Appendix B

PCT STAFF CONSULTATION FEEDBACK

Locality Manager

In reality of time scale there are only 2 options for the transfer, Options 1 & 2. I believe the GP option 4 would not be viable as there will be a conflict of interest with activity and a reduction of the community nurses autonomy. It would further fragment the provider arm and would not be financially viable when considering an even smaller group and the management structure/training/expert resources that are needed within that service. It is likely they would bid in PBC groups to attempt to make it more viable but for the above reasons this is not an option where myself and most of the community nurses wish to be. Option 3,5,6 have no current interest known at this time which would mean yet another change for the future. This would not be imminent and any work done with the employer will be lost and this would de-motivate staff further.

Option 2 despite concerns over historical events would be the preferred option over option 1 for the following reasons:-

1. We are already closely affiliated to the Trust.
2. It would greatly enhance the work on Urgent Care pathways to reduce hospital admissions which is in the interest of both parties.
3. Could greatly improve discharge liaison.
4. As long as we have the separate directorate and treated with the respect we deserve, we could facilitate the acute sector's understanding of community services, increase joint working on care pathway, and enhance likelihood of PBC initiatives and most important increase seamless patient care.
5. Link closer with team such as Infection Control and Tissue Viability.
6. Work together to streamline policies to include Community Services rather than having separate policies.
7. Combine training.
8. Joint central Bank Nursing which ensure increased skills to accommodate community working, and that all staff have supervision and appraisals in line with KSF, and mandatory training is in place and attended.
9. 3 star Trust that is in financial balance.

PCT STAFF CONSULTATION FEEDBACK
Reason Against Wiltshire Option 1 1. Not in financial balance. 2. West and Kennet/North Wilts are already working together. They have vocalised to me that we will be joining them which indicates we will have little control or say in the future. Teams are already in place making operational structure less viable. Less influence. 3. Geographically difficult and expensive for travel making us less likely for full inclusion. 4. We are ahead of the changes to bring us into financial balance and it would be a backward step. My main concerns about any of the Options is that of OOH's. Their future is less certain with Option 2. If Banes withdrew their contract there will be a financial imbalance. However, I can only see benefits by them joining SFT as they can closely work with ED department for future projects. There will be no influence over a Wiltshire option and ED attendances will increase as there will be no joint goal. I think we accept that a central call centre may be viable but equally so may a central hub within the hospital. I confirm my choice with Option 2
Dr Community Child Health **Dr Community Child Health** Having giving it considerable thought, and discussed it with my paediatric colleagues, we would be in favour of the transfer to the Hospital Trust. The Managers in the PCT have been most supportive of our department from the moment that we joined. We have felt that our work has been valued and we have felt "safe" financially. The Managers have also ensured that our work has moved forward and there have been some very encouraging developments such as the appointment of Terri Ford as Senior Nurse for LAC. It is with great sadness that we are therefore voting to move back into the Foundation Trust – mostly because of the present financial climate. My hope is that the PCT in its commissioning role will continue to ensure that our work out there in the community will still be understood, valued and supported.

PCT STAFF CONSULTATION FEEDBACK

South Wilts Out Of Hours Service Manager (SWOOHS)

I support the transfer to SFT of the Community Services Team as the best of the options available in the light of the PCT re-configuration on 1st October 2006.

I consider that omitting SWOOHS from the services to be transferred to SFT on 1st October 2006 is illogical and wrong. I consider that SWOOHS needs to be transferred with the rest of the Community Services Team in order to realise the patient and financial benefits of continuing integration with other local care services that will be managed by the Foundation Trust. The proposed transfer of SWOOHS to the Wiltshire PCT will potentially be very detrimental to patient care and satisfaction in South Wiltshire, will potentially lead to an increase in OOH referrals to hospital with catastrophic financial and health care consequences, and will potentially result in disintegration of urgent care provision in South Wiltshire that is fundamentally at odds with DoH guidelines and the advertised objectives of the SWPCT and the Foundation Trust.

