



# Clevedon Community Hospital Public Meeting

21st November 2013

## Report



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# Clevedon Community Hospital Public Meeting Report

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## Public Meeting

### Options for Clevedon Community Hospital

### 21<sup>st</sup> November 2013

#### Background to the public meeting

Following the decision in July 2012 not to proceed with building a new hospital in Clevedon, North Somerset Clinical Commissioning Group (CCG) established a new project looking at proposals for commissioning future clinical services at the existing Clevedon Community Hospital.

Clevedon Community Hospital serves the population of North Somerset and provides inpatient rehabilitation, an outpatients clinics and a minor injuries unit. There are currently 18 inpatient beds of which three are reserved for Clevedon GP's to prevent hospital admission. The remaining 15 beds are available to the wider North Somerset population. More in-depth information about the Hospital can be found via the links shown in Appendix 1.

North Somerset CCG have carried out a range of public engagement activities regarding Clevedon Community Hospital including website pages, FAQs, and information documents (further information is available on the North Somerset CCG website: details can be found in Appendix 1).

North Somerset CCG's public engagement had not included an open public meeting and Healthwatch North Somerset's Clevedon Community Hospital Public Meeting provided an opportunity for the people of North Somerset to voice their views about the future of their hospital.

The League of Friends of Clevedon Hospital, which supports the charitable work of the hospital, has been a campaigning force in favour of retaining beds at the hospital.

Healthwatch North Somerset's statutory duty and remit, which is laid out in The Health and Social Care Act 2012, is to provide a voice for people who use health and adult social care services, by:

### **Influencing**

- Giving people an opportunity to have a say about their local health and social care services, including those whose voice isn't usually heard
- Taking public views to the people who make decisions - including having a representative on the Health and Wellbeing Board
- Feeding issues back to government via Healthwatch England and the Care Quality Commission (CQC)

### **Signposting**

- Providing information about health and social care services in the local area
- Advising people on where to go for specialist help or information (signposting)
- Helping people make choices and decisions about their care
- Working closely with other groups and organisations in the local area.

## **Setting up the meeting**

The meeting was held in Clevedon Community Centre at 1.30pm. Clevedon was chosen as the venue for the meeting as it is the location of the community hospital. Consideration was given to the time of the event, and there was an awareness that any chosen time would exclude part of the population. Feedback on varying times of future meetings has been acknowledged and Healthwatch will ensure public meetings vary in terms of time and venue.

The meeting was advertised in the local press - Weston Mercury and North Somerset Times and was widely advertised through local community websites, community newsletters, social networks and details were emailed to all Healthwatch North Somerset's members and contacts and via Voluntary Action North Somerset's database of approximately 900 contacts. Details were added to the Healthwatch North Somerset website and social media.

A press release was sent to the Weston Mercury and North Somerset Times which resulted in front page coverage of the event.

## **The meeting**

The meeting was attended by approximately 120 members of the public who were each given a pack which included the North Somerset CCG option scenarios for the hospital, feedback forms and information about Healthwatch North Somerset.

A brief introduction was given by Georgie Bigg, Chair of Directors, Healthwatch North Somerset.

North Somerset CCGs option scenarios (see Appendix 3) for Clevedon Community Hospital were presented by North Somerset's CCG representative, Liam Williams, Interim Director of Nursing.

Liam's presentation was followed by a questions and answer session and a passionate discussion ensued.

*“The meeting was a good example of local democracy at work. Healthwatch North Somerset met the challenge of gathering the range of local views effectively, demonstrating both flexibility and flair throughout the event.”*

Susan Robinson, Health Complaints Service Advocate, SEAP

## Feedback

Feedback on the CCG options scenarios and general issues and comments around the hospital have been collated into this report (see Appendix 4).

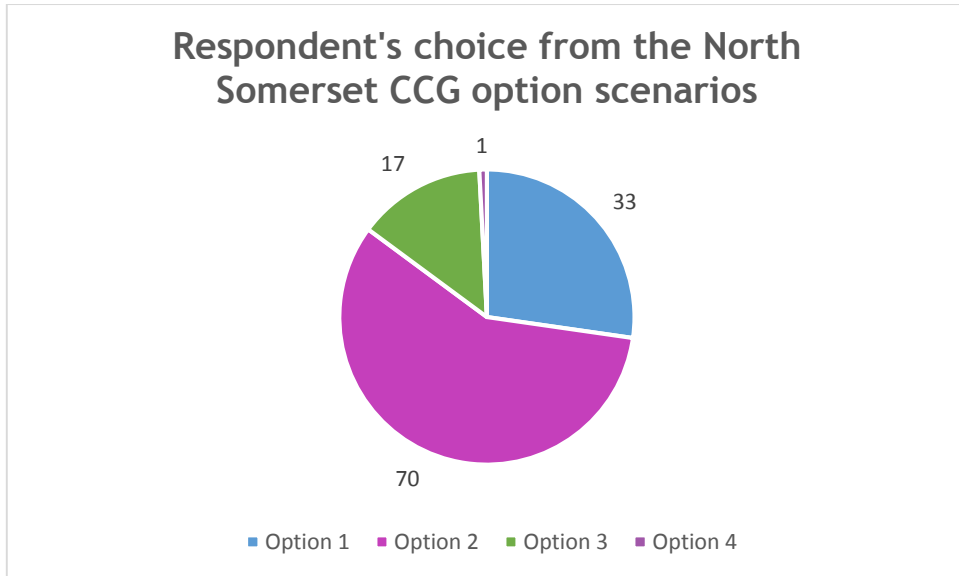
**Total number of responses received: 194**

(via post/email/telephone/at the meeting)

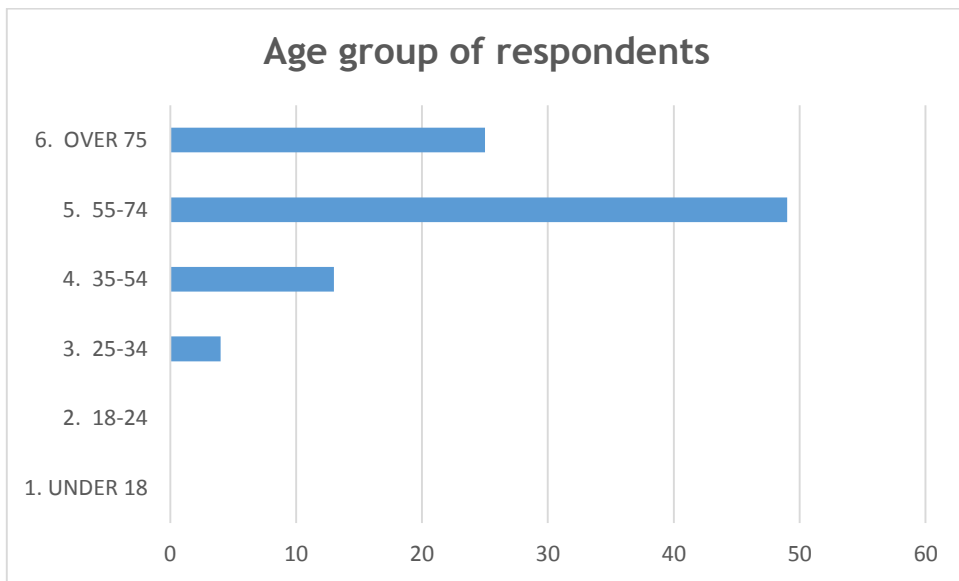
### North Somerset CCG Option Scenarios

1. Do minimum
2. Inpatient remains as is and outpatient and diagnostic (x- ray, ultrasound and other tests) services are further developed using the existing outpatient space.
3. Inpatient provision is delivered elsewhere and outpatient/diagnostics/ day care is further developed in its place.
4. Something else

