

Shaping our Future Proposals to reshape and develop primary care and community services

Outcomes from the public consultation

FINAL DRAFT

March 2006

North Somerset 

Primary Care Trust

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1 Purpose

This paper is a draft report following the conclusion of the formal public consultation on the Shaping our Future consultation document that outlined our proposals to reshape and develop new primary care and community services.

The paper describes the scope and scale of the public consultation process and assesses the coverage achieved.

It summarises the responses and comments received under a series of major themes.

Further supporting documents have been included in particular an independent report on the consultation prepared by the Care Forum.

This draft report will be presented to North Somerset's Overview and Scrutiny Panel at its meeting on 5th April and following this a formal written response from the scrutiny process is expected by the mid April. A final version of this report will then be produced for the Professional Executive Committee in April and will go to the PCT Board on 28th April for their decision on the final recommendations.

2 Background

Public consultation on proposals for improving health and health-care services across North Somerset commenced on 1 Dec 2005 and ended on 1 March 2006. That followed an extensive engagement process, from July 2005 to September 2005, which sought the views of clinical professionals, stakeholders and members of the public to enable the PCT to develop proposals for delivery of more local, responsive health care services in line with national and local policies, preceded the consultation.

On Jan 28th the Government published the "Our health, our care, our say." White Paper which sets out a vision of good quality social care and health services delivered largely in the communities where people live. To deliver this, it identifies five clear areas for change: more personalised care, services closer to people's homes, better co-ordination with local councils, increased patient choice and a focus on prevention as much as cure which our proposals closely reflect.

NHS services are half way through a 10 year plan to become more responsive to patient needs and prevent ill health by the promotion of healthy lifestyles. This builds upon the vision set out in *Commissioning a Patient Led NHS* and the modernisation of health services in Bristol, South Gloucestershire and North Somerset being undertaken as part of the Bristol Health Services Plan (BHSP).

3 The consultation process

A detailed consultation plan setting out the process to be followed was agreed with the PCT Board and Overview and Joint Scrutiny Committee before the start of the public consultation.

The delivery of this consultation plan is documented in Appendix A, which sets out:

- A summary of public meetings held
- A sample programme for the public events
- An example of briefing information given to facilitators at public events

As with any consultation there was a degree of scepticism amongst local people about whether their views would be listened to. However on the whole the feedback indicates that the style and structure of the consultation process had been relatively well received and that it did give people a fair chance to make their views known.

4 Overview and Scrutiny Committee

Prior to starting the consultation process it was established that the proposals represent a significant change or 'variation' from the current arrangements for people living in North Somerset. Bristol City Council felt following a presentation of the proposals to their Overview and Scrutiny Committee on 17th Dec, that they did not represent a significant change or 'variation' from current arrangement for people living in Bristol and were happy for North Somerset Council to consider the health services' plans through the process known as 'overview and scrutiny'.

The Overview and Scrutiny Committee has received written and verbal evidence from the PCT and its partners and also from local people and other interested parties during the consultation process.

The Committee will meet again on 5th April to consider the PCT's response to the public consultation as outlined in this paper.

5 Themes emerging from the consultation

5.1 Overview

This section identifies the major themes, which emerged during the consultation period. These represent the issues that were raised consistently and frequently in consultation and in the discussions at public meetings and with stakeholders at the event on 10th January. The range of issues is similar to those identified during the public engagement process that took place prior to formal consultation.

In addition to these main themes, a range of other questions and comments were received and these are summarised in Section 7 of this document.

5.2 The vision

There was strong support for the overall vision for the future of health services in North Somerset based upon the principle of locally based services from both the public and stakeholders. People broadly agreed with the principle of delivering more services outside acute hospital settings and moving more services to community hospitals, other local healthcare settings and into people's homes.

There were some concerns from public and stakeholders about the lack of detail and the deliverability of the vision particularly in context of the PCT reconfiguration consultation.

