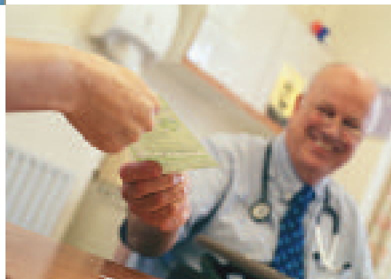
Avon, Gloucestershire and Wiltshire NHS
Strategic Health Authority

The future shape of your NHS

Delivering better services for local people -
a new structure for local NHS organisations



Proposals for consultation, December 2005

Avon, Gloucestershire and Wiltshire Strategic Health Authority is the **area headquarters** of the NHS.

Our **role** is to ensure that the NHS locally provides dependable, high quality and cost-effective services when people need them.

We oversee the strategic direction of the NHS across our area.

Within the Strategic Health Authority area, there are currently 25 NHS organisations called Trusts:

- **12 Primary Care Trusts,** responsible for managing local services – from developing GP and community services to supporting local people improve their health
- **8 Acute Trusts** which run NHS hospitals
- **3 Ambulance Trusts,** providing emergency and urgent care 24 hours a day
- **2 Partnership Trusts,** providing specialist mental health, learning disability and support services

Copies of this document are available, on request, in a variety of formats. Please call 01249 858640 if you need assistance or have special requirements

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What we are consulting about

Over **£2.4 billion** is spent by the NHS to care for the people of Avon, Gloucestershire and Wiltshire.

It is vital that this money is spent wisely to provide best value to patients.

As part of new government policy, launched on 28 July 2005, we are proposing **to change the shape** of some NHS organisations in our area.

This **consultation** focuses on changing the structure of our 12 Primary Care Trusts, and of the Strategic Health Authority.

Why is this so important? Because the changes proposed in this document will ensure the NHS continues to sustain the huge improvements it has made in recent years.

Making these changes will **benefit NHS patients**.

Firstly, we need stronger Primary Care Trusts to design, plan and develop better services for patients. To do this, they will take on a wider role (see page 5) and they will need to work more effectively with other parts of the NHS, and with local councils and social services.

Secondly, we need to enable family doctors (GPs) and practice staff to play more of a role in planning, developing and paying for the services their patients need (called commissioning).

Thirdly, patients will have much more choice of where and from whom they receive treatment in the NHS of the future **(described on pages 2 and 3)** – and it is vital we have the best structure in place to support improvements for NHS patients.

Finally, we must cut bureaucracy by reducing the number of NHS organisations. This will free up around £10 million locally to spend on frontline patient services.

The NHS will continue to provide good services each and every day. No doctors, nurses and other staff who treat patients will be affected by the changes we are consulting on.

Between July and October this year, we discussed ideas for changing Primary Care Trusts with many people, including NHS staff, local councils, and patient representatives.

Now we want to seek your view as part of our **consultation** between 14 December 2005 and 22 March 2006.

This consultation is focused purely on structural change to NHS organisations.

See page 16 for how you can have a say.

For more detailed information on the options to change the shape and size of Primary Care Trusts and the Strategic Health Authority, log on to:

www.agwsha.nhs.uk/nhsreconfiguration

How patients will benefit from a more modern NHS

The NHS is changing more quickly now than at any time in its history.

NHS staff have done a tremendous job in improving the quality of care patients receive. But more change is needed to meet the demands of patients, who want modern, faster, more convenient care, with greater choice.

Guaranteeing patient choice is a central part of how this *new* NHS will work.

From January 2006, the choice of four or five different hospitals will be offered to patients for planned hospital care. By 2008, patients will have free choice to go anywhere in England for their operation or treatment.

This treatment will not be solely in traditional NHS facilities either.

The NHS of the future will arrange for patients to receive free treatment from a variety of private and independent organisations. An NHS *kitemark* will indicate the highest standards of care expected by the NHS.

An increasing proportion of NHS services will in future be provided to patients either at home, with the support of community healthcare staff, or by family doctors and other NHS professionals in modern, larger community facilities.

Fewer people will need to be treated in hospital because more flexible convenient services will enable them to be treated elsewhere. This is what patients say they want from the NHS.

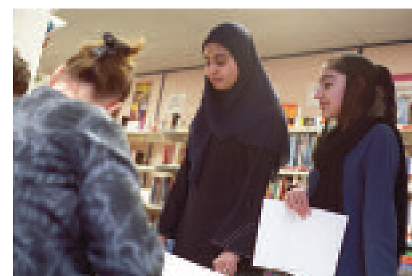
Services will also be provided in other ways – such as more Walk-in Centres (like the ones in Bristol and Swindon) – and in more convenient places, such as at railway stations and shopping centres.

Many of these more modern services will be delivered by NHS staff trained to meet changing roles (see box).

New staff roles will benefit patients

A new role of Medical Care Practitioner will help doctors and nurses to treat patients and ensure patients get quicker access to care. They will perform similar duties to junior doctors, under supervision, such as obtaining full medical histories and performing appropriate physical examinations.