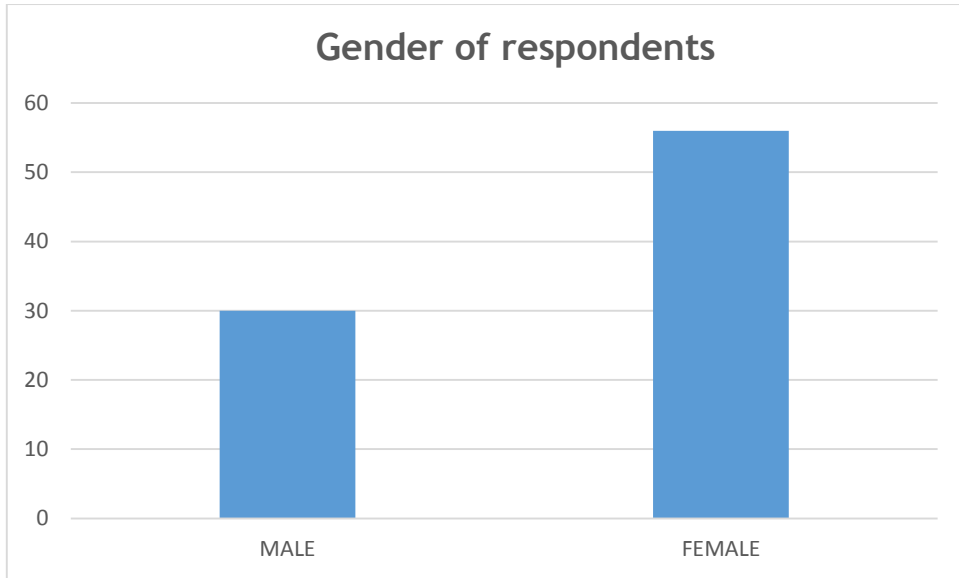
(Full details and further information about the Option Scenarios can be found on the North Somerset CCG website - see Appendix 1)



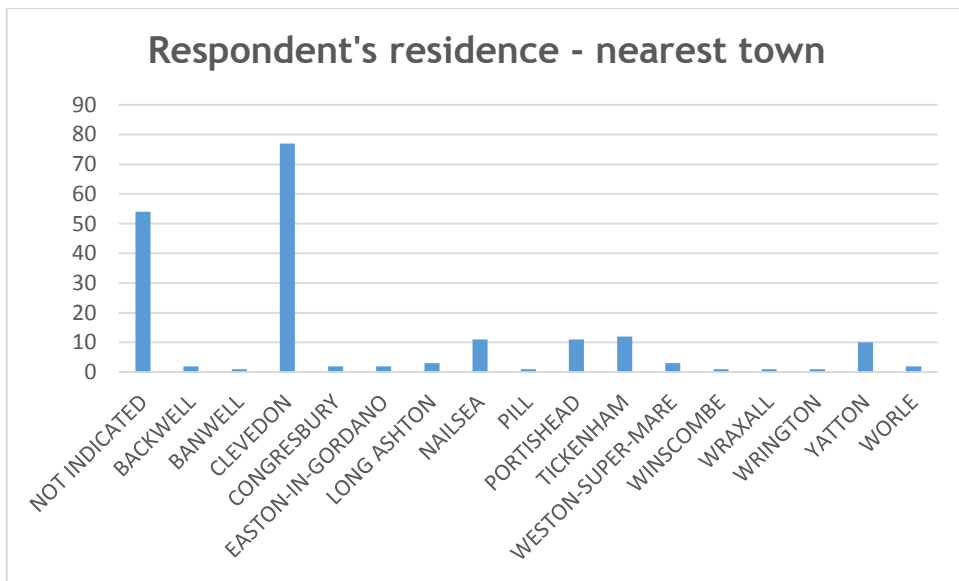
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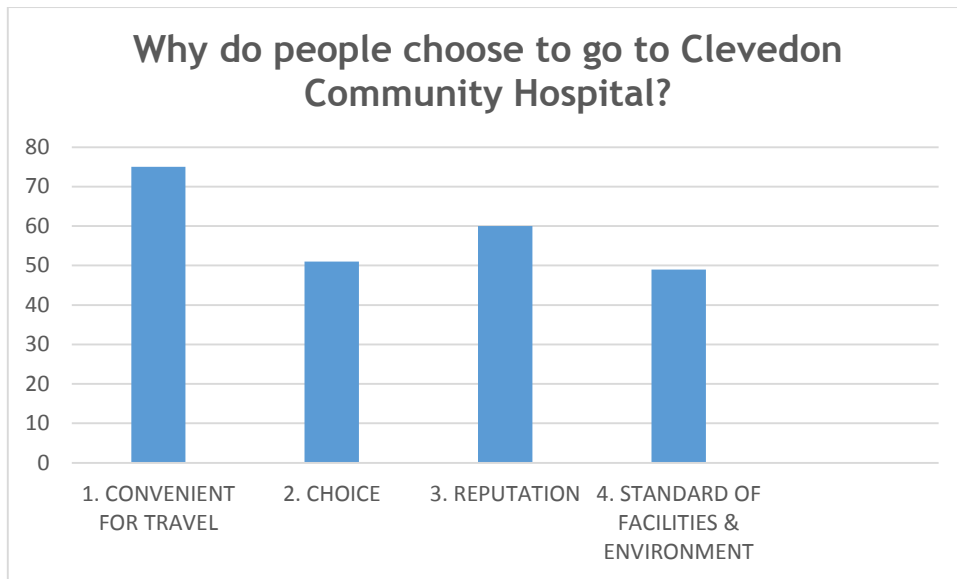


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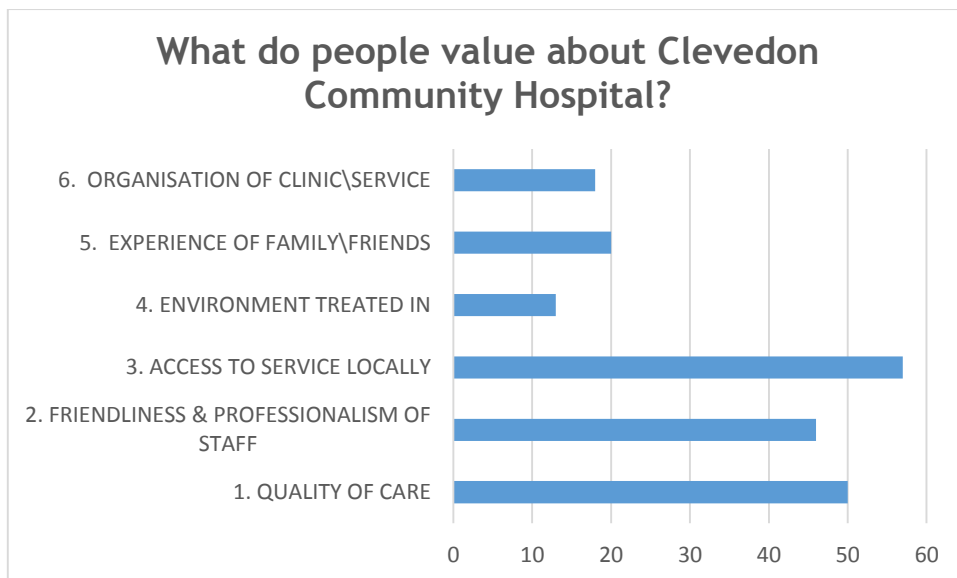


(Note: Total values do not equal the total number of respondents as not all answered this question.)





(Note: Total values do not equal total number of respondents as not all answered this question and multiple answers were permitted.)



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- It should be noted that the Clevedon Community Hospital, although being situated in Clevedon, is a facility for all residents of North Somerset. Whilst the majority of respondents and meeting attendees were Clevedon residents, we have also tried to gain the views of non-Clevedon residents as they may have differing priorities.
- The majority of respondents are in the 55-74 and over 75 age groups.