Out of Hours Nurse

I am very concerned about the future of the "Out Of Hours" provision. We are aware that money is very tight within the Primary Care and I feel it could be a cheaper option to amalgamate call handling and nurse telephone triage with Wiltshire Medical Services. The SFT would/could provide the hands on care at A&E with nurses and doctors. To reduce costs of domiciliary visits the provision of a minibus/taxi service to bring patients to a Primary Care Centre. This has happened in other areas and I am sure it is an option that could be considered. Perhaps a meeting involving the public is required to ask for their views on Out of Hours provision. I am aware that this could be problematic as the public wishes, are for their surgeries to be opened evenings and weekends. I hope that as other community services are to go to SFT, that these services will not be underfunded and understaffed as before. With the government change to the Primary Care Trust I had hoped it put Community Nursing on an equal footing with secondary care provision. Training became easier to do and opportunities arose. It concerns me, that this move could be a backward step. I have attended meetings with regard to this change and I can see the difficulties that arose and why the Foundation Trust was chosen

School Nurse, Community Child Health

I would like to give my view that on balance I think it would be preferable to transfer our service to the Salisbury Foundation Trust.

PCT STAFF CONSULTATION FEEDBACK
School Nurse I feel that for Provider/Clinical Services to be transferred to the new Wiltshire PCT would be detrimental to our service. I therefore would prefer that these services transfer to Salisbury Foundation Trust.
Named and Designated Nurse For Child Protection I anticipate the move to the provider arm as suggested in the Consultation Document to be the most favourable option for the local population and also the most secure for staff. Placing the Designated Nurse for Child Protection with the PCT. Rationale – placing the Designated Nurse (DN) with commissioning will create a very isolated role. The DN needs to maintain links with practice in order to maintain skills, knowledge and competencies, otherwise it will be difficult to have any influence strategically or operationally. The DN needs to have a clear understanding of local need and how this should be developed; difficult over a whole county. Do Wiltshire require a full-time DN? If this is only a part-time post how will the rest of the week be covered? Traditionally the DN posts forms part of a Named Nurse Post in order for cover to be provided over a full week. I note that this decision has not been discussed with the North Wilts, West Wilts and Kennet PCT's.
School Nurse Co-Ordinator Having attended one of the consultation meetings and after further discussion with colleagues, I would like to support the move to Salisbury Foundation Trust. I feel this move would be in the best interests of those services currently within SWPCT and would support the developments already in progress to improve care within South Wiltshire.
Nurse Advisor SWOOHS I am in total support of a move to SFT as the best option for the Out of Hours Service, following reconfiguration of the PCT's on October 1st

PCT STAFF CONSULTATION FEEDBACK

Looked After Children Service

I would like to register my considered choice that the provider arm of the SWPCT services be transferred to the SFT, not Wiltshire PCT. My decision is based on concerns that service provision could be cut if we go with Wiltshire, as they continue to struggle with their debts, and equity of service levels are imposed. I do have some personal concerns about the change to Salisbury Foundation Trust:-

- The lack of commitment to increased provision of Paediatric Liaison by the Foundation Trust. Will this be a role that will not be valued by commissioning by the Wiltshire PCT? Do they commission this role from Bath or Swindon hospitals?
- Will a designated Role for Looked After Children be developed by Wiltshire PCT and will the role of Senior Nurse for LAC that is commissioned be changed to fit in with the rest of Wiltshire?

However I remain decided that Salisbury Foundation Trust is the better option for the service providers presently employed by SWPCT. I would have serious concerns about the ability of a GP consortium being able to support the provision of services or to value the roles that I undertake.

Finally I would like to say that I feel that many colleagues may not recognise the importance of registering their opinions – are you allowed/able to contact them for their opinion?

Practice Education Facilitator

I am concerned that I may not be included with the rest of the community providers if we are transferred to SFT. I had already been told that I may be placed with the other Practice Educator at the hospital. This would be less helpful to me as my day-to-day contacts which are essential to me are the education team and also the locality co-ordinators and managers. For my post to be effective I need to have an ongoing awareness and liaison with the community.

Continence Advisor

In my opinion I feel the Continence Service would be better placed within the community directorate of the secondary care provider Salisbury Healthcare

PCT STAFF CONSULTATION FEEDBACK
Training and Development Manager I feel it would be more beneficial for the Community Training and Development department to be linked with SFT due to our continued collaboration with the hospital training and development department to deliver a lot of our training. Also with the advent of the South Wiltshire Academy these links will again be strengthened. But I do feel there needs to be a commitment to continue the role of a community Training and Development Team within the Foundation Trust. There are many reasons for this but one major reason is that there needs to be dedicated team to understand the complexities of Training and Development within the Community. Also with a commitment to deliver training in the community through the new academies there needs to be a support team to deliver the wealth of training needs in a complex environment of the community. I hope you understand my comments and can expand on any.
School Nurse I feel as a School Nurse I would like to transfer to Salisbury Foundation Trust and believe this would be of benefit both for myself and colleagues and also our clients.
School Nurse I would like to register my support for the transfer of our service provider to SFT. Considering the alternatives I feel this will be in the best interest for workers, service users and quality of service

PCT STAFF CONSULTATION FEEDBACK

Community Services Manager

I support the move to Salisbury NHS Foundation Trust. After reviewing the alternatives I feel that joining SFT is the best option for patients and also staff for the below reasons.

