APPENDIX 6

PROPOSAL: Developing Primary Care Psychology Service

Consultation Document Ref: 5.3.1 Feedback Form Ref: 1a

At present patients like access to a counsellor within their own surgery. The counsellors enjoy a close working relationship with the GPs. These would be lost.
Access to a consistent service sounds good.
As counsellors recently employed by the PCT (Sept 2004) we are looking forward to a more streamlined approach to services offered to patients/clients. To be working from the same point of reference can only be beneficial to those wishing to access the services. We favour brief therapy and would welcome a solid referral system for secondary care psychological services.
Although any increase in counselling services is to recommended as is extra training, the role of the private sector and/or specialist counsellors employed by charities should not be underestimated. By trying to have a counselling service without a wide knowledge of the particular aspects of specific mental conditions you could lose out on experience gleamed over a number of years. I myself have had some very helpful sessions with a counsellor with over twenty years experience in my mother's condition. I would not want to go to a counsellor who had a very generalized "one size fits all" training.
We agree with the intention that the focus should be on a short therapeutic interventions and draw to your attention the value of psychiatric nurses trained in cognitive behaviour.

APPENDIX 6

PROPOSAL: Changing the Focus of Secondary Care Psychological Therapies

Consultation Document Ref: 5.3.2 Feedback Form Ref: 1b

CBT is undoubtedly the most effective treatment, most rapidly gaining results.
We believe there are no major objections to this. We respect professional views on CBT.
Over reliance on this therapy for the “elderly confused” would not be appropriate. However, I have put “unable to decide” on this point as focussing on cognitive behavioural therapy for carers such as myself might be more appropriate use of funds as this may be more beneficial (VCL research by Dr Georgina Charlesworth under the Alzheimer’s Society Research Fellowship 1998-2001)
A model of service which extends from primary care into secondary care is welcome. It is also important that existing governance issues in primary care are addressed by bringing its management into a clear organisational structure. However, if this comes at a capacity cost to the secondary service, there are risks which must be fully understood in terms of longer waiting times, for example, which have knock-on impact into the CMHTs. A demand and capacity modelling exercise would be helpful to better anticipate reasonable waiting times across primary and secondary care.

APPENDIX 6

PROPOSAL: Developing specific Mental Health Promotion time for South Wiltshire

Consultation Document Ref: 5.3.3 Feedback Form Ref: 1c

Need to increase profile / awareness of mental health issues locally.
Any proposal promoting good mental health is a good thing, working with employers, schools and community groups is long overdue.
We need frontline treatment for patients.
I am basically in favour however I don't think one person in a half or less time post can possibly fulfil the role properly. Better would be to train and support other Health Promotion Staff to look at mental health alongside physical health, that would prevent the continued and continual segregation of services and the mind body split.
Mental health promotion must focus on helping people to feel better e.g. exercise programmes, social interaction and appropriate support.
I think it is very important to try and reduce the stigma associated with mental illness.
Sensible proposal. No apparent disadvantages. Is this sufficient?
Promoting good mental health and improving attitudes of employers etc is a good idea.
Specific mental health promotion is a very welcome development, particularly with the aim of reducing stigma and discrimination. However the suggested expansion of the current health promotion team raises the reservation that the service will not be specific enough. The voluntary sector and Rethink in particular have a wealth of experience in this field and perhaps this presents an

opportunity for partnership working.

APPENDIX 6

PROPOSAL: Services which cover adults of working age.

Consultation Document Ref: 5.4 Feedback Form Ref: 2a

This proposal is all right IF the community team can deliver the goods otherwise NO.
Home support is less supportive for the vulnerable
This must be wrong. I would challenge the statistics you use to support your case. The issue here is not about the number of beds but rather the quality of service.
Beds must not be cut in numbers for any mental health patients these people should not be forced to struggle on in the community when they need 24 hour attention. Community visits are not sufficient backup!!
I am in favour as long as the external support is available and people are not hurriedly discharged without a good solid sustainable (user involved) care plan and package.
I am horrified at this proposal – Here is an obvious need for these beds in the area.
If I was to become ill again I would worry that there wouldn't be any beds available in Fountain Way and that I would have to go to a hospital miles away – as this would make me even more ill and would not help my recovery.
We believe that there is scope to reduce beds provided that community Services are in place prior to closure.
There is a broad agreement that 18 acute beds should be able to service the needs of the local population, alongside increases in available crisis resources.

However, the acute ward is currently used not only acutely unwell patients. At least 25% of beds are routinely occupied by people who no longer need acute care, but for whom follow-up accommodation is not available. Unless this is addressed with WCC and non-NHS providers as well as the PCT, it is not feasible to deliver this bed reduction.