- The results of the feedback (see graphs above) are not, and are not intended to be representative of the population of North Somerset.
- From the feedback received, it is clear that the future of Clevedon Community Hospital is potentially an emotive issue and there is a public concern for the future of the hospital.
- It was evident that the North Somerset CCG option scenarios were not fully understood by the public and this has given rise to a number of misconceptions around the hospital's future.
- 

### Feedback about North Somerset CCG Option Scenarios Options 1 and 2

The feedback most strongly in favour of Options 1 and 2 were received from respondent's resident in Clevedon, and in the age groupings 55-74 and over 75.

*“I wish the beds at Clevedon to remain, so people especially elderly can have treatment locally, and be visited easily especially by elderly people.”*

### Feedback about North Somerset CCG Option Scenarios Option 3

Those in favour of Option 3 were more likely to be resident outside Clevedon, and were more likely to be in the younger age categories, reflecting different priorities for these demographic groups. As mentioned above, respondents are not representative of the population as a whole.

*“Remove the beds and place them elsewhere in the North Somerset community. Beds in Clevedon only are of use to people in Clevedon - it is better for the community as a whole if these are for example, 2 beds in Pill, 2 in Yatton, 2 in Clevedon etc. Use the space for better Out-Patient, diagnostics, MIU etc., which then avoids people having to go in to Bristol (no parking, far, expensive....). It is not currently serving all of North Somerset, only Clevedon residents, for whom it is surely very nice to have beds on their doorstep, but not very useful for the rest of the county.”*

## Conclusion

The Healthwatch North Somerset Clevedon Community Hospital meeting indicated there was some public confusion about the proposals for the future of the hospital and fears were voiced that the hospital would be closed. There was a strong emotional tie to the hospital from Clevedon residents and many attendees at the meeting shared their personal experiences of the hospital. We have sought to gain the views of non-Clevedon residents as they may have differing priorities.

After the meeting, the local papers and the Bristol Post reported the meeting; public letters were also printed.

This report, which includes public feedback from the meeting and by telephone, email and letter, will be forwarded to North Somerset CCG, North Somerset Community Partnership (NSCP), North Somerset Council and Healthwatch England. This report will be available on the Healthwatch North Somerset website.

## Appendix 1

### Further Information

For further information on Clevedon Community Hospital and the commissioning for future services at the hospital, please visit:

<http://www.northsomersetccg.nhs.uk/news-events/clevedon-community-hospital.aspx>

<http://www.nscphealth.co.uk/services/clevedon-community-hospital>

Appendix 2

Clevedon Community Hospital meeting advert

**Your Voice Counts**

Have your say on

**Clevedon Community Hospital**

**1.30pm - 3.15pm**

**Thursday 21<sup>st</sup> November**

At Clevedon Community Centre, 2 Princes Road.

Healthwatch North Somerset is your independent consumer champion for health and social care services.

**Make sure your views are heard.**

To book your place tel:- 01275 851400

or email [contact@healthwatchnorthsomerset.co.uk](mailto:contact@healthwatchnorthsomerset.co.uk)

**healthwatch**  
North Somerset

## Appendix 3

### Option scenarios for Clevedon Community Hospital

1. Do minimum
2. Inpatient remains as is and outpatient and diagnostic (x- ray, ultrasound and other tests) services are further developed using the existing outpatient space.
3. Inpatient provision is delivered elsewhere and outpatient/diagnostics/ day care is further developed in its place.
4. Something else

For further information on Clevedon Community Hospital, North Somerset CCG's options for the future of the hospital and the commissioning of future clinical services at the hospital, please visit:

<http://www.northsomersetccg.nhs.uk/news-events/clevedon-community-hospital.aspx>

## Appendix 4

### Public Meeting: Options for Clevedon Hospital Public Comments

The public comments have been anonymised and personal references that may indicate who has provided feedback has been removed. The comments have otherwise been left as provided to Healthwatch North Somerset.

- I have used this service as an out-of-hours emergency location on two occasions for my young son. The location, quality of service and friendly attitude made a nervous time less stressful.
- I have always been treated with courtesy and kindness - have only experience of outpatient services.
- Inpatients must remain and outpatients and diagnostics should be further developed as per No. 2 on the Clinical Commissioning Group sheet, AND to include A, B and C, D, E and F if at all possible. On no account should inpatient beds be reduced - what consideration is taken into account for the hardworking "Friends" and the many thousands of pounds contributed from their hard work and the Clevedon people?
- Maternity Services could be run out of the Cottage Hospital. Extend visits from carers in people's homes. Use independent companies to give an excellent standard of care.
- Keep our beds please.
- Improve and extend Out-Patients and MIU.
- Keep our beds in Clevedon Hospital - do not put them out to private Nursing Homes or Residential Homes.
- Ideally, it would be lovely to have beds available in every village\town, but this is unrealistic and the space would be better used for more services which more people can access.
- We need the services provided in Clevedon. For smaller injuries\ailments it relieves the pressure on Weston Hospital.
- Remove the beds and place them elsewhere in the North Somerset community. Beds in Clevedon only are of use to people in Clevedon - it is better for the community as a whole if these are for example, 2 beds in Pill, 2 in Yatton, 2 in Clevedon etc. Use the space for better Out-Patient, diagnostics, MIU etc., which then avoids people having to go in to Bristol (no parking, far, expensive....) It is not currently serving all of North Somerset, only Clevedon residents, for whom it is surely very nice to have beds on their doorstep, but not very useful for the rest of the county. I am a nurse working in Bristol.
- I would use Clevedon Hospital instead of travelling to Bristol because of parking if they had the services I needed, for example GP Out of Hours Services, A & E, prescriptions. If I needed a bed, I would go to Bristol.
- Option Three - we need more out of hours and walk-in services in the local area.

- 👉 We need more access to services locally, which the majority of the population will use i.e. Out-Patients, blood tests, X-rays, diagnostics, A & E \ Minor Illnesses. We do not need beds, which can be at the other hospitals.
- 👉 I think the beds should be removed and the services enhanced in the hospital to avoid the need to go to Bristol for Primary Care which can be done locally.
- 👉 The options are false alternatives taken in the context of Clevedon Hospital alone. If beds have to be reduced in order to allow expansion of other needed services then the context of their replacement is essential to evaluating the given options. The CCG needs to set out the whole network of pathways for the many conditions that it has to manage.
- 👉 A local facility is of paramount importance - family \ friend support contributes greatly to improvement and recovery.
- 👉 It is crucial that an elderly patient is in an environment where local relatives and friends are able to visit without having to endure transport problems. Adequate Physio treatment should be offered. Home Care of 15 minute's duration is not sufficient and doesn't assist in any way. How would alternative care or care accommodation be funded if there are already financial problems?
- 👉 It is crucial for family \ friends to be able to give support to their loved ones when they are hospitalised. Given the ageing population it is important that people can receive services as close to home as possible. Home care and social care services are essential but these have to be reliable and consistent - a 15 minute slot 3 times a day cannot replace hospital care. Nursing and care homes are already stretched and have difficulty in recruiting staff who have the skills to offer appropriate levels of care. Alternative Out-Patient and rehab it is suggested could be provided if savings were made in reducing the number of in-patient beds. What figures are available which would show the costs of these new units?
- 👉 Like to see Consultants coming to Clevedon to treat. Concerns about what has happened to the land previously allocated for a new hospital.
- 👉 I would urge everyone concerned to heed the Clevedon majority who wish to preserve the inpatient facilities at Clevedon Hospital - it means so very much to us all.
- 👉 Why can't Portishead Clinic support the diagnostics services? It's nearly always empty - then perhaps Clevedon Hospital could keep its beds!
- 👉 There are insufficient carers and District Nurses to provide care in the community now. The services are already overstretched. Are there plans to increase the numbers to provide care if the care is to be given in the community? Until the extra nurses and carers are in place - the hospital beds have to be maintained.
- 👉 Save all of the beds and improve Out-Patients.
- 👉 Save all of the beds **AND** improve Out-Patients and diagnostics. More parking.
- 👉 Is there a case of conflict of interest? Also while the original PCT which ran both Clevedon Cottage Hospital and Weston General, was the money allocated for Clevedon used to bail out Weston General? What is happening about the site at Millcross? Will the proceeds of the site be used for the health at Hospital?
- 👉 I wish the beds at Clevedon to remain, so people especially elderly can have treatment locally, and be visited easily especially by elderly people.
- 👉 There should be beds at Clevedon Hospital. There should be some clinic services as well.
- 👉 My husband was admitted to Weston Hospital and after our request he was moved to Clevedon Hospital, some of his time there he was in isolation for the C.Diff. His time there was a time of rest and

relaxation for him and for the family who were able to pop in when convenient. I would be strongly in favour of retaining the beds and keeping it as a hospital. Would it not be possible for the NEW HOSPITAL to be developed with mainly CLINICAL uses, maybe using part of the spaces as shops on say, 5 year leases to provide INCOME to develop further at a future date?