The Emergency Care Practitioner will treat more people at home or at the scene of minor incidents, ensuring that they do not need to be sent automatically to hospital. This will be more convenient for patients and will help the NHS reduce demand for services, particularly in Accident and Emergency (A&E).



This *new* NHS will be supported by a modern IT network – the biggest project of its kind in Europe connecting all parts of the NHS together for the first time.

For example, a hospital doctor in Gloucester will instantly be able to see a patient's notes or X-rays even if that patient lives in Bath. It will also enable patients to view hospital facts and figures when they meet their family doctor to help them choose where they go for their treatment or care.

National targets and increased funding have radically reduced waiting times for hospital treatment. By 2008, waits will be reduced still further, as the NHS delivers a *maximum* wait for patients of 18 weeks from a doctor's referral to the start of treatment.

The NHS will also encourage people to live healthier lives (for example, in Gloucestershire a 'Get Cooking' programme has helped families eat more healthily). Working with councils, schools and private industry, the NHS will aim to focus on healthier lifestyles for everyone.

As much as 90 per cent of all patient contact with the NHS happens not in hospitals, but in GP and community settings. It is this reality that is driving the next changes for the NHS.

One of the best ways to give patients more choice and say about their local services is to give the professionals closest to them – GPs and their healthcare team – a frontline role in securing the best possible services on their behalf. This will mean that GPs will have more say in deciding how health services are designed, delivered and paid for.

In order for all these changes to work, the shape and role of Primary Care Trusts and the Strategic Health Authority must change. We must also free up money so that more is spent on patient care.

This is what our consultation is about.

Faster treatment for NHS patients

The NHS is working towards faster treatment and care for patients. In future, X-rays or blood tests, even minor operations, will be undertaken in local health centres, rather than in hospitals. This speeds up care and is more convenient for NHS patients.

More and more Treatment Centres – such as the one opened in Swindon – will be introduced by the NHS in order to treat patients more quickly and more conveniently. Most of the treatment will be undertaken on the day so patients can return home more quickly.

And, highly trained health professionals such as nurses and pharmacists are being given greater power to prescribe medicines as part of plans to modernise the NHS. Patients will therefore have more choice as they are able to receive the medicines they need more easily.

A new structure for our Primary Care Trusts

This section focuses on our proposals for reducing the number of Primary Care Trusts in Avon, Gloucestershire and Wiltshire.

This section outlines the benefits and drawbacks of **two options for change** – reducing our 12 Primary Care Trusts to either seven or three in total.

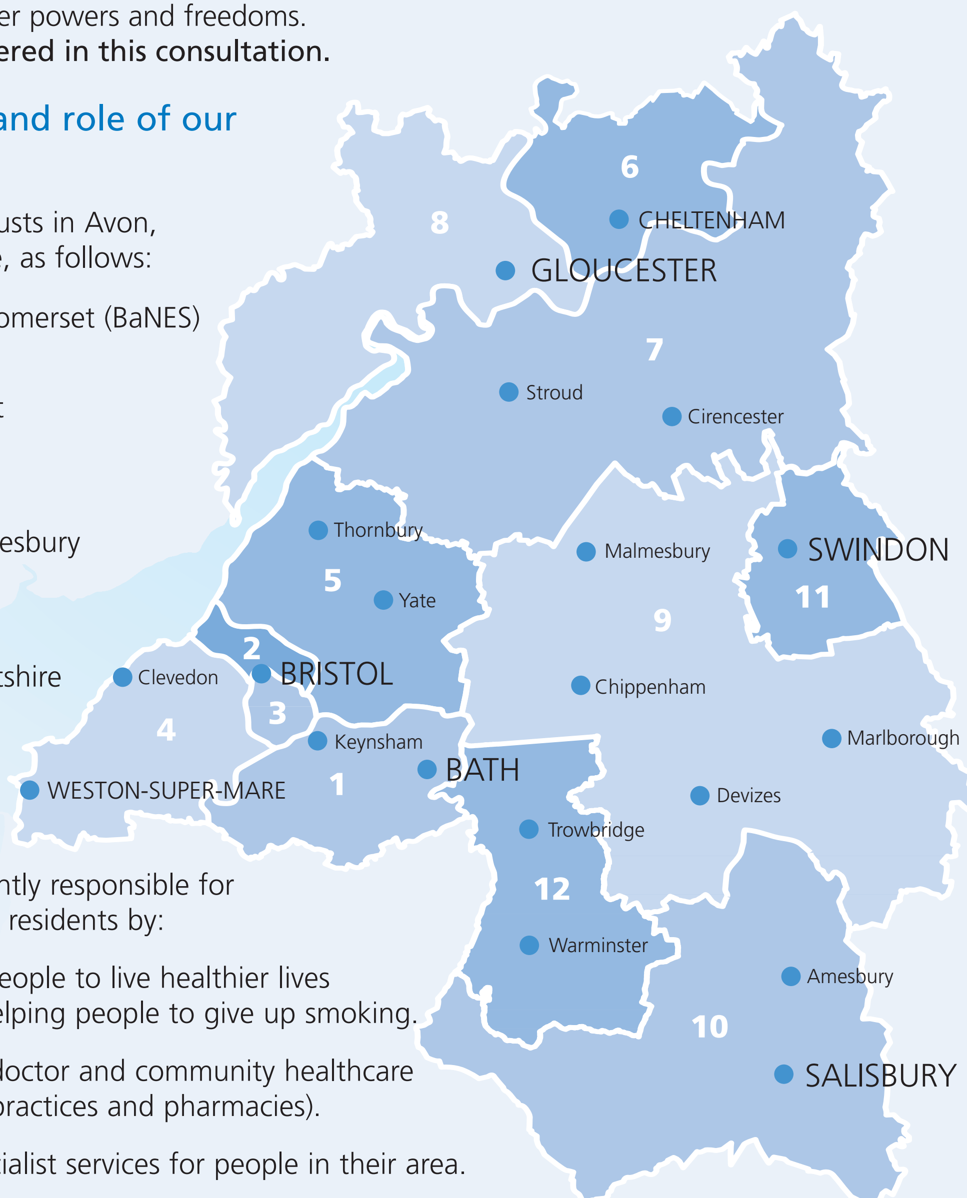
No change is not an option.

