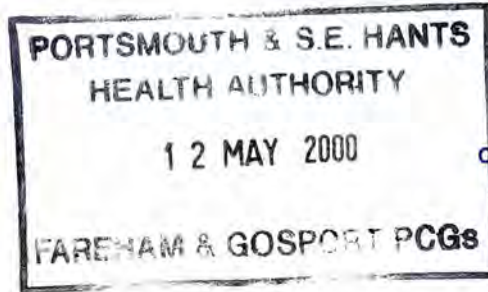


File : Gen 5



PORTSMOUTH AND S.E. HANTS
COMMUNITY HEALTH COUNCIL



Admiral House
2nd Floor
High Street, Cosham
Portsmouth, Hampshire
PO6 3BZ

Telephone: (023) 9238 3832
Facsimile: (023) 9221 5014

Chief Officer: Mrs. Margaret E. Lovell
M.H.S.M. Dip.H.S.M., M.R.S.H.

MEL/TG/G&sF/Off.

Mr J. Kirtley
Chief Executive,
Fareham and Gosport PCG,
Unit 100,
Fareham Reach,
166, Fareham Road,
Gosport,
Hampshire.
PO13 0FW.

27th.. April, 2000..

Dear Mr Kirtley,

Health Services for People of Gosport and south Fareham.

As you will be aware, the Portsmouth and South-East Hampshire Community Health Council has taken an active part in discussions and carried out a number of activities with regard to the above topic, since the announcement of the closure of the Royal Hospital Haslar by the Ministry of Defence.

Earlier this month, the C.H.C. submitted its formal Response to the Health Authority, in respect of its Consultative paper entitled "Changes to health services for residents of Gosport and south Fareham".

A copy of the Response is enclosed for your information.

However, recognising both the considerable strength of public feeling for the Royal Hospital Haslar and also the particular circumstances and requirements in this case, in that Government Departments other than the N.H.S. were involved and the Portsmouth and South East Hampshire Health Authority's proposals for future services relied on resources currently under the Ministry of Defence being made available to it on an on-going basis, the Portsmouth and South-East Hampshire Community Health Council decided to write to the Prime Minister, the Right Honourable Mr. Tony Blair, M.P..

Therefore, a copy of that letter is enclosed, too.

Should you require any further information, please do not hesitate to contact me.

Yours sincerely,

Code A

Margaret E. Lovell.
Chief Officer.



PORTSMOUTH AND S.E. HANTS
COMMUNITY HEALTH COUNCIL

Admiral House
2nd Floor
High Street, Cosham
Portsmouth, Hampshire
PO6 3BZ
Telephone: (023) 9238 3832
Facsimile: (023) 9221 5014
Chief Officer: Mrs. Margaret E. Lovell
M.H.S.M. Dip.H.S.M., M.R.S.H.

The Right Honourable Tony Blair, M.P.,
The Prime Minister,
10, Downing Street,
London.
SW1A 2AA.

JAK/MEL/G&sF.

25th. April, 2000..

To: The Right Honourable the Prime Minister, Mr. Tony Blair.

Dear Prime Minister,

You will be aware of the strength of feeling expressed during the course of the last sixteen months by the announcement of the closure of the Royal Hospital Haslar, which has provided a highly valued service to residents of Gosport and south Fareham. Indeed, for many residents of the area, the ideal outcome would be the retention of the services and facilities provided by the Royal Hospital Haslar - at least to the extent to which they were available at the time of the Ministry of Defence's announcement of its closure, in December 1998..

From a "best value" angle, it is hard for local people to see how the loss of an existing facility with modern suites and equipment can be justified, especially as the replacement services proposed not only appear to call for more resources from the Portsmouth and South East Hampshire Health Authority but still fall short of those which are perceived to exist at the present.

Reflecting on the history of this issue, the Portsmouth and South-East Hampshire Community Health Council (C.H.C.) believes that the way in which the closure was announced by the Ministry of Defence has caused major problems for the Health Authority, the C.H.C., and local residents and, from information available to it, concludes that there seems to have been a lack of effective communication by the Defence Secondary Care Agency with the local Health Authority, meaning that any opportunities for joint and considered preparation and planning, over a reasonable time-scale, were lost.

Further, it is not just the areas within the remits of the Ministry of Defence and the National Health Service bodies which need to be considered in this case, but the wider implications which concern, in particular, accessibility in the form of road networks and integrated public transport systems. Consequently, it looks to the Community Health Council that potential opportunities for "joined-up thinking" between Government Departments have not been seized so far.

During the course of the recent public consultation period, the C.H.C. has been pleased to witness the co-operation and collaboration apparently taking place between personnel at the Royal Hospital Haslar and the local N.H.S. agencies. Also, the C.H.C. understands from the Health Authority that the Ministry of Defence has agreed to the Health Authority using the facilities at the Royal Hospital Haslar until such time as the Ministry leaves, and is pleased that such an assurance and agreement has been reached.