- Good communication between hospital and community. After major surgery, patients should have access to at least 2 weeks of specialist advice\help\ available, as GP's are "generalists". This applies to both adults and children. If beds in Clevedon are not reduced, where else would the cuts be?
- Option 2. There is insufficient detail, financial commitment, evidence or experience to support Option 3. Therefore Option 2 is a reality, Option 3 is just an unviable dream.
- Keep upstairs for beds and use downstairs for expanding diagnostics.
- Quite often it is not possible for old people to return home after change of life illness - they need local beds.
- Following the meeting I am convinced that the decision to remove the beds from Clevedon has been made.
- New hospital not built and less than 12 months later it is not going ahead - now bed cuts (JOKE!!!)
- I feel that today there was overwhelming support for keeping Clevedon Hospital offering the services it already offers. A true consultation has to take this on board and not use consultations just as a tick box exercise.
- Please do not under-estimate the problems that travelling to and being treated in a large hospital cause many elderly people and their families. Local care and facilities are very important to aid speedy recovery.
- Very concerned about using places such as Nursing Homes. Are the beds being used correctly (appreciate 85%) usage but are there alternatives that are reasonable? - I suspect there is. Extending services offered locally would be extremely beneficial - smarter use of other facilities for clinics that do not require expensive equipment (e.g. Local medical centres having facilities used at very low rates or out of action for excessive periods).
- Having beds in Clevedon is only of use to Clevedon residents. Elsewhere in North Somerset we don't mind where the beds are but having greater access to Out-Patients and A & E services so we don't have to go to Bristol would be better.
- I have really valued the standard of care given to patients when they are acutely ill and admitted for nursing care instead of going in to a main hospital. The care and rehab care in a Nursing Care Home is not at the same level. Yes people are monitored, but not by people trained to a high enough level, their training is often not so good or maintained or enhanced.
- I have lived in Clevedon since 1964. The hospital has and is a valuable health facility to many younger and older people. It is valued for the staff care, for its wonderful care provision for very old people. The infighting in the NHS is sad. These consultations were held 7 years ago and decisions made that Clevedon Hospital is used by its people from surrounding areas and we don't want it privatised or taken away.
- When Lord Elton gave the hospital to Clevedon and surrounding areas what did the deeds say about bed and clinical service provision? Populations and communities still need hospital care at the end of their lives. Not 2 hour bus ride away in Southmead or Weston.
- My sister was cared for at Clevedon Hospital for the last 5 weeks of her life. We could visit her at any time and even sat with her overnight and I was with her when she died. Our whole family were treated with kindness, dignity and utmost care by all of the staff. Her husband doesn't drive and also has a



mental health illness so it was really important he could visit and walk to visit her whenever he wanted to.

- 2 I was able to use Clevedon Hospital myself recently to see an out of hours GP on a Sunday morning, arranged by NHS 111. This was excellent and I was pleasantly surprised that this was possible on a Sunday - excellent.
- 2 CCG representative seemed to be painting a very “rose-tinted glasses” view of being cared for at home - the reality is a lot tougher!! Having cared for my elderly father who lived alone, care at home is a very complicated network to get to grips with and usually a family member (me, in my family’s case!) ended up being a full-time care co-ordinator! (on top of working full-time!) E.g. Co-ordinating carers from agency, ordering drugs\keeping on top of prescriptions, arranging oxygen, equipment such as walking frames, liaising with physio’s, district nurses, GP, social workers - as well as doing what you had to keep Dad at home - his food shopping, admin\paying bills, keeping him company, and after ALL THIS having spare capacity emotionally to be “just” his daughter! Care at home needs to be much better co-ordinated and clearer to patients and carer’s - it’s so complicated knowing who does what!
- 2 I have concerns if Clevedon Hospital beds are reduced\go and move in to Nursing Homes - what about levels of nursing staff?
- 2 You can’t measure local in hospital bed care against finance. My husband passed away in the Cottage Hospital (he didn’t want to be at home) and I can’t describe the difference it made to our family to be able to visit locally. Our grand-daughter who was very close to him, loved being able to visit for short times. I virtually lived at the hospital (he was in a single room) often staying the night. The care was as good as any private hospital. It helped that he knew his doctors and wasn’t continually treated by strangers.
- 2 Be aware that WGH bed ratio = 1.99\1000 population. UK average = 3\100 (same as Latvia). Germany bed ratio = 8\1000. Closing Clevedon CH beds will make WGH bed ratio worse.
- 2 Local doctors tell me they have no time to visit people who are being cared for in their own homes, or if they are in nursing homes. A very dear friend with dementia was being cared for in a nursing home. She and her family had signed a form to say if she was taken ill to die in the home. There were no doctors available, she was moved to Weston Hospital and died in great distress.
- 2 To retain 18 beds at Clevedon vital to community, even if modernisation is needed. When I worked at CCH there were 22 beds - where have 4 of them gone?
- 2 Retaining the impatient service is vital for the community, even if the 18 bed provision is reduced in order to modernise for future use.
- 2 Beds for Clevedon Hospital.
- 2 Keep hospital beds in Clevedon Hospital.
- 2 My choice would be Option 2. When my husband was discharged from Weston Hospital to be looked after at home - it was disastrous. Our GP considered we could not cope and my husband was admitted to Clevedon Community Hospital where he was able to be cared for. It is vital that these beds remain accessible.
- 2 Keep Clevedon Hospital open for patients e.g. Stroke patients to rehab and start with physio etc., in order to go home and live independently. This has been a lifeline for many patients especially after the General Hospital in Bristol closed where they used to provide this service. 20 years ago the sale of Barrow Hospital and Ham Green was supported to fund a hospital\clinic in Portishead and Clevedon - all cancelled!! Where has the money gone? Clevedon Hospital receives patients from acute beds which are more expensive to the NHS so more economical use of beds.