You also need to be aware that other NHS organisations are changing as part of new Government policy. Ambulance Trusts across England are taking on a bigger role at the heart of the NHS. And, new NHS Foundation Trusts (which manage hospitals) are being created, with greater powers and freedoms.
These changes are not covered in this consultation.

The current structure and role of our Primary Care Trusts

There are 12 Primary Care Trusts in Avon, Gloucestershire and Wiltshire, as follows:

1. Bath and North East Somerset (BaNES)
2. Bristol North
3. Bristol South and West
4. North Somerset
5. South Gloucestershire
6. Cheltenham and Tewkesbury
7. Cotswold and Vale
8. West Gloucestershire
9. Kennet and North Wiltshire
10. South Wiltshire
11. Swindon
12. West Wiltshire



Primary Care Trusts are currently responsible for improving the health of their residents by:

- Working to encourage people to live healthier lives through, for example, helping people to give up smoking.
- Developing local family doctor and community healthcare services (such as dental practices and pharmacies).
- Buying hospital and specialist services for people in their area.
- Providing local NHS services, such as health visiting and therapists.
- Running local community hospitals.

How the role of Primary Care Trusts will change

New Government policy will lead in future to Primary Care Trusts taking on expanded and very different roles. They will play a much greater role in:

- The promotion of healthy living.
- Planning large local health initiatives, such as the *Bristol Health Services Plan.*
- Allocating and managing NHS finances.
- Managing the performance of hospitals, family doctors and other NHS services.
- Emergency planning.
- Ensuring that patients and the public have a stronger voice about local healthcare.
- Implementing national policies.
- Establishing and managing the healthcare 'market' to ensure greater choice for NHS patients.

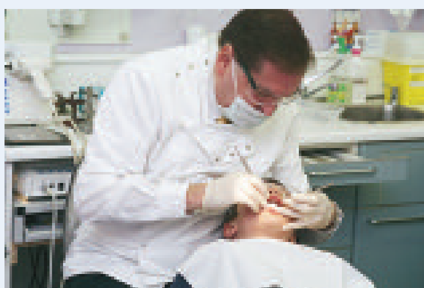
What options did we consider between July and October this year?

In order to explore possible options for structural change, a Project Board was set up with representatives from the NHS and local councils.

They commissioned a study into five options for change. As part of this study the views of a large number of groups and individuals were sought.

These five options were assessed against eight **national criteria** (see right) set by the Department of Health, and many more detailed local criteria.

Over 70 meetings with NHS Chairs and Chief Executives, MPs, Chief Executives from councils and social services, Patient Forums, voluntary sector organisations, Trade Unions and many others were held during a very intensive period between July and early October 2005.