APPENDIX 6

PROPOSAL: Reducing the use of Psychiatric Intensive Care Beds so we can increase community support

Consultation Document Ref: 5.4.2 Feedback Form Ref: 2b

We need both the intensive care beds and increased community support.
There needs to be enough intensive care beds for people who really need them.
This proposal may put stress on other parts of the service, particularly as there are other proposals to reduce numbers of beds in other areas.
Overall I think this is a good approach.
Given that the population of Salisbury and district is increasing all the time how can you say that 4 beds will be sufficient for the area.
Reducing beds in PICU will mean more people needing beds on Acute unit. More than average number of beds would be needed as old Manor Hospital meant many mental health patients were in Salisbury area and still live in the area.
Provided Medical Staff feel that 4 beds are sufficient we believe that the measure is acceptable.
There is broad agreement that 4 PICU beds should to service the needs of the local population. However, this requires appropriate move-on for people who may need a higher level of provision (eg low and medium secure care)

APPENDIX 6

PROPOSAL: Closing Inpatient Rehabilitation so we can increase community support

Consultation Document Ref: 5.4.3 Feedback Form Ref: 2c

When you have waited more than a quarter of a century for a solution to a problem it is enraging, as an income tax and national insurance payer and above all as a parent of a sufferer, to have it snatched away from you. The eleven bed Brook House undoubtedly needed to be replaced. We were delighted with what the Trust replaced it with but now you propose to take it away and leave us with nothing.
People need a halfway point after hospital so they don't end up back in acute ward.
In favour of this proposal again providing the support is in place, the CMHT need to ensure they are very aware of the community services that are already on offer to support their patients.
To close Grovely Unit would greatly increase the pressure on those already overstrained services, and even more on the domestic carers.
I think the decision to close it down is such a terrible shame. As there are so many people who use Grovely after being on Beechlydene ward. Its very nice to be able to get off a hospital ward environment.
I am against this proposal as this is the only way the patients receive the treatment they are entitled to.
Rehabilitation is much better and more effective and sustained if its in someones own home and their environment
Rehabilitation as an inpatient must have a place. I can not see it working under home circumstances.

PROPOSAL: Expanding the Crisis Resolution Team

Consultation Document Ref: 5.4.4 Feedback Form Ref: 2d

It needs expanding but I think it is a disgrace that there is no 24 hour cover.
I think the crisis resolution team should be in line with the National Service Framework and be available for 24 hours every single day.
This is a welcome proposal. However it will not deliver the full crisis service fidelity criteria required through the NSF, nor is it likely to deliver a local interpretation of the criteria, in line with population need. Sustaining independent living requires access to crisis care when it's needed. The reduction of beds in the system will hinge on the availability of this type of care, as well as ongoing and intensive community support.
It is our experience that the requirement for an out of hours crisis service is both small and erratic. We do not disagree with the concept that the inpatient unit should be utilised for support at times when demand can be shown to be small. We considered this to be practicable, given the unique location of the inpatient service close to the centre of the greatest population density in the catchment area.

APPENDIX 6

PROPOSAL: Expanding the Assertive Outreach Team

Consultation Document Ref: 5.4.5 Feedback Form Ref: 2e

I question the ability of mental health workers to provide the service you describe. Community work is a very specialised highly skilled work it is more about experience than qualification.
This is a mealy-mouthed method of providing inferior facilities.
In general in favour of this proposal, but feel that services in the community are less easy to monitor.

APPENDIX 6

PROPOSAL: Changing Physiotherapy

Consultation Document Ref: 5.4.6 Feedback Form Ref: 2f
Ref. 5.5.5 Ref. 3e

Once again I sincerely hope there are no plans to change the way the physio Dept. is run and I would go as far as to say it is one of the most efficiently run Departments at Fountain Way. I have always been treated with the utmost care and compassion especially if I am ill.
Good idea if reduces stigma of Mental Health.
This ins an area where the promotion of social inclusion can work well.
We consider this appropriate in respect of NHS services but consider that, in the context of social and supportive care, such as provided through the Greencroft New Alliance, there would be therapeutic benefit in promoting the use of these facilities.

APPENDIX 6

PROPOSAL: Changing the way Occupational Therapy is provided for Adults of Working Age

Consultation Document Ref: 5.4.7
Ref. 5.5.6

Feedback Form Ref: 2g
Ref. 3f

So long as a provision as a whole is not reduced significantly then to maximize professional assistants time is commendable. However OT forms a vital part od rehab / therapeutic process when an inpatient.
We are concerned at the possible loss of therapeutic impact from the dilutions of occupational therapy.