- 👉 I do not feel it appropriate to comment on the second set of questions. However I do feel the care given at the hospital is extremely good - an especially important consideration in light of the recent NHS problems in Mid Staffordshire NHS Trust and other hospital, and the Francis Report. Also from patient comments\letters\feedback the overwhelming comments are very positive comparing this hospital to other hospitals\nursing homes etc.
- 👉 Leave this facility well alone - it functions very well as it is.
- 👉 Please keep our beds - Clevedon residents deserve it.
- 👉 Meetings is not really representative of all Clevedonians due to the time and day - surely it could have been arranged for early evening?
- 👉 People need much more rehab input than some professionals have time and money to provide in Clevedon. The space is small and old, and big hoist and bathing facilities are limited in Clevedon. Some rehab beds cannot be kept. GP, End of Life care and safe haven beds in my opinion are what the public need. Rehab is a vital speciality which needs space, equipment, specialised staff and hours of treatment. Clevedon is not doing that as well as the end of life and safe haven care. Clevedon is not supposed to be a cottage hospital where you go to convalesce and get better for weeks. It is a modern, dynamic community hospital to meet non-acute needs of the population (and acute in MIU too). The beds must be used appropriately and if necessary, reduced to 12 or 15 so equipment and space is made available for adequate nursing and PAMS care.
- 👉 Local life-time resident - I want Option 2 for Clevedon Hospital.
- 👉 I was born in Clevedon and my mother, father and mother-in-law spent their last days in Clevedon Community Hospital. This is a vital facility that should be retained not just for elderly people but for generations to come. What really annoys me is that the new hospital was cancelled as this facility was obviously a requirement for the location so to close the Cottage Hospital would be a travesty of justice.
- 👉 I think the hospital should be left as it is!
- 👉 Why push patients to nursing homes - this is not suitable as these staff are not fully trained nursing staff and are not training for emergency situations which arise. OK we cannot have our hospital at the QuickSave\CrabTree site so why hold the land? Why not sell it and make more money for Clevedon Community Hospital?
- 👉 Do we actually need these other services in our hospital when transport can be arranged to transport patients who need blood transfusions etc., non-urgent bed care you have other facilities in other areas.
- 👉 Latest from Jeremy Hunt - Nursing staff ratios. If the number of beds at Clevedon is reduced, will it be possible to have sufficient staff on duty, or will that then be used as an excuse to close more beds. Alzheimer patients can only stay in their own homes at the expense of the lives of their families and when they reach the stage they can't cope any more these patients have to be accommodated - with dignity - somewhere.
- 👉 I am worried that finding appropriate treatment in the community in beds around the community would end up being a hodgepodge miss\hit arrangement and much more complicated and difficult to procure and satisfy all needs when needed. It has been wonderful over the past 22 years to be able to access services and emergency drop-in A&E for a growing family.
- 👉 Have as many local healthcare services as possible (save travelling, costs and parking). The acute hospitals have poor, congested car parks.
- 👉 All the beds must remain in Clevedon Hospital. Nursing Homes would not be able to cope with the extra patients that need the care. Weston Hospital would not have 18 beds available as they are full up already. What about leaving things as they are re beds and hold clinics at Waverley House or in Portishead Health Centre.

- By removing beds from Clevedon Hospital it will be the first stage of eventually closing Clevedon Hospital. The site can have a new hospital taking the car park space and eventually removing the old part of the hospital to make way for a car park. Grade 1 buildings can keep the front of the building, and build new at the rear. Portakabins can house the beds while the new extension is built. No estimates available to the cost of providing the extra services once the beds have been removed.
- Improving outpatient facilities would benefit a much bigger number of people and help GPs get diagnostic information more quickly. Could you clarify the rehab unit you might use - sounds as though it would have to be purpose built and could take a long time to get running. Good idea to use local Nursing Home beds, but standards of care would have to be improved and supervised - this could be a positive thing for all nursing homes. Care in the home needs to be improved, but is a great thing to aim for. Well done CCG speaker, great job - sorry Clevedon wasn't listening to you! You have the patience of a saint. We should be looking more at prevention so that the aging population will be fitter, as costs will continue to rise and more "cures" will be found for major diseases, all at more expense. So, possibly option 3 - but I'm leaving this anonymous as I think I'll be lynched.
- Would be really sorry if hospital beds go from Clevedon - I would want to use the hospital if I was unwell as family and friends could visit easily. I have known many people who have received excellent care in Clevedon Hospital and it has been very important to them to be in their "home town". If you close Clevedon beds - what nursing homes will people end up in? Some are awful!
- I think NSCCG, Healthwatch etc. should do more publicity than has been done at the moment - lots of the "general public" don't know about the "options" being considered. I appreciate that the CCG has been working on the hospital project for some time now, but I feel really strongly that they have been very slow\careful in the way they have been "open & transparent".
- What happens next?? I'd like to know what the CCG has put together under the options so far. The documentation on the NSCCG website is not always that clear (to lay people) as lots of jargon used - most people don't understand the complexity of the NHS (and to be honest probably don't care\or need to know!) - They just want good quality care near to home. I attended NSCCG Stakeholders event for info - good day but not for "Joe Public"!
- With the huge increase in the population of those over 85 (by 2021 an increase of 40%), it is important for them and their families that there is access to a LOCAL HOSPITAL. Their friends are unlikely to be able to drive or otherwise travel to Bristol or Weston and this affects their outcome\progress. More people are going to be on their own. A 15 minute visit from community nurses or other professionals is no substitute for being in a building where staff are available 24/7 - nor is a Nursing\Retirement Home appropriate where staff ratios\experience\training may not be appropriate. The amount of money raised by the Friends of Clevedon Hospital is an expression of the value local people place on this hospital.
- Over the years all members of my family have used various clinics and out-of-hours GP clinic and minor injury clinic. Being able to travel locally for clinics and out-of-hours doctors is extremely important especially when feeling unwell. The clinics have short waiting lists and run to schedule. Parking and transport is easily accessible and is available for people to reach at ease. I would like to see further out patients clinics to avoid travelling to BRI, Southmead, Frenchay and Weston as they are all a long distance away. The hospital provided wonderful care for my aunt who died after having palliative care at the hospital. I appreciate a hospice would probably be more suitable. Please choose more clinics - option 3.
- Several members of my family have used the hospital instead of going to Bristol. My great-aunt has been in several times convalescing after surgery. Home would not be suitable as patients get scared on their own. I ask, how would you like to be on your own at home unwell or carted off to a nursing home you don't want to be in? The service should be there for those who pay their taxes!
- It is critical that this service remains available locally to serve Clevedon. I would encourage option 2 to be adopted.

- Option 2 - Treatment received at Clevedon Hospital far excels that of Weston Hospital. The waiting time at Clevedon is much shorter too.
- In the absence of any sort of better alternative Clevedon Hospital is more than fit for purpose. There is no such thing as cannot be refurbished. The residents of Clevedon will simply not countenance any move to take away any of the services of this tremendous hospital. Option 2 is the only way forward.
- Option 2 is preferable.
- The out-patients and diagnostic services in neighbouring hospitals would be put under extra pressure reaching targets if we were to lose such services in Clevedon. Have used the Cottage over the years myself, children and grandchildren. I have always been very happy with the outcome of my visits. MIU is fantastic!
- Prefer beds to remain in the hospital - option no. 2
- Option 2 please - spent 4 weeks in Clevedon Hospital and was very well looked after.
- Option 3 - have beds removed to have better out-patient facilities for all. Beds are just beneficial for Clevedon residents only, not the wider community.
- Want to keep beds.
- Physiotherapist - want to keep beds, option 2 please.
- My preference is option 1 that Clevedon Hospital retains its 18 bed status. I really think this is important, mainly for elderly vulnerable patients and their families also for elderly visitors who would not be able to travel to Weston.
- Option 2 - We think that inpatients should remain as it is and out-patients and diagnostics services are further developed using the existing outpatient space. We think that it is more beneficial for Clevedon people to be able to visit their family members in the local hospital.
- I consider that it is very important to retain the beds at Clevedon Hospital. My husband was a patient in Weston and it was a huge relief to him and to all the family when he was found a bed at Clevedon. The care he received there was second to none, and it was a great reassurance to know that he was close to home receiving 24 hour care, and that he could be visited by friends and family without making travel arrangements. It was also reassuring to have doctors from our own GP practice in attendance; it was so much easier as a relative to gain information in such a friendly way. To talk face-to-face with a doctor at Weston Hospital is almost impossible. There is a great deal of avoidance practised even if an appointment has been made! I do not think that any nursing home, however good, could offer such complete, overall care. In general the patients who are sent to Clevedon are elderly and very insecure in a strange environment. There are not worried about the facilities - they are very concerned with peace of mind in a loving, secure environment which they find in Clevedon. The local people of Clevedon have, over many years, worked hard to secure funding to support the hospital. This should not be ignored and count for nothing. The heavy hand of the NHS should not be allowed to wipe out the goodwill of local people. If there is room to improve the present out-patient clinics, it should be done without major disruption to the hospital which works so well.
- Option 2 - keeping in-patient beds and services. Weston, Southmead and Frenchay Hospitals are very difficult to reach by elderly people on public transport.
- I am very concerned about the proposals for the hospital to lose any in-patients beds. Unfortunately I was unable to attend the meeting.
- My wife and I want to add our voices to those who attended the public meeting last week and overwhelmingly voted in favour of retaining the present arrangement of beds for patients in the local area. We have had considerable experience of friends and relatives receiving excellent 24 hour care at a

location which has been so accessible to those of us who are elderly and not so mobile. We would like to think that local people's wishes are acknowledged and acted upon.