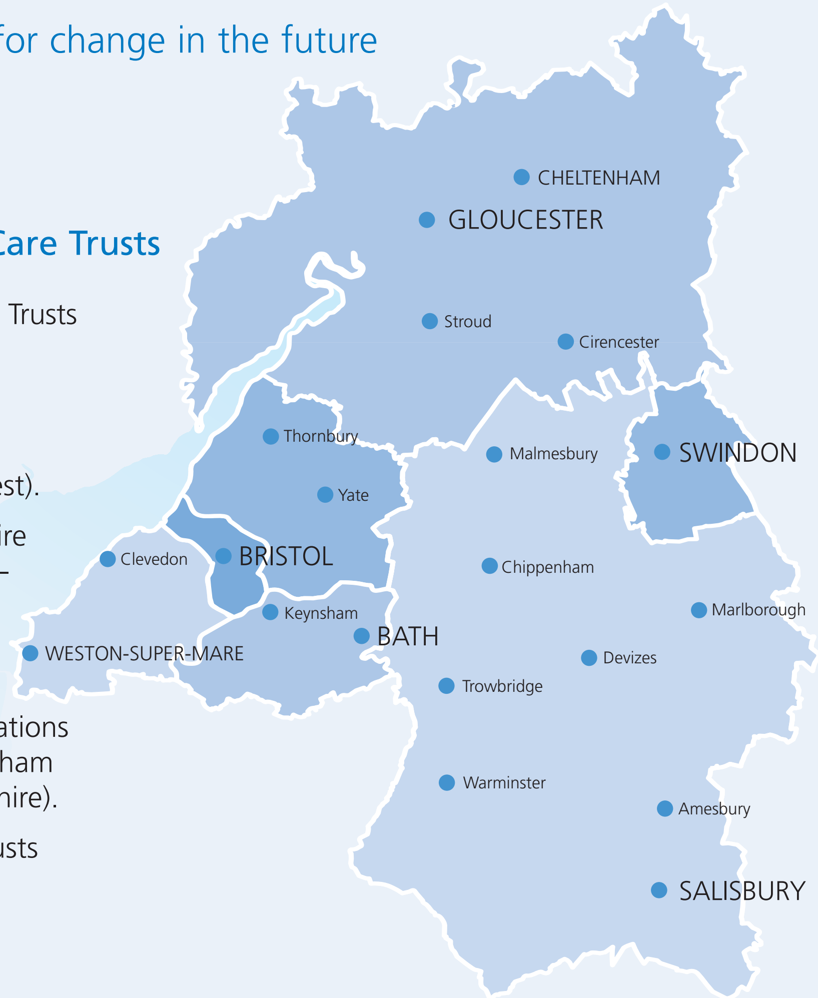
This assessment concluded that:

- None of the options met all of the criteria.
- Two options demonstrated the strongest benefits:
  - The creation of *seven* instead of 12 Primary Care Trusts, mirroring the geographical shape of social services department boundaries.
  - The creation of *three* instead of 12 Primary Care Trusts.
- Whilst the assessment of both was generally similar, creating three Primary Care Trusts was the strongest when judged against the national criteria.
- Careful consideration is needed on where the Swindon, and Bath and North East Somerset (BaNES), areas best fit in the option for three Primary Care Trusts (see page 8).

The National Criteria used to assess the options

- Secure high quality, safe services.
- Improve health and reduce inequalities.
- Improve the engagement of GPs and roll-out of Practice-Based Commissioning (where GPs plan, develop and pay for the services their patients need).
- Improve public involvement.
- Improve commissioning (how services are planned, designed and paid for) and effective use of resources.
- Manage financial balance and risk.
- Improve coordination with social services.
- Deliver at least 15% saving in management and administrative costs.

We want your views on **two** options for change in the future – seven or three Primary Care Trusts



Option 1 – Create seven Primary Care Trusts

This option would create seven Primary Care Trusts as follows:

- One new Primary Care Trust for Bristol (bringing two organisations together – Bristol North, and Bristol South and West).
- One new Primary Care Trust for Wiltshire (bringing three organisations together – Kennet and North Wiltshire, West Wiltshire, and South Wiltshire).
- One new Primary Care Trust for Gloucestershire (bringing three organisations together – Cotswold and Vale, Cheltenham and Tewkesbury, and West Gloucestershire).
- Retaining four current Primary Care Trusts – North Somerset, Bath and North East Somerset, Swindon, and South Gloucestershire.

The benefits:

- Better maintenance and development of relationships with local authorities and other key partners, such as family doctors and the voluntary sector. Joint working with local authorities will offer cost saving opportunities.
- Closer working with GP practices, offering greater support to develop services for their patients locally.
- Better identification and assessment of the needs of local people, including their public health requirements, enabling more targeted help. The smaller the population, the easier this is.
- Better opportunities to seek the views of local communities.
- Less disruption to existing NHS structures.

The disadvantages:

- Relationships with partners (such as NHS Hospital Trusts and emergency planning networks) that cross boundaries would be better managed by fewer and larger organisations.
- NHS Trusts would generally prefer a smaller number of Primary Care Trusts to work with, because of efficiencies and the opportunity to build relationships.
- The capacity to plan and influence services, or develop opportunities to ensure choice for NHS patients, is more limited.
- Less ability to manage future risks and maintain financial stability, and return savings to frontline services.
- Would create less savings than Option 2, and therefore money will need to be found from other sources to reinvest in frontline services.

Option 2 – Create three Primary Care Trusts

This option would create three new, larger Primary Care Trusts in place of the current 12.

The benefits:

- Could better shape large local healthcare improvements – for example, the *Bristol Health Services Plan*.
- Better capacity to develop a range of healthcare providers to give patients more choice.
- Better able to manage major emergency incidents in cooperation with the Police.
- More ability to manage future risks and provide greater financial stability, as well as better decision making power through bigger size and budgets.
- Larger size would attract and retain a higher calibre of leadership and key staff.
- More management and administration savings, releasing an additional £4 million over Option 1 for reinvestment in patient care.