I feel we need to be within a health organisation and also within an organisation that can support the needs of staff with strong finance, HR and Clinical Governance support. We also need to be within an organisation that is established, with business acumen and is financial stable.

I do however have some reservations about a move to SFT. The risks of joining community and acute care together is that we will be subsumed within hospital business, rather than holding our own identity.

We are an essential part of delivering the new ways of working, with a higher priority now being given to community care and the transfer of services closer to patients. Community Services should hold a position within the organisation commensurate with the importance that this holds. It is essential that we have executive representation within SFT and we remain as a separate Community Services Directorate.

In summary, I support the proposal to move the Provider Services to SFT however in order to deliver all the integration benefits it is vital that we are not viewed as "second class citizens" and/or a new resource to be moulded to fit the acute way of working.

Spinal ESP/CS service

I work in the SWPCT as an extended scope physiotherapist and also as a clinical specialist physiotherapist in the physio department. I have a number of concerns regarding the proposed transfer of services to SFT.

- The Musculoskeletal Assessment Services (MAS) that has recently been set up is based on a primary care based model in accordance with national literature. The very recently published musculoskeletal service framework document published in Aug 2006 by DOH advocates a primary car based service, as does other government literature e.g. our health our care our say 2006.

PCT STAFF CONSULTATION FEEDBACK

- We have worked very hard to place the new MAS services close to the patient.
- The MAS was devised not only to improve access times and primary care based treatment, but also to reduce unnecessary referral into secondary care. There is a significant financial saving for the PCT. If the MAS is transferred to SFT there will be a direct conflict of interest for the service. Our aim is to manage people in primary care and avoid unnecessary secondary care appointments, this will reduce income for SFT.
- We pride ourselves in the work done with our secondary care colleagues, but have been able to implement recent evidence based ideas to manage patients away from hospital when appropriate because of being employed by the PCT.
- The whole concept of managing musculoskeletal conditions advocates primary care management including physiotherapy, podiatry and dietetics, I understand all of these services are proposed to be transferred to SFT. This seems to be a direct conflict with the recent literature.

The consultation has been short and to me appears to be rushed through with little time for staff to reflect on the proposals. I understand the deadline for merger of the PCT's on 1st October, but fear that during this holiday season many people will not have been given sufficient time to think about this.

Jane McNeill

I have read the letter about the changes proposed and feel that we as a service would be best placed in the Foundation Trust, as this will give us the best opportunity to give a good service.

Podiatry Department

I feel we will be better transferring to the Foundation Trust as the deficit connecting to the Wiltshire PCT is a great concern. I feel it is important that we do however be under a directorate so we are managed as a whole as the community clinic have a different way of working than the hospital clinics. I feel Podiatry is an area to be developed and this may be a great opportunity to do so.

PCT STAFF CONSULTATION FEEDBACK

Health Visitor Co-ordinator

Overall the proposed adoption of Option 2 i.e. to transfer to Salisbury Foundation Trust is one that I support.

There are some concerns:-

1. The low weighting given to ensuring services are delivered as close to home as possible. Particularly as there are areas within PCT boundaries that have difficulty accessing health services.
2. Recognition of the nature of Community Work when within a much larger acute sector organisation.
3. The nature of specific requirements in delivering such services as neonatal, child and adult post natal, community primary public health and health promotion in the community that differ from delivering acute sector medical care.
4. Appropriate accommodation and facilities for the Management Structure that will enable a continuation of the current excellent support and strategic lead that currently exists to the co-ordinators and their Health Visitor teams.
5. Maintaining links with the rest of Wiltshire in developing 'Care Pathways'/
6. What 'transitional and longer term cost pressures' are envisaged and how this would impact on preventative health work.
7. Staff feel adequately supported undergoing another organisational change.
8. Equivalent PEC representation of Community Nursing be developed within new proposed structure.

Childrens Services Manager

I believe that the Foundation Trust is the best option currently for the identified children's services and provider arm services as a whole. This would give us an excellent opportunity to develop care pathways and improve the child's journey through health services. We would, however, need to continue develop and improve partnership working with the local authority to meet the priorities of the Children's Trust Board.