- 2 I was not able to attend the Healthwatch public meeting on Clevedon Hospital. We need to retain Clevedon Hospital. A hospital in Clevedon is consistent with the thrust of good practice and government policy, to move services out of acute hospitals and into the community where possible. Clevedon Hospital has won a high degree of trust from the community - this is precious. We need both nursing beds and out-patient services. The public does not trust nursing homes to provide medical beds. Out-patient services include up-to-date diagnostic and treatment tools that don't require an acute hospital e.g. Radiography ultrasound x-ray, chemotherapy, blood transfusions and drips, physiotherapy, psychotherapy, minor injuries unit, pre and post maternity and so on. We have already lost some of these and could lose more. The hospital infrastructure and accommodation needs to be good enough to encourage non-NHS providers to site their service here, since we are required to go out to tender. Commissioners should put a strong presumption on basing services in Clevedon Hospital when evaluating tenders. A service offered far away might be cheap for the Commissioner but expensive and inconvenient for patients in Clevedon.
- 2 We would like to add our strong support to all those local people who believe that the hospital should keep patient beds as at present. We have lived in the town for over 40 years and have lost count of the number of friends and family who have benefitted hugely from the care provided by the hospital. To take this facility away and send patients to nursing homes or Bristol hospitals is a very short-sighted and inconsiderate proposal.
- 2 I was unable to attend the recent meeting about the future of Clevedon Hospital and am emailing to share my views. I have an elderly mother living in Clevedon. Some years ago, when she was in her 80's, she was admitted to Frenchay Hospital for an emergency operation. As we all know, our Bristol hospitals are desperately short of beds and discharge patients as soon as possible; my mother was no exception. Both her GP and I thought she was too frail to be at home alone but at the time, I was caring for my husband. Frankly, I was at my wits' end but our GP stepped in and found my mother a bed at the Cottage Hospital where she was able to rest and recuperate for a week. I and friends were able to pop in for a visit, the food was excellent, the staff friendly and obliging and her GP nearby. It was absolutely ideal. I am sure you will understand how upset and angry I am to hear that hospital beds in Clevedon are in danger. As many people have pointed out, we have a large elderly population in Clevedon who really need this facility. Bad enough that they are made to feel guilty about bed blocking in major hospitals, do we also have to remove this lifeline? Shame on us.
- 2 We are horrified at the thought that the hospital may lose its in-patient facilities. Originally we were told that the rehab beds there were going to be available for people who normally would have gone to Bristol General Hospital. Already Cherry Orchard's Nursing Home has been closed down for no good reason and we cannot see that it is going to be possible for local nursing homes to be able to care for patients who need 24 hour care. Clevedon and Portishead and surrounding areas have expanded enormously, so it cannot be said there is a not a need for a proper hospital here in Clevedon We still do not know why the original plan for a new hospital on the Millcross site did not go ahead despite the fact that millions were spent on the initial planning. Where did all that money go? Will we be told exactly where all the money went and who benefitted? Now the Council Offices are at Castlewood, why has the money been spent on updating premises in Weston? With an ageing population and a bus service that is far from brilliant we definitely should have out-patient facilities here and hospital beds. We seem to have some very negative people running the health services at the moment who seem unable to think ahead for the long term benefits to the community.
- 2 Please would you add our names as being very much in favour of retaining Clevedon Cottage Hospital? It is so important to retain a facility such as this and continue the excellent service provided to the residents of Clevedon and the surrounding areas.
- 2 I think it is very important that the in-patient beds remain at Clevedon Hospital. These beds are mostly needed by the elderly and are usually supported by carers. We hear a lot about how the country relies on unpaid carers to help and support the elderly and this is a good example of how these carers can be supported. I think if this facility is taken away it would affect the health of these carers, and so put a

different strain on the elderly patients and the health service. Elderly people who are a bit confused after what might be a long stay at hospital in Weston or Bristol find it comforting to come back to Clevedon and be able to look out of the window and know where they are, and to be able to get their strength and mobility back before being sent home. There is a lot of confidence in the Cottage Hospital by the people of Clevedon and we really value and appreciate it. All well and good if out-patients and diagnostics can be further developed, but not at the cost of the in-patient facility.

- I wasn't able to attend the recent meeting but I feel very strongly that the Cottage Hospital in Clevedon should retain some beds - several elderly members of my family have made use of this facility. The hospital is ideally situated, opposite the Medical Centre, so a GP would be nearby if needed during the day and there would be day and night nursing care, which would be reassuring both for the patient and their family. Also, any (mostly elderly) friends would be able to visit patients more easily than having to travel out of town. If cost is a consideration, which is probably the case, I guess it would be less expensive keeping these beds available than the expense of a nursing home or transporting patients to Bristol or Weston Hospitals. The League of Friends has been well supported over the years and I'm sure they would continue to give support to Clevedon Cottage Hospital.
- People are being asked to consider options that lack the detail necessary for people to make an informed choice. For example, in option 3, point A indicates the possibility of a specialist rehabilitation facility. This sounds like an option worth considering, however, the location of this facility will be important to local people, and would be key in whether people feel this is a suitable alternative.
- What will be happening to the "Seasons" building?
- Unfortunately I am unable to attend the Clevedon Hospital consultation on 21<sup>st</sup> Nov. However I wish to acquaint those attending with my very strong thoughts concerning the scaling down and possible demise of the hospital. Only this year I have spent 2½ months in the hospital, and cannot speak too highly of all the excellent and cheerful care and attention I received over that period from doctors and nurses. Whatever may be said about parts of the NHS, Clevedon Hospital deserves the highest accolade which, in this area, my relatives and friends find other local hospitals, including Weston, much less efficient. I continue to visit Clevedon Hospital as an out-patient and have every confidence.
- Let's not be duped by decisions made by financial directors, with no concern for local community with an agenda for privatisation. Hopeful Councillors must realise the importance and value patients place on having local accessible care. It's a service and not-for-profit service. Our Community Hospital also offers beds for respite care, which is vital for giving recovery time for our local carers, especially at a time when the onus is to help patients stay in their own homes if possible. If short-term savings need the loss of beds, this local community asset will never return - this is wrong and reckless. An asset, fully-structured, ever-revolving, generic based, training to support all our NHS workers to deliver a safe, high quality effective care to our community. Be sure, our community hospital will only survive as long as there are folk with the faith to fight for it, generations have paid for it, own it, and use it, and nobody should take it away.
- Protection in hospital by trained nurses - not trained family\carers. Is there to be more money for support in the community? 10/10 MIU now in physio space. Physio now upstairs too small and need lift working. Clinic rooms small - not wheelchair friendly. Who owns the building? Will Sunnyside be running an extended health facility on the KwikSave site? Treatment at Clevedon must be safe. Treatment at Clevedon will enable local people not to travel too far, e.g. elderly or without cars. People in Clevedon have been let down - people in Clevedon have been used by NBT and let down. Where are the beds from the loss of the General Hospital?
- Having been promised a new hospital and then to have it cancelled and be told that there would be investment in the existing site to keep a hospital in Clevedon, we are now told that there are proposals to close the provision for beds altogether to give more walk-in care. Surely a hospital with no beds is no longer a hospital but a clinic. The Health Secretary has recently stated that the NHS must be more patient orientated surely this is just the opposite. We know we have to be realistic and that funding seems to be everything these days, but surely patients with less serious conditions are better able to go to hospitals in the surrounding areas so that people who need a bed locally can still be provided with

one. Also being able to visit a relative or friend regularly and easily is better for all concerned and would probably mean less time in hospital for the patient concerned. To try and get to Bristol or Weston hospitals by public transport can be a problem especially on Sundays. We both feel very strongly that we must keep these beds so that we have a proper local hospital that has served the local population well for many years and we hope for many more to come.