The disadvantages:

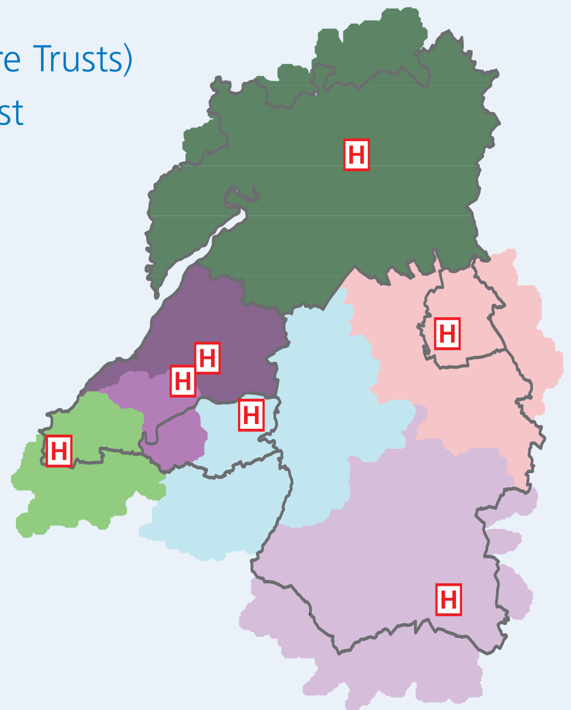
- More complex arrangements needed to work with more than one local authority.
- Would need to work with a greater number of GP practices to support and develop their new role.
- Not as close to local communities, making it more difficult to identify the needs of local patients.
- More difficult to seek the views of local communities.
- The changes required would be more disruptive to existing NHS structures and organisations.

As highlighted in the map above, for this option we want your views on where Swindon, and Bath and North East Somerset (BaNES), best fit (see page 8).

The benefits of seven versus three

Benefits of seven Primary Care Trusts	Benefits of three Primary Care Trusts
• Improving people's health • Relationship building • Public engagement • Partnerships with Doctors, Nurses and other staff	• Planning • Development of patient choice • Performance management • Resource allocation and risk management • Emergency planning • Clinical standards

Focusing on Option 2 (creating three Primary Care Trusts) – where would Swindon, and Bath and North East Somerset (BaNES), best fit?



This map shows the area served by the major hospital Trusts for emergency care across Avon, Gloucestershire and Wiltshire.

For example, Swindon hospital serves Swindon, the majority of Kennet and North Wiltshire and a small part of Thames Valley.

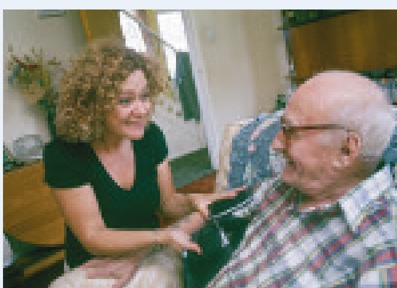
Swindon – linked with Wiltshire or Gloucestershire?

The benefits of links to Wiltshire include:

- For emergency treatment, greater numbers of patients travel from Wiltshire to Swindon hospital than from Gloucestershire (40% of people living in Kennet and North Wiltshire use the Swindon hospital compared to less than 10% from Gloucestershire).
- The potential to develop stronger clinical partnerships and networks of hospitals providing emergency and specialist care.
- Swindon has established links with other Wiltshire agencies, such as the Wiltshire Police, and the Wiltshire Probation Service.
- The development of a strategic partnership between Swindon Borough Council and Wiltshire County Council in the form of the *Wiltshire and Swindon Structure Plan 2016.*

The benefits of linking Swindon to Gloucestershire include:

- May help with patient choice, with an alternative major hospital provider to the Gloucestershire Hospitals NHS Foundation Trust.
- Would provide a better balance of NHS Trusts across the area. Two in the area instead of one.
- It would result in three Primary Care Trusts of similar size.



Bath and North East Somerset (BaNES) – linked with the Wiltshire community, or Bristol, North Somerset and South Gloucestershire communities?

The benefits of links to Wiltshire include:

- Improved partnerships between hospitals in this area, providing stronger networks bringing together emergency and specialist care.
- 40% of people living in Wiltshire use the Royal United Hospital, Bath.
- Would give more strength to plans to further develop the NHS in Wiltshire, with more hospital Trusts.

The benefits of links to the Bristol, North Somerset and South Gloucestershire communities include:

- The potential to further develop clinical partnerships and streamline NHS services across the Bristol and Bath area.
- Links with the West of England Sub-Regional Partnership – encompassing the four local authority areas of Bristol, BaNES, North Somerset and South Gloucestershire.
- The areas are similar – mainly a mix of urban and semi-urban communities.