5.3 Improving services in rural areas

People were less satisfied with plans for the rural areas of North Somerset, because they lacked any definite commitment to service development. People agreed that the proposals lacked sufficient awareness of the need in the rural areas in North Somerset. They said that the proposals lacked concrete undertakings about service development in rural areas, and complained that the language used was imprecise

The difficulty of accessing healthcare services in North Somerset due to transport problems, particularly for older people who are less likely to be car owners was often raised. People strongly argued that the availability of bus services and adequate car parking should be a priority for any new facility

There was widespread agreement that it was desirable and sensible to provide mobile services to the rural areas. People thought it would be economical to deliver services in this way, as well as improving access to healthcare services for many local communities.

5.4 Development of Primary Care Resource Centres

People supported proposals to develop primary health care centres (PCRCs) but asked for more clarity about what services they would deliver. They were keenly interested in exactly where the centres would be located and whether adequate parking could be accommodated.

Portishead. There was widespread agreement that there should be a PCRC in Portishead to meet the needs of the growing local population. However, a number of people thought that the proposed site was unsuitable. They believed it would not be big enough to site the services that have been proposed, nor have space for sufficient parking. They also argued that it would involve additional travel for many from the growing Harbourside location.

Weston There was general support for a PCRC in Weston-super-Mare, to include walk-in services, but some concern was voiced about the effect this could have on the viability of Weston General Hospital and again, concerns about the exact locations.

Worle There was support for a PCRC in Worle, but some people thought that the need was already evident, and the centre should be developed sooner rather than later.

5.5 A modern community hospital for North Somerset

Stakeholders supported the concept of a community hospital as it was consistent with the proposals in the white paper 'Our care, our health our say'.

Not surprising there was substantial support from the public for the development of a modern community hospital in Clevedon, but opinion was divided between modernising and extending the current hospital building with rebuilding on the same site and planning a new build on a different site.

5.6 Accessibility to services

Accessibility to services was considered to be a key issue for people living in towns, villages and rural areas. People asked for more locally based services, improved transport links, mobile services and better-resourced community transport services.

5.7 Finance

People asked for more clarity about how the proposals would be funded, and more detail about how money would be apportioned to different services and geographical areas

Stakeholders were concerned about the affordability of the proposals, and the need for tough decisions given the challenging financial position of the PCT.

5.8 Information, communication and technology

People broadly supported the better use of technology both in terms of its impact on clinical developments and as a means of developing NHS organisations and their effectiveness.

5.9 Staffing

Both members of the public and stakeholders were concerned about whether adequate staffing would be available for the new developments and to meet new demands.

Stakeholders said that to make progress, there would be a need to address workforce planning issues, staff shortages and the new skill mix required to support community services.

5.10 Voluntary and community sector services

Fifteen stakeholders said that there needed to be increased communication and collaboration between statutory agencies and the VCS, and in particular between GPs and the VCS. They said there should be better use and greater recognition of the VCS in service delivery, and greater consultation with and involvement of the sector in the development of services.

5.11 GP services

People were concerned about the shortage of GPs in North Somerset. It was felt that GPs were unable to meet the needs of their patients and that although the PCT had promised to increase the number of GPs in the area this had not happened.

A number of people said that they found it difficult to arrange an appointment with their GP, and asked for the system to be reviewed

5.12 Other services

Both stakeholders and members of the public raised other issues that they considered relevant to the future quality of healthcare services in North Somerset, which included:

Carers Members of the public said respite care was vital for the health of both patients and carers.

Children's services Stakeholders noted that the proposal did not address the opportunity to work with children's centres, which they said should include GP services

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

Mental Health Services Three members of the public said that the plans did not address the needs of people experiencing mental health problems and that mental health services needed to improve. Stakeholders acknowledged the progress that had been made by the integration of mental health teams in North Somerset but said that the proposals did not address the primary care needs of mental health service users.

Learning Disabilities The public and stakeholders, including North Somerset Council, were concerned that the plan did not adequately address primary care services for people with learning disabilities. They said that it was vital to educate professionals in the needs of people with learning disabilities in healthcare settings

6 Response to the themes from the consultation

6.1 Overview

The responses described below represent those given during the consultation as these various issues have arisen. The final responses to these points will be subject to any comments from the Overview and Scrutiny Panel on this report and due consideration of their own report in April. The final responses will then be presented to the PCT Board at the end of April.