- I would like to add my support to the Hospital. My husband died in there and had wonderful care and his passing was made less traumatic for me at Clevedon Hospital where he got to know the staff and could not praise them highly enough. It would be a great tragedy if the hospital were to be closed. I was sorry I could not get to the meeting but with no transport it was not possible.
- I was unable to attend the meeting on 21<sup>st</sup> Nov, but wish to oppose most strongly the suggestion of the CCG to close the in-patient beds at Clevedon Hospital. As a retired Registered Nurse and now carer of an elderly relative, I have in both capacities had experience of our local hospital. The loss of this important facility would be detrimental to the community and in my opinion should be reconsidered.
- This proposed closure would seriously affect the people of Clevedon, particularly the elderly. I have known many people who have had surgery or treatment at Weston or Bristol come back to Clevedon for hospital care. The beds at Clevedon enables family and friends to visit frequently and adds to the well-being of the patient. Having been a patient at Weston for chemotherapy and Bristol for surgery, the journey is not easy despite both my husband and I being car drivers. Parking at Bristol is dire. I was also a patient at Frenchay and found the journey fraught with problems, although parking was good but expensive. Visiting someone at Southmead recently was difficult and other visitors mentioned problems with parking. Given that the proposed new hospital in Clevedon has now been shelved and the site empty for some years it appears that the Health Authority has mismanaged the whole process. To now close the beds at Clevedon will add insult to injury and someone should be held to account for this incompetence.
- The population of Clevedon and the towns and villages surrounding it are in excess of 72,000 people. Clevedon Hospital has at present 18 beds - 1 for 4,010 of the population. Weston Hospitals declared aim was to cut or close beds for older people. The stated aim is to get people to stay in their own homes or in nursing homes and be cared for in the community. Community nurses and carers have little time to spend with patients. Doctors from my practice tell me that they cannot find the time in their day to visit patients in their own home or in nursing homes. I quote below passages from the report entitled "Hospitals on the Edge" by the Royal College of Physicians (Sept 2012): "However, there will always be a cohort of patients with acute medical illnesses requiring admission to hospital. Hospitals, and those who work in them, have a responsibility to ensure that the needs of these patients are met. Research shows that medical and nursing staff often feel that older patients "shouldn't be there". Being perceived as the "wrong patient on the wrong ward" has been shown to reduce the quality of care, building attitudes of resentment from both medical and nursing staff. Older people must have equal access to healthcare services; it is not acceptable to view older people in hospital as being in the "wrong place". Hospital services must adapt to ensure that older patients, including those who are frail and have a diagnosis of dementia, have access to safe, high-quality care in settings that meet their needs". In view of all the above, it is essential that beds remain open at Clevedon Hospital.
- I would like to protest in the strongest possible terms about the proposal to close all in-patient beds at Clevedon Hospital. We, as a family have very good reason to be extremely thankful that such a facility exists so close to home as both my mother and father have been patients at the hospital and I could not praise the hospital and staff enough for all the care they receiving during their stay. Both were patients at Weston before they were transferred and that we a completely different story. Clevedon is nearer to home, the staff and everything about the hospital and its caring environment is far superior to Weston. If it is closed and people farmed out to nursing homes etc., it will be a sad day for Clevedon and surrounding areas. I would have attended the meeting today but I have only just read about it. I hope that enough people are aware of these proposals and that they make their voices heard but if like us you do not normally receive The North Somerset Times then many people will not be aware either of the meeting or the proposals!

- 2 Please keep Clevedon Hospital open with all 12 beds. This Hospital gives great support to the community of Clevedon and local area.
- 2 Option 2 - Do Minimum - would in my opinion be the best course of action. Our hospital has had a wonderful reputation since my late family settled in Clevedon in 1909. Why change a good thing? Patients, either locally sick or being discharged from hospitals in Weston and Bristol require that extra little bit of expertise which with due respect, the nursing homes may be unable to cater for. If space for further out-patient clinics becomes available - then that will be a bonus. Change is not always a good thing - I really feel that our in-patient beds should remain as they are. Families have supported Friends of Clevedon Hospital in appreciation of wonderful kindness to relatives over the years and I am sure that this support will continue if we are allowed to keep our hospital "as it is". My husband died at home last year. We were fortunate enough to nurse him until the end, but I know that if we had had a last minute crisis he would have had perfect faith in Clevedon Hospital. This has become rather a personal letter but I felt that it would be totally wrong to take away the 18 beds. Just one more point worth mentioning - travelling to Weston or Bristol on public transport to visit relatives is not as someone suggested "very easy when you are of a certain age". Clevedon Hospital must remain with beds!!!
- 2 I think it is very important to the local community. We have already lost a local care home. If this continues there will be nowhere for people to go.
- 2 Clevedon Hospital is an exceptionally well-run and much-needed resource. Even in its current form, it provides a valuable resource, and I am not wholly convinced a new hospital would have improved overall service levels. Closure of the existing hospital would be a travesty and a false economy. With regard to the end of life care provided by the hospital, I recently witnessed at close hand the death of 2 parents - one was cared for at home with a stretched and very limited home visit service, and the other was cared for in a small, local hospital. The latter scenario was far more preferable, but the ability to visit easily was vital. Moving the end of life care service away from Clevedon into Weston or Bristol would lead to an immense pressure on the home care service. Leaving aged partners to care for loved ones when they can barely look after themselves, is a recipe for disaster. Would you allow a disabled 82 year old 5'5" nurse toilet a 6'2" man in the middle of the night? I think this would be illegal. Likewise, having relatives struggle to visit a loved one in a hospital much further afield is inhumane. The Minor Injuries Unit is also a vital service and I have used this several times.
- 2 I just wanted to say it would be a travesty to lose the beds at CCH. Clevedon is a large town with an ageing population and it is 2 bus rides to WGH. There should be facilities to look after patients in their own town especially as the town has fund-raised for years and provided money for the hospital. The Care Home idea is absolutely absurd. I have had contact with 4 local care homes including the best one. It is ridiculous to even consider putting sick people into care homes because they will be in their rooms (probably too poorly to go into the main lounge) and will get checked on every couple of hours if they are lucky. I say "lucky" because if urgent things crop up, the staff migrate to that problem and everyone else has to wait. The homes are often short staffed, especially at nights and weekends and it is bad enough for ordinary residents let alone really sick people. There are not enough trained staff, no guarantee the patient will have the drugs they need (as sometimes drugs don't arrive and don't get ordered) and they are out of sight for so much of the time. My life has been spent caring for my father in several local care homes in recent years and I just think it ridiculous to suggest people are moved from the CCH and put in them. It will also block beds for those who genuinely need to go into care but not into hospital.
- 2 Inpatient beds are an absolute essential at Clevedon Cottage Hospital. We have a town of over 20,000 people, with a higher proportion than average of elderly people. To have lost our proposed new hospital is bad enough but the thought of having no beds in Clevedon would present many problems to both patients and their families. From the patient's point of view to be able to be in hospital locally, maybe to recover from treatment in a larger hospital, where treatment is more personalised and family can visit regularly speeds up recovery and aids an early discharge. From families' point of view, buses to either Weston or Bristol are not necessarily possible for elderly people maybe with limited mobility and taxi's way beyond financial budgets. Being put in a nursing home instead of the hospital is a dreadful idea and are local GP's expected to run around making individual visits - how is that a money saving idea



to say nothing of a time issue. We feel it is a cause well worth fighting for and fully support keeping the in-patient beds at Clevedon Hospital.

