school as this would be more private and they would feel more comfortable away from 'school gossip'. They felt this type of service was very important for teenagers and issues like contraception and smoking education were put forward as important.

Wrighton Luncheon Club 23.2.10

The members of the Luncheon Club were addressed informally at their small tables and introduced to the Consultation Document, the feedback questionnaire and the latest newsletter.

The main points of the discussion and comment centred on their anxieties at not being able to get to the surgery.

There was a general mistrust in the offer of transport. It was felt this would be inconvenient, costly and eventually withdrawn.

Very focussed on the single site at Churchill option which is unpopular as the members want to maintain a surgery in Wrighton.

The group agreed to complete the feedback later and submit their views.

Shipham Residents 25.2.10

A member of NHS NS led the meeting and described process so far then invited questions and comments from the floor. A WVMP GP was present to answer questions.

The comments from the members of the public covered

- Having to travel already makes the decision easier
- Would prefer good primary care services over and above extra services
- Prepared to travel to access specialist services
- Very happy with current services
- Would like parish council representation on the CRG
- Would like the newsletter to be sent to the PC
- Not on a public transport route so transport would help

The attendees agreed to complete consultation feedback and thanked the PCT for attending.

Jumblies, Langford 3.3.10

A member of NHS NS presented an update on the process so far and talked through the consultation document and feedback form.

A parent from the group gave a presentation on some of the issues that she felt were unresolved.

The discussion highlighted

- A green lobby against the green field site that was being discussed
- Safety issues for the local community in terms of access and road safety
- The single site proposal and the introduction of private services was the beginning of a private takeover

- General consensus that development of both sites is the preferred option
- Most against the loss of choice if moved to one site
- Alternative sites should be explored e.g. Grove Nursery at Langford which is on bus route, and Burnett Industrial Park in Wrington

Consultation documents and feedback forms were left

It was suggested that consultation documents be sent to Blagdon primary school

Wrington School PTA discussion group 9.3.10

A member of NHS NS gave an introduction to the process, the consultation document and feedback process.

A general discussion was then held during which the following comments were made:

- Transport has been offered to a single site outside Wrington, but how will children and their safety seats be accommodated?
- Sustainability of transport provision is suspect
- Families have moved to Wrington specifically to be within walking distance of a surgery
- Parents are happy to forgo extra services if this will maintain a local surgery
- Has the PCT examined the existing space available at both surgeries and has a time and motion study be completed
- The general opinion is that the surgery space is under utilised by restricted opening times
- The general view is that demand in Wrington outstrips availability at Wrington
- Why can't the practice offer a 7 day service?
- We need to wait and see what the new hospital at Clevedon will offer before making changes locally
- Early practice discussions made the group feel threatened by the practice – 'agree with our proposals or we will close'

- Suspicion that the practice are manipulating appointments to increase attendance figures at Churchill
- Can't the PCT provide a new surgery and keep the existing 2 going?

The group was asked how they could be supported in the involvement process and the suggestion was that a local meeting be held in the afternoon before the end of the school day.

It was also felt meetings should be child friendly.

Glossary of Terms and Abbreviations Used

Business Case Review Group

The group set up “to ensure all the options outlined in this document are fully appraised and included in the final business case.”

Consultation Document

Consultation Reference Group

A group convened by NHS NS with a membership that includes a range of lay people with different perspectives from the practice population

Pre Consultation Report

Conversation Cafe

One type of public meeting arranged by NHS NS as part of the consultation process in order to provide information, answer questions and listen to views from members of the public.

Equalities Impact Assessment

The process by which organisations examine their activities in order to minimise the potential for discrimination

Consultation Document

HOSP – Health Overview and Scrutiny Panel

The North Somerset HOSP is the ‘statutory consultee’ for NHS NS in respect of any significant variation to NHS services within the county of North Somerset or that affects North Somerset residents but is provided out of the county.

Pre Consultation Report

KLING - Keep Langford Green

A campaign group for the Langford area

LINK Local Involvement Network

The North Somerset LINK is one of a national body of LINKs established by the government in 2008. The LINK role is to help the local community have their say and take part in influencing services.

Local Impact Assessment

An approach that ensure decision making at all levels considers the potential impacts of decisions on health and health inequalities

Consultation Document

NHS NS National Health Service North Somerset

The Primary Care Trust for North Somerset. It assesses the health needs of the population and has responsibility for commissioning (buying in) the appropriate NHS services based on this assessment. It also monitors the contracts that are let with providers of NHS services including the contracts with General Practices.

Pre Consultation Report

SOS Save Our Surgeries

A campaign group that does not wish the current surgery sites to be closed

Topic Focus Group

A set of three groups established as part of the consultation process, each exploring a particular aspect of the proposals: Transport and Access, Village Cohesion and Sustainability, and Improving Public Health Services in Rural Areas

WVMP Wrington Vale Medical Practice

The General Medical Practice currently based on two sites – Wrington and Churchill.

A list of documents relevant to this consultation may be found on

www.northsomerset.nhs.uk/WringtonChurchill/ConsInfo