APPENDIX 6

PROPOSAL: Changing the Model of Day Services for Adults of Working Age

Consultation Document Ref: 5.4.8 Feedback Form Ref: 2h

We all agree that it is far better for service users to access mainstream activities in the way we all do, however we must also accept that this is not always possible for some. I would suggest you ensure that you have a clear picture of what is already on offer, and how best to sign post the services that already exist. Our users that already access Salisbury Industrial Therapy Unit often seem unaware of their choices and feel cautious about change and seem to lack the support for initiating change.
Note it is day centres that keep us out of the hospital. We are vulnerable even when stable.
Following a review (over 6-12month period) the overwhelming feeling of personal achievement by working in SITU was expressed. People must have a right to work protected. It is imperative to realise that individual concentration, memory, learning ability, irritability, motivation, speech, emotion, prolonged anxiety, pacing, fidgeting, fatigue, sleeping problems, appetite, daily living skills, compulsive rituals, obsessive thinking, social disability, (unable to 'perform' socially), are some of the lasting symptoms.
Greencroft Club House style has been of great benefit to my son. "Club House" describes it well. I am sure it is needed and should continue.
On a cost-benefit analysis, should you close the centre it will be more expensive in the long term. It will be interesting to see how many more clients end up in crisis indirectly, due to the closing of the centre.
I would lose my purpose for going out, maybe lose my friends I have made. I would stay home more and be bored, get depressed again.
If the Greencroft service wasn't available, lots of the good work this centre

provides would be taken away and a lot of people would be worse off for it.
If this all stopped I would not have the confidence to go out and make the friends that I have. It would affect me a lot. I might seem to be okay now but if it was not here I would not have any support as I've got no NHS support service.
Being on a low income I would spend most of the day at home. My social life would become very restricted would eventually lose confidence and self esteem already attained may end up in hospital.
No other real opportunity for mutual support from people who understand. Nowhere safe to go when feeling unwell. More staying at home doing nothing constructive.
A properly planned and resourced review of day services should be undertaken, identifying gaps etc thus taking out the day services proposals from the document entirely. More funding and resources should be put into day services not less.
I would say people with a severe and enduring mental health issue need somewhere to go and things to do for a large chunk of the week and not just one hour or two.

APPENDIX 6

PROPOSAL: Liaison between Mental Health Services and the District General Hospital

Consultation Document Ref: 5.4.9 Feedback Form Ref: 2i

All too often lack of communication costs us dearly – it does seem there is still a lot of work to be done in this area.
I am amazed that this link up does not already exist!
This is vital. Disappointed that this has not been done before. This must involve training of staff throughout SDH to prevent discrimination against Mental Health Service users admitted there.

APPENDIX 6

PROPOSAL: Early Intervention Post

Consultation Document Ref: 5.4.10 Feedback Form Ref: 2j

Psychotic illness frequently present first in teens with non specific signs. Should be regular meetings with new child / adolescent co-ordinator.
Long overdue.
Surprised that this post has not already been established.

APPENDIX 6

PROPOSAL: Services which cover Older Adults

Consultation Document Ref: 5.5.1 Feedback Form Ref: 3a

We are unable to view this as a practical proposal at the current time. The experience of members of this society looking for EMI beds for their relatives clearly indicates that there is an under-supply of such beds in the locality. Private care homes prefer calm residents to challenging ones, have been known to ask residents to leave who display increasingly difficult behaviour and have closed EMI beds in recent years. The analysis of patients currently on the ward indicates that there is no suitable available alternative for 11 of the patients and that a further 5 require the health care provided, which confirms the impression that the proposed closure is impossible, given the facilities available in South Wiltshire at present.
It is our understanding that there is currently limited alternative provision in this area and we would like to express our interest in working with you to develop this. We would also be interested in providing new, more appropriate facilities for the longer term and entering into discussions with you on this.
We believe there will always be a need for NHS inpatient beds for people with severe dementia. Some patients in Amblescroft may be suitable for transfer to the private sector as soon as suitable beds are found. Pending this we are opposed to using Amblescroft South as a nursing home. A better option would be for Social Services to put some of the money they would have to spend on Private Sector beds into NHS funds to enable some patients to stay there, in an environment which has been specifically designed to facilitate their care and among staff capable of offering support to relatives. The money from Social Services could cover the 'Social Care' aspect of their admission and would reduce the PCT's overspend. Amblescroft does not easily lend itself to being divided into smaller units if beds are closed. It is a superb facility that the PCT should be proud of.
The consultation document did not convince staff that there was a recognition of this very serious problem around lack of alternative provision, or WCC funding. Neither of these problems is easily resolved, and the local independent market operates on 'selling power', not 'buying power'. For these reasons, staff struggled to make the distinction between what the NHS should be providing (if operating in a more facilitative context), and what is needed to [provide locally in the absence of that context.

The concept of developing other services within Wiltshire, in conjunction with private and voluntary sectors to transfer service users inappropriately placed on assessment and rehabilitation units is welcomed. Closer ties and negotiation and dialogue should be opened up with the independent sector.