- 2 We are appalled and totally opposed that there should be any consideration given to down-grading any of the services at present available at Clevedon Hospital particularly the suggestion that patient beds should be removed. This is an asset to the growing town and should remain as such for future generations.
- 2 It would be a grave injustice to close the beds at Clevedon Cottage Hospital. It has been a lifeline to so many people for so many years, as an “old” Clevedonian please, please do not remove this wonderful, well-run hospital from our doorstep. Where will we go, and how?
- 2 Why is the meeting being held in Clevedon at a time when working people are not easily able to attend? The views will not be truly reflective of the people but biased towards the unemployed and retired. My wife and I consider that unacceptable. We both think closing the beds is utterly wrong and they should be kept in the hospital and we hope that comes over clearly at the meeting and is not ignored.
- 2 We are unable to attend the meeting in Clevedon but strongly agree that patient beds at Clevedon Hospital should be kept for the good of the community and that future patients should not be sent out to care homes. We don't want it to become a Clinic!
- 2 We are writing to register our objections and dismay at the proposals to remove the in-patient beds from Clevedon Hospital. We have had many occasions when the opportunity to bring a loved one back to their home locality to recover from another hospital has been invaluable, both to them and to their visiting relatives. The enormous advantage of being among familiar surroundings, nurses and doctors must be taken into account, and is generally understated. It also means the patient can receive more support and visitors which can often aid recovery. The people who make these decisions have obviously not been in a situation where they have had to rely on often unreliable public transport, or to travel in all weather conditions to try to arrive at a hospital during the very infrequent visiting times. Also, we have fewer nursing homes in Clevedon now, despite a growing elderly population, so to even think of taking away this facility is madness. My own parents had to reside in Weston at the end of their lives as there was nowhere suitable to be found in Clevedon. We speak from experience and can only stress again the desperate need to keep out hospital beds for us all to use when the need arises.
- 2 I consider that the proposal to remove beds from Clevedon Hospital is very short sighted. This excellent facility does not only provide medical help but is of great value to the elder patients and their relatives who experience travel difficulties in visiting or attending the other hospitals in Somerset. Patients in Clevedon Hospital receive a much higher standard of medical care than those in Weston Hospital. I have recently experienced both.
- 2 It seems rather strange to be advocating the closure of community beds at a time when Weston Hospital is overstretched and should be available for elective and emergency admissions. To suggest that beds in nursing homes are a suitable alternative begs the question “on what evidence is this based”. Given the plight of healthcare in the UK, surely community beds should be retained at all costs.
- 2 A nursing home is NOT a substitute for the care provided by Clevedon Hospital. It is very important that these small local hospitals are kept open. They provide a transition from the more serious treatment to either recovery in the patient's own home or a nursing home. We have visited a friend in Clevedon Hospital who had a nurse visibly in attendance at all times on the wards. His wife was able to visit him which was not possible when he was in Southmead, where she relied on a lift and the amount of walking required makes life very difficult for an older visitor. The nearest hospital would be Weston which is not that near. The in-patient beds at Clevedon serves all the neighbouring towns. A great deal of money has been spent on meetings and studies regarding the proposed new hospital which now seems entirely wasted. To take away what is already in place, rather than expanding on this is a total waste. A larger hospital is needed in Clevedon, not the closure of the wards in the existing one.
- 2 Beds in Clevedon are all very well if you happen to live in Clevedon, but this is a facility for the whole of north Somerset, not just for Clevedon residents- it's not *their* hospital and the rest of north Somerset

has just as much right to it as they do. As such, beds would be more use dotted around the area, as “local” beds are only of use if they are indeed local. If you live in Yatton or Wrington, for example, Clevedon is not “local”. But having more outpatient or therapy services at Clevedon would be useful for all North Somerset residents, to avoid going to Bristol or Weston.

- I would like to say that Clevedon Hospital needs to retain its beds. Only this week we hear that beds in acute hospitals are being blocked as there is nowhere for patients to be discharged to. Closing beds in Clevedon Hospital will exacerbate this problem. Our hospital provides the excellent care needed in our community. Nursing homes as an alternative do not offer the same level of expertise. They are also not suitable for younger patients. I would also like to see the planned new hospital re-instated; we were led to believe that there was ring fenced money for this. If the new hospital (fully designed) cannot be reinstated, this money should at least be being used to improve our current hospital.
- I find it shocking that Clevedon Hospital is under threat of closure, it may only be small but it provides local, accessible healthcare to the people of Clevedon as well as the surrounding communities. During the week, when my son fell over and banged his head recently while out walking in the town, he was taken straight to the A & E for immediate attention. He was seen promptly and then discharged within a short amount of time - probably about the same length of time in which it would have taken to even get half way to either Weston hospital or a Bristol based hospital. That doesn't even mention the huge amount of time that he would have been waiting for attention. Many of my colleagues have also used the A & E unit at one time or another, when injured during the working day. We, as people living, working and forming the extensive community that Clevedon is, surely have the right to access local hospital facilities without having to drive 20 miles out of the town, in order to access facilities that are already very overcrowded. Additionally, I can imagine the older generation would be very distressed if they are no longer able to access care in their home town. It would be a terrible loss to the community.
- I attended the public meeting this afternoon, and am now writing with my views to be added to all the others: Although we are all bitter about the loss of the promised new hospital, it's clear we have to move on. I think it essential that these beds are not lost; but I am not wedded to the idea of them being at Clevedon Hospital. My mother spent several periods in the hospital and although the care was good, the building is far from brilliant. I have some sympathy with the idea of a rehab unit which would replace the rehab beds at both Clevedon and Weston General Hospital. However - I feel very strongly that this unit must be either in Clevedon or near to it - somewhere within the Portishead/Nailsea/Clevedon triangle. The main problem with this idea is that I don't trust the CCG to do this; almost everything ends up at Weston. It was brought out very clearly at the meeting that having a local facility is really important in terms of family and friends being able to visit. Travelling to Weston is just as awkward and time consuming as going to Southmead or Frenchay or the BRI, especially if you are too elderly to drive and have to rely on others to take you. Public transport is not good enough. So, since people living in Weston won't want to travel to the Clevedon area, two units may have to be looked at, one for the north of NS, one for the south. This would of course free up space at Clevedon Hospital; but it would cost quite a lot of money to set up (although it sounds as if the League of Friends have some money; and presumably the land on which the proposed new hospital would have been built must now have been sold, bringing more money in). The CCG representative gave quite a glowing picture of what could be done in terms of diagnostic services, but we need to have estimated costs for the different options in order to make an informed decision. I would only want a rehab unit as part of the NHS - absolutely definitely not in the private sector (which I assume has been called the Independent Sector in the CCG printout). I spent my entire working life in the NHS, mostly at Southmead Hospital, and am totally against the creeping privatisation which is happening. I certainly don't want to see it in North Somerset. Equally I don't believe that using nursing homes would be a solution. My mother spent her last 3 years in what I think is the best of the nursing homes, and the staff were extremely good; but I saw how stretched they were; wages are always the lowest possible, and I think the whole idea is very bad. I was relieved to see from the CCG printout that there is no intention to close the MIU; but anything that you can do to get this set in stone would be very useful - just because they are not considering any changes now doesn't mean they won't in 6 or 12 months' time. Everyone I know has used that unit at some time, and it is one of Clevedon's most important facilities. In summary, of the 4 options listed, I think that, with the caveats listed above, option 3 might be the best one. But that depends very much on how much money is available to re-provide the beds, and how much expansion of

outpatient services will be affordable. Without any figures it really is very difficult to call. I can only say again that it is absolutely imperative that whatever course is chosen, it should **not** necessitate travel to Weston or Bristol - costs of petrol, parking, and time taken in travel are all major factors. I do not trust the CCG not to simply say - "there are more people in Weston than anywhere else in NS, so we should put a rehab unit there."

- Expansion of diagnostic\ treatment options would be excellent but it seems impossible unless adequate provision is made for alternative in-patient accommodation. The provision of in-patient beds is vital in our aging community and it needs to be local.



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