Continued

However, for the Health Authority's proposals for future services for people of Gosport and south Fareham to be effected, on-going use is needed of part of the existing Royal Hospital Haslar land, buildings and equipment, and confirmation that the transfer to the local N.H.S. of the required resources will take place is needed urgently.

The Portsmouth and South-East Hampshire Community Health Council, therefore, asks you to demonstrate that "joined-up thinking" across Government Departments is a reality now by ensuring that there is full inter-departmental consultation at all levels and that the necessary transfer of resources from the Ministry of Defence to the Portsmouth and South East Hampshire Health Authority takes place in an agreed planned and timely manner.

Yours faithfully,

Code A

Joyce A. Knight
Chairman,
Portsmouth and South-East Hampshire Community Health Council.

Copied to:

the Secretary of State for Health;
the Secretary of State for Defence;
the Chancellor / Secretary of State for the Treasury;
the Secretary to the Cabinet Office;
Mr. M. Hancock, M.P., Portsmouth South;
Mr. S. Rapson, M.P., Portsmouth North;
Mr. D. Willets, M.P., Havant;
Sir Peter Lloyd, M.P., Fareham;
Mr. P. Viggers, M.P., Gosport;
Mr. M. Mates, M.P., East Hampshire;
Mr. M. Oaten, M.P. Winchester;
Regional Director, NHS Executive South East;
Chief Executive, Defence Secondary Care Agency;
Commanding Officer, Royal Hospital Haslar;
Chief Executive, Portsmouth and South East Hampshire Health Authority;
Chief Executive, Portsmouth City Council;
Chief Executive, Havant Borough Council;
Chief Executive, Fareham District Council;
Chief Executive, Gosport Borough Council;
Head of Policy, East Hampshire District Council;
Chief Executive, Winchester City Council.

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY HEALTH COUNCIL.

MEL/013.

April, 2000..

**RESPONSE OF THE PORTSMOUTH AND SOUTH-EAST HAMPSHIRE COMMUNITY
HEALTH COUNCIL TO THE PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH
AUTHORITY'S CONSULTATION DOCUMENT
"CHANGES TO HEALTH SERVICES FOR RESIDENTS OF
GOSPORT AND SOUTH FAREHAM".**

1.0 EXECUTIVE SUMMARY.**STATEMENT.**

The Portsmouth and South-East Hampshire Community Health Council welcomes and broadly accepts that the proposals by the Portsmouth and South East Hampshire Health Authority for health provision for Gosport and south Fareham residents will give a safe level of health care that, in the main, meets the needs of residents.

However, there can be no doubt about the great strength of feeling of very many of the residents of Gosport and south Fareham that, for them, their main wish is to retain the facilities and services of the Royal Hospital Haslar, as it was at the time of the Ministry of Defence announcement in December 1998. to close the unit.

The C.H.C. has reservations about the Health Authority's ability to fund those services, particularly in view of the additional £3.3m. (at current prices) required to sustain them - £0.75m. from August 2000. and a further £2.55m. from 2005. - and the unpredictability of N.H.S. resourcing.

Accessibility is a key issue for residents of Gosport and south Fareham who have many concerns about the ability of both emergency services and patients and others making routine journeys off the peninsula to be able to do so in a timely and effective manner. The limitations of the present road network give rise to considerable anxieties, as well as the lack of a totally integrated and affordable public transport system.

The C.H.C. is concerned that there may be difficulty in extending the innovative developments proposed for Gosport and south Fareham to other parts of the Health District and that there may be a perception on the part of members of the public of inequity in provision as a result of the siting of two modern hospitals in one part of the Health District, whilst other parts have none (for example, Havant and Fareham).

The C.H.C. supports the proposals contained in the Consultation Document "Changes in services for residents of Gosport and south Fareham" and looks forward to the implementation of them, followed by the extension of those new patterns of service delivery to all other parts of the Health District.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

Context.

- 1.1 The role of each Community Health Council is "to represent the interests in the health service of the public in its district". This means that, whilst public views and opinions may be reflected, the onus remains on the C.H.C. to take an overview and comment in the light of the wider "public interest".
- 1.2 The area covered by the Portsmouth and South-East Hampshire Community Health Council comprises the Local Authority areas of Portsmouth City, Havant Borough, Fareham Borough, Gosport Borough, the southern part of East Hampshire District Council (up to Liss, approximately), and three Parishes of Winchester City (Boarhunt, Southwick, and Denmead).
- 1.3 **Should the C.H.C. not find final proposals of the Health Authority acceptable, it may refer the relevant issues to the Secretary of State for Health, for adjudication.**

Background.