How we could maintain a local focus with three Primary Care Trusts

Strong local relationships and partnerships have been built between the NHS and local councils over the past few years, and this needs to continue and strengthen.

If, after consultation, a decision is taken to create three Primary Care Trusts, a model for how a strong local focus could work is as follows:

Strong local decision-making

- Having a strong focus at neighbourhood level. Work is already in hand in a number of Primary Care Trusts and local authority social services departments to develop close working.
- Strong links must continue to be developed between the new Primary Care Trusts and each local authority with social services responsibility within its area to ensure local decision making. An NHS Executive Director directly accountable to the Chief Executive of the Primary Care Trust could have responsibility for each local authority area.

Strong local presence

- Locating the Executive Director and Public Health Director with responsibility for a particular council area in that local area, ideally co-located in the council headquarters.

Strong joint decision-making

- Putting effective arrangements in place to ensure strong partnership working between any new Primary Care Trust and the local authority with social services responsibility by forming a formal joint sub-committee

Stronger joint planning and budgeting

- It is important that services are jointly planned by the Primary Care Trust and local authority with social services responsibility. Where appropriate, clear joint budgeting arrangements must be put in place. The Primary Care Trust and each local authority should develop joint plans for the planning and funding of services commissioned at local authority or at smaller community level.

It would be the role of the new Primary Care Trust to develop structures and agree ways of partnership working.

How we could ensure seven Primary Care Trusts work more closely together and achieve economies of scale

If, after consultation, a decision is taken to establish seven Primary Care Trusts there will be a need to establish structures and processes to ensure that Primary Care Trusts can:

- Have a single arrangement to develop and implement long-term strategic plans.
- Share management functions (public health for example) with local authorities.
- Have shared services for support functions (for example information management and human resources).
- Establish strong and effective planning and commissioning arrangements for hospital services, especially for emergency and specialist care.
- Develop and regulate effectively the market for healthcare providers to ensure wider choice for patients.
- Maintain effective emergency planning arrangements.
- Manage financial risk across the health community.

This could be achieved by creating shared management arrangements across a number of Primary Care Trusts in a geographical area, perhaps even with a single Executive Team serving a number of Primary Care Trust Boards.

If this model were to be adopted, arrangements would be put in place to ensure a strong local focus using the infrastructure set out above to ensure large Primary Care Trusts have effective arrangements in each council area.

What was our initial view of the best option?

A huge amount of work was undertaken between July and October 2005, involving people from across the NHS and outside, to assess the options against national criteria.

The assessment work enabled the Strategic Health Authority Board to form initial views on which option would bring the most benefit.

On 6 October 2005, our Board agreed that:

- The option to create three Primary Care Trusts, in place of the current 12, would best meet the needs of patients in Avon, Gloucestershire and Wiltshire.
- Both Swindon, and Bath and North East Somerset (BaNES), should be linked with the Wiltshire community.

This thinking was based on the early information available.

We felt this option provided the best opportunity to tackle the main issues the NHS faces locally:

- The development of exciting new plans for Bristol, North Somerset and South Gloucestershire, as part of the £500 million *Bristol Health Services Plan.*
- The need to tackle huge financial difficulties in Gloucestershire and Wiltshire, whilst delivering high-quality patient services.
- The need to develop a plan for health services to face existing and new challenges.

In a region that has a significant historic deficit – **some £90 million** – it meant spending much less on bureaucracy and more on patient services. Three Primary Care Trusts instead of seven would save an extra £4 million each year.

We felt it also provided the best balance for NHS hospital care. The NHS Trusts which manage our hospitals locally said they would find it easier, more effective and beneficial to work with fewer Primary Care Trusts. It would provide optimum conditions for the design of services for NHS patients in the future.

However we now want your views on the options for changing the structure and reducing the number of our Primary Care Trusts.

See page 16 for how you can have your say.

The two options for changing the structure of Strategic Health Authorities

Strategic Health Authorities are the area headquarters for the NHS.

They are responsible for the strategic planning of health services, and the development and support of NHS organisations.

There are three Strategic Health Authorities in South West England (see map).

What do the three cover?

Avon, Gloucestershire and Wiltshire Strategic Health Authority

Serves a population of 2.2 million and covers areas served by Wiltshire County Council, Gloucestershire County Council and the five unitary authorities of Bristol City, North Somerset, South Gloucestershire, Swindon, and Bath and North East Somerset (BaNES). It is responsible for the performance management of 23 NHS organisations: 12 Primary Care Trusts, eight NHS Trusts, and three NHS Ambulance Trusts. Two NHS Foundation Trusts have been established in Gloucestershire and Bath. The Strategic Health Authority headquarters is based at Jenner House, Chippenham.

Dorset and Somerset Strategic Health Authority

Serves a population of 1.3 million and covers areas served by Bournemouth Borough Council, Dorset County Council, The Borough of Poole and Somerset County Council and is responsible for the performance management of 18 NHS organisations including nine Primary Care Trust, seven NHS Trusts and two Ambulance Trusts. One Foundation Trust has been established in Bournemouth. The Authority's headquarters is at Wynford House, Yeovil.