6.2 The vision

The responses received through the consultation indicate that the vision as set out is generally well received by the public and stakeholders. It is understandable that in the current climate of uncertainty regarding PCT reconfiguration and the many national policy initiatives especially those impacting on NHS finances, including Payment by Results and Practice Based Commissioning, that there were some concerns about delivering the vision.

Since the vision is based upon the future demographic profile and associated health needs of the residents of North Somerset it should be seen as a useful 'legacy' document for any future organisations responsible for commissioning care for the people of North Somerset.

6.3 Improving services in rural areas

It was recognised during the engagement process that the needs of the rural areas had been overlooked and the inclusion of this section went some way to addressing this omission.

However the PCT agrees that further work to assess the particular needs across the rural communities in North Somerset is required, alongside an audit of the current primary care estate, to identify where development and expansion would be required and is practicable to enable the Primary Care Resource services to be provided for rural communities.

The PCT is now planning to establish a working group (with wide representation drawn from practices, practice based commissioning clusters, voluntary agencies, LA and other interested parties) to assess the scope of potential development for the rural areas at the public meetings following approval of the general proposals. To ensure that the model of care outlined in the vision is delivered to the rural communities the use of more mobile services as well the adoption of technological advances will be included in the work of the group.

6.4 Development of Primary Care Resource Centres

Portishead. The PCT Board agreed in principle to the development of a new permanent health centre to replace the Harbourside Practice's temporary location, sited alongside the Portishead Medical Centre in October 2004 given the lack of any alternative sites availability following extensive investigation. In the light of public concerns over this location the search for an alternative affordable site within the Marina development is still being pursued with the Local Authority. An option appraisal of any identified sites will be presented to the Board at the meeting in April for a formal decision upon the location of the PCRC.

However, if not site is identified the PCT recognises the public's concerns regarding accessibility of the proposed site and is undertaking an access survey to inform the decision making process and to enable further work with the LA to overcome any problems if this site is chosen.

Weston The development of the PCRC in Weston to include the relocation of two GP surgeries in Weston (New Court Surgery and Longton Grove Surgery) and other agencies will be expedited on approval of the proposals.

A working group consisting of all interested parties is undertaking preliminary work to determine the footprint of the development. The PCT is mindful that any development in Weston should compliment and not duplicate services at Weston General and there is close collaboration with Acute Trust colleagues in designing future services and identifying any opportunities for Weston General to be the provider of reshaped community or primary care services on their current site or in the new community facilities. The PCT is discussing availability of suitable sites with Local Authority colleagues and an option appraisal will be submitted to the Board at their meeting in April for approval to enable the development to be taken forward.

The provision of Walk in Services for Weston is being examined within the wider discussions around urgent and emergency care as part of one of the main themes of work across the PCT, Weston General Hospital and Weston Practice Based Commissioning cluster. The outcome of this work will feed into the design and procurement of the PCRC.

Worle The PCT recognises the pressures upon the local GP surgeries within Worle and has been working with them and continues to do so to improve and extend their current premises.

In the short term, the development of extended community and primary care services in Worle will be provided from local surgeries and other facilities in the locality. The development of the PCRC in the centre of Weston, community services at Weston General and additional services in Worle will be coordinated to ensure enhanced provision for residents across the whole community.

The PCT is committed to developing a PCRC within the area planned for the large increase in housing but until the Local Authority plan (Weston Area Action Plan) has been finalised and the Regional Spatial Strategy confirmed it would be imprudent to select a site. The PCT is working closely with Local Authority colleagues to ensure that health and health care needs are considered in the very early stages of planning and the infrastructure is built at an early stage of development.

6.5 A modern community hospital for North Somerset

The PCT is planning to undertake an extensive and financially robust option appraisal for development of the modern community hospital for North Somerset, whether on the current site or a new build on a new site within Clevedon, following approval of the proposals. A further consultation will then take place with public and stakeholders on the detailed options, timed to reflect ongoing development of services in the context of BHSP and related to local progress.

6.6 Accessibility to services

The PCT, while not responsible for travel and accessibility within North Somerset, will act as an advocate for patients and residents in North Somerset to influence the transport companies and local authority in provision of solutions to the county-wide transport issues with an emphasis on accessibility to services, improved transport links, parking facilities, mobile services and better-resourced community transport services.