APPENDIX 6

PROPOSAL: Expanding the Community Mental Health Team for Older People

Consultation Document Ref: 5.5.2 Feedback Form Ref: 3b

We welcome the expansion of the Community Mental Health Team for Older People (CMHT) as there is at present insufficient access to the services of the team, with individual staff members having too large a case load. However, implicit in this proposal is the transfer of Health Care Staff from the hospital to the CMHT, so that a similar number of staff would be providing services for the same number of patients, as those currently in hospital would be supported by the CMHT in care homes. If this is the case then there would be no improvement in access for patients and carers across the community.
Yes we are in favour of expanding the community mental health team. BUT judging by your own numbers are 1 or 2 whole time nurses and 3-5 health care support workers really going to make such a drastic difference?
This sounds a good idea in theory, but not if it is at the expense of reducing hospital services and staff.
We definitely need more in the team doing this vital work.
An increase in staff is much needed as the present contingent is heavily overloaded and many people have to wait for advice and help which greatly increases the stress on the carers. I am against funding this at the expense of Amblescroft however which seems to me to be robbing Peter to pay Paul.
I am completely in favour of this proposal, but do not agree that the increase of trained staff will be sufficient.
More people on the ground are to be welcomed. However, providing greater support to care homes to deal with challenging behaviour is all very well in principle but that assumes care homes will want to take on patients with dementia.
Health care support workers, adequately experienced and with adequate support

from suitably trained Health Professionals could provide a vital and valuable service in this area.
Expanding the CMHT for older people is not sufficient care for people with dementia.
This development should occur regardless of other changes. This service and the staff that work within it is under extreme pressure.
This is a welcome development. However even with more substantial investment, the CMHT represents only one part of a broad spectrum of services required. Most of these services are not provided in the statutory sector. The PMP Report evidenced very clearly the paucity in local commissioning and provision, and little has changed since that report was published.
The RCN welcomes any proposal to increase the support in the community to this group. We would strongly urge that the team be expanded by the larger of the two options in each case, as a minimum. Even then, it can be seen that the South Wiltshire Locality will still be substantially smaller than the teams from the rest of Wiltshire.

APPENDIX 6

PROPOSAL: Improving the Memory Clinic

Consultation Document Ref: 5.5.3 Feedback Form Ref: 3c

We welcome the proposal to improve the Memory Clinic. The need for this service to be expanded is clear.
I am in favour but not at the expense of any existing services.
I am in favour of this proposal as in my experience follow up of memory clinic has been poor in my wife's case.
This is badly needed.
This was considered important for both users and carers.
Again, a positive direction of travel. We would like to see an explicit commitment from the PCT to fund the 'anti dementia' drugs recommended by the National Institute for Clinical Excellence. We would also continue to seek their commitment in the development of a shared care protocol across primary and secondary care, in line with NICE Guidance. This is a growing area of demand.
There is a need for clarity as to what constitutes a 'memory clinic'. Account must be taken of the likely increase in pharmacy expenditure due to increasing use of AchEIs (Donepezil; Rivastigmine; Galantamine) and the NMDA-receptor antagonist (Memantine). Increase funding of the service to incorporate some psychological therapy time. The RCN welcomes this proposal. The RCN notes that there is no mention of the role a Nurse Specialist can play in the Memory Clinic. Throughout the country Nurse Specialists play significant part in the work of clinics (Bullock 2002). The issue of cost-effectiveness should be noted here, in these times of severe financial constraints.

APPENDIX 6

PROPOSAL: Increasing the capacity of the Day Hospital

Consultation Document Ref: 5.5.4 Feedback Form Ref: 3d

Yes, increased capacity needs to be available, but for five (or even seven) days per week for dementia patients. There needs to be daily care available for people too severely affected by dementia to be suitable for Foresters Day Centre, but still being cared for at home by relatives.
Day hospitals are an excellent notion.
Any increase in hours would be welcomed for treating greater numbers.
The more this operates to dementia patients the more it saves carers becoming casualties themselves.
Expert assessment and care planning is needed of older people's mental health and physical health needs to be met and I feel the Day Hospital is best to provide this so any increased expansion proposed is welcomed.
The focus of the day hospital is already under review and shifting. It is important to recognise this service as part of the spectrum of services which for some people will help to avoid or delay hospital admission. Its effectiveness will be limited by the services (or absence of them) which complement its function (eg respite for carers).
We fully support the proposal to increase the capacity of the Day Hospital. The RCN strongly suggests (particularly, against our advice, if beds are cut on Amblescroft) that, by increasing the capacity of the Day Hospital, the team could offer much more. Overall, we feel the issue here is one of prioritising scarce resource. The Day Hospital quite demonstrably provides a pivotal role in preventing emergency inpatient admissions, and ensuring that clients remain, where possible, in their own homes, which research indicates is clearly their desire. As such, they must be provided with the resources to achieve this laudable goal.

APPENDIX 6