More detailed information on Option 1 and Option 2 is available on our website.

South West Peninsula Strategic Health Authority

Serves a population of almost 1.6 million and covers areas served by Cornwall County Council, Devon County Council and the unitary authorities of the Isles of Scilly, Plymouth City Council and Torbay Council. It is responsible for the performance management of 11 Primary Care Trusts and eight NHS Trusts, and shares an Ambulance Trust with Dorset and Somerset Strategic Health Authority. One Foundation Trust has been established in Exeter. The Authority's headquarters is at Peninsula House, Saltash.

What are we consulting on?

There are two options for changing the structure of Strategic Health Authorities in the South West. We would like your view on:

- **Option 1 –** Create a new single Strategic Health Authority for the whole of the South West of England.
- **Option2 –** Two Strategic Health Authorities in South West England – based on the existing Avon, Gloucestershire and Wiltshire Strategic Health Authority, and a new Strategic Health Authority covering the South West Peninsula and Dorset and Somerset.

What one Strategic Health Authority for the South West would look like…

What two Strategic Health Authorities for the South West would look like…

Why change the Strategic Health Authorities?

Developing services which give patients more choice will certainly mean major organisational changes for Strategic Health Authorities.

Strategic Health Authorities will continue to provide an important range of functions, as area headquarters of the NHS.

However, they need to change so that they are better equipped to support the *new* NHS:

- Numbers: There will be a smaller number of more streamlined Strategic Health Authorities. This is because they will be responsible for a reduced number of larger Primary Care Trusts, and a smaller number of NHS Trusts as more gain Foundation status. (Foundation Trusts are not accountable to Strategic Health Authorities).
- Boundaries: These will largely match those of Government Offices for the Regions, helping Strategic Health Authorities to work more closely and strategically with partners to manage services.
- Role: The focus for Strategic Health Authorities will be on helping build the *new* NHS and maintaining a strategic overview of the NHS and its performance in their area. They will be responsible for ensuring that the organisations providing local services are doing so in a way which meets national Government standards, with high quality, safe, fair and responsive services.

The next two pages set out a detailed evaluation of the two options against national Government criteria, which look at the impact of changing Strategic Health Authorities on staff, local people, the NHS and partner organisations.

The pros and cons of each option against national criteria

Option 1 – A single Strategic Health Authority for the South West

Government Office boundaries

Mirrors the Regional Government Office boundary (nine Government Offices exist in England to support the local delivery of central Government aims) enabling a one-to-one relationship between the Strategic Health Authority and the Government Office.

Management cost savings

Management cost savings estimated at between £8–10 million.

Effectiveness: size and diversity

Serves a diverse population of just over five million; with issues concerning geographical distance from east to west. For example, there is a distance of some 250 miles between Penzance and Tewkesbury.

Issues raised as to how meaningful relationships with a number of healthcare and social care organisations could be managed across a large and diverse geographical area. This concern could be addressed through 'satellite office' or 'outpost' arrangements.

Effectiveness: strategic planning

A single Strategic Health Authority could support a more strategic approach to planning and commissioning of health services, such as specialist services. More effective joint planning and working with other single South West organisations.

Option 2 – Two Strategic Health Authorities for the South West

Government Office boundaries

Fits the Regional Government Office boundary, with two Strategic Health Authorities within the area covered by the Government Office. This will enable a two-to-one relationship between Strategic Health Authorities and the Government Office.

Management cost savings

Management cost savings estimated at between £4–5 million.

Effectiveness: size and diversity

This option would see Strategic Health Authorities serving populations of 2.2 million and 2.9 million, and may cope better with the size and diversity of the South West and would serve more natural communities.

Issues of geography would remain for the proposed Strategic Health Authority covering Dorset and Somerset and the South West Peninsula, which would probably require 'satellite' or 'outpost' arrangements.

Effectiveness: strategic planning

More locally responsive and sensitive planning with organisations at sub-regional level (for example, the Police for emergency planning). Planning processes and networks across the two Strategic Health Authorities may need to be developed to support strategic commissioning of health services across the whole of the South West within health, and with other single South West organisations.

Option 1 – A single Strategic Health Authority for the South West

Effectiveness: number and complexity of healthcare organisations

As many as 11 to 17 proposed Primary Care Trusts, two Ambulance Trusts, 23 NHS Trusts, four NHS Foundation Trusts and one Care Trust – **a total of 41 to 47 NHS organisations.** It is recognised that these relationships will be simplified as NHS Trusts move to NHS Foundation Trust status.

Effectiveness: number and complexity of other partner organisations

A single Strategic Health Authority for the South West would work with six County Councils, ten Unitary Authorities, 34 Borough and District Councils, five Police Authorities, 51 Parliamentary Constituencies and two Medical Schools.

A challenging set of political and managerial relationships could be supported through "satellite" office or outpost arrangements.