6.7 Finance

The financial challenges that face the PCT have been significant over the last 3 years and will continue to be so. It is imperative that the PCT brings itself into financial balance within the next year and it is recognised that we need to look at the way that we deliver care and reduce the current level of use of the acute hospitals with its attendant increasing costs. The shift of work from the acute hospitals that could be better provided in local community or primary care settings will be accompanied by the appropriate funding under payment by results, in that the funding will follow the patient. This gives us the opportunity, working closely with clinical colleagues from both primary and secondary care to fundamentally redesign services, but will pose significant challenges in planning, both operationally and financially.

To accommodate this shift in work the facilities and work force will be required and the revenue resources for proposals for the Portishead and Weston PCRC have already been built into our financial plans. The cost of developing Clevedon Hospital will be identified in the formal option appraisal that the PCT will undertake following approval of these proposals and would ultimately be reflected in a business case.

All those involved in the last 6 months, will be aware of that recent national pressures on the NHS has turned the spotlight on finances. The challenge facing North Somerset now forms part of a broader issue in Avon, Gloucestershire and Wiltshire Strategic Health Authority and at the time of writing we are not yet clear about the extent to which growth funding will be available in 2006/07 to support some of the developments. This does not invalidate the relevance of these developments or the direction of travel set out during the consultation process.

6.8 Information, communication and technology

The PCT recognises that any future service or facility developments must be designed in a way that embraces current and future ICT advances if it is to make best use of its resources and deliver patient expectations and the national NHS agenda.

6.9 Staffing

The PCT is aware that it currently has low staffing levels in community nursing and allied health professions, as reflected in the national benchmarking data. The PCT has a well-developed workforce plan that recognises the need to develop new roles and extend the skill mix within the current staffing resources within community and primary care. The introduction of Physicians Assistants (see below section 7.5) is an example of how much of the work traditionally undertaken by the GP can be shifted to a less expensive but appropriately trained member of a team.

It is clear that as work shifts from the acute sector into community or primary care there will need to be an accompanying increase in community and primary care based staff to provide the redesigned service. This increase in staffing should be funded from the accompanying shift in resources under payment by results as noted above

6.10 Voluntary and community sector services

The PCT is committed to working closely with our Voluntary and Community Sector (VCS) colleagues and has been encouraged by the very positive contribution from this sector during the engagement and particularly during the consultation process. Apart from the public meeting and stakeholder event the PCT has visited a number of groups to present the proposals during the consultation.

There is VCS representation on both the Portishead and Weston working groups looking at the service development within the PCRCs and the PCT is committed to working closely with all VCSS across North Somerset. We agree that there needs to

be more education of the role of VCSS across the primary care community and will work closely with our VCSS and GP colleagues to facilitate information sharing to encourage more collaborative working.

6.11 GP services

The recruitment and retention of GPs in Weston and Worle has been difficult over the last 5-10 years and there have been a number of joint initiatives between the PCT and GPs to address these problems in the last 3 years with varying degrees of success. Most recently the campaign to recruit Physicians Assistants (PA) from the USA has been extremely successful with 6 starting work within practices across Weston and Worle in early June. This will reduce the pressure on our existing GPs and may well encourage other GPs to move to this area it demonstrates a forward thinking and innovative way of working.

The development of the PCRC will enable the practices to accommodate GP registrars, which is another important way of attracting doctors to the area as many remain in the area after completing their training.

6.12 Other services

The PCT recognises that as a strategic plan there are important services that are not individually mentioned and many of the concerns raised around specific services are already being addressed through current work within the PCT. These include the implementation of the new dental contract, which is hoped to encourage more dentists to provide NHS dentistry, and the review of carers' and the provision of appropriate respite care across North Somerset.

The PCT is also working closely with Local Authority colleagues to explore the possibility of including the proposed Children's Centre for Weston Central Ward within the Weston PCRC and is looking at establishing strong links with the other proposed centres across North Somerset.

The concerns regarding the needs of people experiencing mental health problems and provision of adequate primary care services for people with learning difficulties will be considered during the implementation of the proposals.

Penny Hynds
15th March 2006