

**1. NHS Dental Services in Wiltshire**

Wiltshire PCT is investing an additional £1.4million in NHS dental services for 2008/09 to improve access by 10% year on year.

For High Street dental services, this will result in an additional 41,000 episodes of care. The additional capacity will be targetted at areas of known need and areas of known under-provision by commissioning a new NHS dentist for Pewsey and looking to extend existing contracts in:

Tidworth	Melksham
Trowbridge	Salisbury
Marlborough	Devizes
Calne	Chippenham

There is a risk that local dentists will not want to “take up” this additional activity. In this event, the PCT will commission the activity from another dentist as close to the area of need as possible and will seek to “ring-fence” the activity for residents of the identified area. This is likely to be the case for the dental activity allocated for Marlborough and Devizes.

In addition, the PCT will commission an additional 5000 episodes of orthodontic activity (braces / teeth straightening / correction of bite). This will more than double the existing 5000 cases that are commissioned each year.

On a non-recurrent basis, some of the investment will be used to reduce waiting times for treatment at HMP Erlestoke, and £50,000 will be invested in improving dental health promotion with a particular focus on children’s oral health.

**2. Child & Adolescent Mental Health Services**

The PCT has agreed to develop a new specification for the commissioning of specialist child and adolescent mental health services for children and young people in Wiltshire.

In taking this work forward we will ensure that we are closely in touch with the County Council, so that our work fits in with the overall programme of work of the Children and Young People’s Trust Board. We will also explore with colleagues in Swindon and BANES the extent of their involvement in the project. As the focus is on specialist services it is quite likely that either or both of Swindon and BANES PCTs will want to participate in the project as we have shared interests in the viability of the creation of a service provider with a critical mass of clinical activity and staffing to provide a resilient network of services. A further report will be taken to the PCT Board in June.

### **3. GP Surgeries**

#### **3.1 Tolsey Surgery**

The surgery has met with the local parish council in Didmarton to explain the reasons behind its decision to close the session that they previously held in Didmarton village hall. The session ran for one hour each week in the village hall kitchen and was not matched by similar services in any of the other villages served by the practice. Didmarton is 2.5 miles from the main surgery. The practice has discussed the proposed change with the 6 patients who regularly attended the village hall session and is setting up a prescription delivery service for all patients plus extending access to home visits, where required. This is not a substantial variation of service.

#### **Porch and Box Surgeries**

The PCT has been in discussion with both practices for a number of years about the limitations of their current premises in terms of providing modern primary care services and meeting the needs of the increasing populations in Box and Corsham.

Both practices have confirmed that there is extremely limited opportunity to re-develop their surgeries either on or in close proximity to their existing sites. In this situation, the PCT has suggested that they look at the opportunities for co-location on a new site as well as options for development in Corsham and Box.

A new shared surgery building for both practices would provide opportunities to extend primary care services and, possibly, to move some outpatient and diagnostic services from hospital to a more local setting.

There has been no decision on the final location or configuration of the two surgeries. Both practices have started talking with their patients about what the options are and what the proposals might mean in terms of new services and access. The feedback from these discussions with patients will shape the final plans of both practices.

#### **3.3 Netheravon**

The practice has commenced its prescription delivery service and extended its opening hours at the two other premises, in consultation with its practice participation group. The Netheravon branch surgery was due to close at the end of February 2008. Terry White from the PPIF has been working with the practice and monitoring the service changes.

### **4. Gynaecological Cancers**

The OSC previously discussed the transfer of surgical services for gynaecological cancer from the RUH in Bath to United Bristol Hospitals NHS Trust.

The B&NES OSC has determined that B&NES PCT should consult on the transfer of services. This would delay implementation of the national guidance for Wiltshire and Somerset residents.

In view of this, the Avon, Somerset & Wiltshire Cancer Network are reviewing the action plan for gynaecological cancers to see if an acceptable solution can be found.

## **5. NHS Burn Care in the South West**

The National Burn Care Review was published in 2001. It confirmed that the provision of burn care was ad hoc and disorganised and recommended that the optimum configuration of services should involve the delivery of burn care through a network delivering services at three specified levels of care.

- i) *Burn Centres:* These are required to deliver care for the very small number of people with the most severe burn injuries. Based on a review of 10 years of Hospital Episode Statistics (HES) plus data derived from the National Burn Injury Database (NBID) for 2005/06 and 2006/07 the numbers of patients who experience severe burn injuries are thankfully very small. Using this data, the South West UK Burn Commissioner Group, which is planning burn care services on behalf of the 10 million people living in the South West, parts of South Central England and South Wales, estimated that less than 8 children per 10 million population will suffer severe burn injuries every year and less than 40 to 50 adult patients will suffer these injuries. In addition recent trends show that, with improved public safety campaigns and greater awareness of the factors that can lead to burn injury, the number of very severe burn injuries are decreasing. Of the adult numbers quoted above at least 15 will be patients from Wales.
- ii) *Burn Units:* These are required to deliver care for people who have suffered intermediate to severe burns. The numbers in this category are much greater than those described above.
- iii) *Burn Facilities:* These are required to treat people with minor burns.