Effectiveness: the scale of the financial recovery

A single Strategic Health Authority is able to exercise a more strategic and consistent approach to performance management across the South West, as well as managing risk associated with a major financial recovery programme, which the new Strategic Health Authority will be required to deliver.

Option 2 – Two Strategic Health Authorities for the South West

Effectiveness: number and complexity of healthcare organisations

Two Strategic Health Authorities would see:

- Avon, Gloucestershire and Wiltshire working with three or seven proposed Primary Care Trusts, one Ambulance Trust, eight NHS Trusts and two NHS Foundation Trusts – **a total of 14 to 18 NHS organisations.**
- The Strategic Authority covering Dorset and Somerset and the South West Peninsula would be working with eight to ten proposed Primary Care Trusts, one Ambulance Trust, 15 NHS Trusts, two Foundation Trusts and one Care Trust – **a total of 27 to 29 NHS organisations.**

It is recognised that these relationships will be further simplified as NHS Trusts move to NHS Foundation Trust status.

Effectiveness: number and complexity of other partner organisations

Two Strategic Health Authorities would see:

- Avon, Gloucestershire and Wiltshire working with two County Councils, five Unitary Authorities, ten Borough and District Councils, three Police Authorities, 22 Parliamentary Constituencies and one Medical School.
- The Strategic Health Authority covering Dorset and Somerset and the South West Peninsula would be working with four County Councils, five Unitary Authorities, 24 Borough and District Councils, three Police Authorities, 29 Parliamentary Constituencies and one Medical School.

A more manageable set of political and strategic relationships, particularly for Avon, Gloucestershire and Wiltshire, but some challenges for the proposed Strategic Health Authority covering Dorset and Somerset and South West Peninsula, particularly in terms of geography.

Effectiveness: the scale of the financial recovery

Two Strategic Health Authorities provide a more locally sensitive approach to performance management and managing financial risk associated with major financial recovery programmes that are already underway. Lower risk of losing the momentum of financial recovery during the reconfiguration period for Avon, Gloucestershire and Wiltshire.

How to let us know what you think

This document is intended to form the basis for consulting with a wide group of people on proposals to change the local structure of our 12 Primary Care Trusts and the Strategic Health Authority.

These structural changes are needed if we are to create a new, patient-led NHS, and to free up more money for frontline services.

Our consultation runs from 14 December 2005 to 22 March 2006 and we want to hear the views of a wide range of local people.

This document will be made available to NHS staff, Patient Forums, MPs, patients, the public and the media, as well as other interested groups.

We are holding a wide range of meetings during consultation with groups ranging from Patient Forums to Trade Unions, and MPs to the public. Please check the website for dates and times. www.agwsha.nhs.uk/nhsreconfiguration

If you have a comment about the process of consultation, contact gisela.norman@agwsha.nhs.uk

We would encourage you to give your view on the options, and you can do so in a variety of convenient ways:

- Fill out the Freepost section at the end of this document.
- Write to us at:
  Avon, Gloucestershire and Wiltshire Strategic Health Authority,
  Jenner House, Langley Park Estate,
  Chippenham, Wiltshire, SN15 1GG.
- Send an email to:
  nhsreconfiguration@agwsha.nhs.uk
- Fill out an online questionnaire, and find further and more detailed information on the proposals, at:
  www.agwsha.nhs.uk/nhsreconfiguration
- Visit one of our 12 drop-in sessions for the general public across Avon, Gloucestershire and Wiltshire.
  Dates will be advertised locally or call us on 01249 858640 for more details.
- Invite the Strategic Health Authority to attend your local meeting during consultation.

The deadline for all responses is 22 March 2006

We would like your views

The options for change are part of national Government policy and will benefit patients.

This is because we will free up more money – £10 million in this area – to spend on frontline services.

And, we will have fewer, but stronger NHS organisations to help sustain the huge improvements of recent years.

The proposed changes to NHS structures do not affect direct service provision.Therefore we do not anticipate any particular equality or race quality implications of these changes.

1. Would three or seven Primary Care Trusts instead of 12 offer the most benefits for patients, and why?

☐ THREE ☐ SEVEN

COMMENT

2. Do you feel Swindon would benefit by linking with Wiltshire or Gloucestershire in the option for three Primary Care Trusts, and why?

☐ WILTSHIRE ☐ GLOUCESTERSHIRE

COMMENT

3. Do you feel Bath and North East Somerset (BaNES) would benefit by linking with the Bristol, North Somerset and South Gloucestershire communities, or with Wiltshire, in the option for three Primary Care Trusts? Please explain why.

☐ BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ☐ WILTSHIRE

COMMENT

4. Do you think either one or two Strategic Health Authorities in the South West would be more beneficial for the NHS and for patients, and why?

☐ ONE ☐ TWO

COMMENT

Please tear off this page, fold and send to us. Please add additional comments on a separate sheet and enclose. You do not need a stamp as it is a **FREEPOST** address. We look forward to receiving your comments.

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