The South West UK Commissioner Group considered the evidence of the national review and undertook formal visits to existing providers in Bristol, Salisbury and Swansea to assess them against the 147 standards derived from the National Burn Care Review and noted that:

- 1 All services were currently consistent with the standards necessary to be identified as burn units although some further investment would be required to strengthen them.
- 2 The Swansea service already met the standards necessary to be identified as an adult burn centre.
- 3 The Bristol service was most central to the population served (based on the travel and access study undertaken by the National Burn Care Group)

although for some families considerable distances would need to be travelled wherever the burn centre was located.

- 4 Future strategic plans were already agreed to strengthen all of the existing services. For the Bristol service it was noted that the children's service would be compliant with paediatric centre standards in 2010 following the transfer of children's services from North Bristol Trust to the Bristol Children's Hospital and the adult service would be compliant with adult-centre standards in 2013/14 following the implementation of the North Bristol development plans.

The main recommendations made by the South West UK Burn Commissioner Group in 2007 and endorsed by constituent commissioner groups are summarised as:

- 1) The Paediatric Burn Centre for South West UK Burn Commissioner Group to be identified as Birmingham Children's Hospital until 2010. (Please note that this original recommendation subsequently changed as described later- the interim paediatric centre has now been identified as Bristol).
- 2) The adult burn centre to be identified as Swansea until 2013/14. (Please also note the key point later in the text that confirms that transfers of patients will only take place on the basis of individual clinical assessment and network protocols at the point of injury to ensure that only transfers that are absolutely necessary take place).
- 3) Further designation to take place at the times stated.

A number of queries are now being received about the above proposals. These include questions about the paediatric centre proposal and why the original recommendation involving Birmingham has changed and questions about the appropriateness of the recommendation that Swansea should be identified as an adult centre and the implications that this might have for patients and families that will be required to travel as a consequence.

### **5.1 Paediatric Burn Centre**

With reference to the location of paediatric burn centre services the situation has moved on since the original proposal was made to transfer severely burned children to Birmingham between 2007 and 2010 until the Bristol burn service is relocated to the Bristol Children's Hospital.

Birmingham Children's Hospital is currently the only one in England and Wales that complies with the national standard that burn centres must be co-located with Paediatric Intensive Care. Consequently all networks in England and Wales have been exploring the potential to transfer patients to Birmingham.

It subsequently became clear that Birmingham Children's Hospital does not have the capacity to routinely admit burn-centre children from other networks.

Birmingham Children's Hospital also does not have the appropriate transport or retrieval service to enable children from the South West to be transferred there. Therefore the South West UK Burn Commissioner Group prepared a revised proposal for the South West indicating that on an interim basis the Bristol service should be identified as the paediatric Burn Centre

## **5.2 Adult Burn Centre Services**

The South West UK Burn Commissioner Group has taken account of the concerns about access to adult services and looked again at the designation, placing emphasis on achieving appropriate access as well as meeting clinical standards.

When the national review concluded that adherence to clinical quality and safety standards should be weighted more highly than access although both issues were rated highly. As burn injuries present as emergencies all transfers take place via emergency ambulance, helicopter or fixed wing aircraft. Appropriate transfer infrastructure that enables rapid stabilisation and transfer of severely injured patients greatly minimises the difficulty that might otherwise be associated with distances to be travelled to access services.

However for families who need to support their relative in hospital, often for long periods, the distances to be travelled and the quality of on-site accommodation is very important indeed.

The South West UK Burn Commissioner Group acknowledged that whilst the Bristol service was not currently compliant with burn centre standards, and did not therefore meet the clinical standards, it was better placed geographically than Swansea, and would be compliant in adult standards by 2013/14.

The recommendation made to the South West and South Central Specialised Commissioning Groups therefore, clearly stated that a redesignation process should be implemented in 2013/14 to take account of the strategic plans and to address the issue of travel and access for families which is clearly of significant importance.

In the interim period however the South West UK Burn Commissioner Group could not recommend the designation of a service that was not compliant with clinical standards even though geographical access was better for some members of the population served.

To minimise the difficulties that might arise for families during the interim period the network will develop protocols so that only absolutely essential transfers take place. Arrangements for early repatriation are also being built in and the Swansea service is able to provide accommodation for families who need to stay in Swansea.