- 1.4 Since the announcement by the Ministry of Defence Secondary Care Agency in December 1998. that the Royal Hospital Haslar was to close, the C.H.C. has:-
 - noted the views being expressed by members of the public;
 - conducted a survey of patients using the Royal Hospital Haslar;
 - met with voluntary and other interest groups;
 - discussed the issues involved with representatives of the Haslar Task Force;
 - responded to the Portsmouth and South East Hampshire Health Authority's interim Consultation document, "Future pattern of services for residents of Gosport and south Fareham";
 - been present at a session, involving the Haslar Task Force, where information was given about the principles of, criteria for, and safe means of delivery in respect of accident and emergency and minor injuries services;
 - held a series of six public meetings on the Health Authority's formal Consultation document, "Changes to services for residents of Gosport and south Fareham".
- 1.5 **This document, the C.H.C's. Formal Response to the Health Authority, is compiled with the knowledge of all the information, views, and comments received, in line with the Community Health Council's duty to represent the public interest in (National) health services locally (that being the Health District of Portsmouth and South East Hampshire).**

The Health Authority's Formal Consultation Document (February 2000.) and Process.

- 1.6 The Health Authority's formal consultation document, "Changes to health services for residents of Gosport and south Fareham", lacked clarity and openness in that:-
 - the title gave the impression that the proposals contained in the document would not affect or have any affects on the wider population outside of the Gosport and south Fareham area;
 - the Summary Leaflet included a statement (by the Haslar Task Force) which was not based on text contained in the substantive document;
 - the tear-off slip provided only for support to be confirmed, rather than the proposals to be rejected or other comments made.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 1.7 However, the C.H.C. believes that the Health Authority meant to be open and tried to be democratic in the way that it actually operated during the consultation period, being willing to address individual groups about the proposals and to receive views from all sources. In particular, the Health Authority financially supported the C.H.C. in the running of six public meetings across the Health District as well as providing a "Team" to present the proposals and answer questions.
- 1.8 Whilst the C.H.C. deems the Health Authority to have held by its guiding principles for proposals in most respects, it has some concerns in respect of the one which states "Share resources fairly across the whole health district". This element is difficult to measure with certainty as the Consultation document does not contain detailed statistical or financial information to show provision and resourcing levels as they stand at present compared with how they would look were the proposals to be implemented.
- 1.9 Nevertheless, the C.H.C. has no doubt that the Health Authority has done all it can to try to meet the wishes and needs reported by the people of Gosport and south Fareham

Viability of the Proposed Option.

- 1.10 Agreement has not yet been obtained from the Ministry of Defence for the use of the required land, buildings, and services at the Royal Hospital Haslar - either over the next few years or on an indefinite on-going basis. Without such agreement, the Health Authority's proposals cannot be brought into effect or maintained in the future.
- 1.11 Developments relying on the progressing of the Portsmouth Hospitals Private Finance Initiative funding are crucial and there is increasing urgency for them to be completed - before services are further withdrawn from the Royal Hospital Haslar, otherwise demands on the Portsmouth Hospitals NHS Trust may rise beyond manageable, safe levels.
- 1.12 The C.H.C. reserves the right to comment on these issues, when details are known.

Equality of Access and Equity of Services and Service Provision.

- 1.13 The Portsmouth and South-East Hampshire Community Health Council believes that the Health Authority's proposals do not appear to address - at least in the short term - what might be seen as lack of equality of access to services and lack of equity of provision across the Health District.
- 1.14 The main reason for the C.H.C. being concerned in this regard is that a modern Community Hospital facility exists already in Gosport (as does one in Petersfield) whereas such provision has yet to be made in Havant and for Fareham, as well as Portsea Island in due course.
- 1.15 Although the C.H.C. understands and is sympathetic to the fact that to the residents of Gosport and south Fareham services are being reduced, for people elsewhere in the Health District the effects of the proposals may be seen as leading to more N.H.S.- funded provision being directed to the Gosport area.
- 1.16 This seeming disparity might not be such a potential problem if all the costs involved in the Royal Hospital Haslar re-provision proposals could be met from monies returned to the Health Authority in recompense for that loss of service, or provided by the Government as additional to the intended basic allocation, so as to enable the District's existing development plans to continue apace.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

Responding to the Wishes of Gosport and south Fareham People.

- 1.17 However, the Health Authority is recognised by the C.H.C. not only as having taken serious account of the views expressed by the Gosport and south Fareham population - in particular via the Haslar Task Force - but also as trying to meet those demands as fully as it could.
- 1.18 Response to the wishes expressed are noted as follows:-
- enhanced community-based services and treatments;
 - as many services as possible provided at the Royal Hospital Haslar;
 - comprehensive Accident Treatment Centre - more than a standard Minor Injuries Unit if less than a full Accident and Emergency Department;
 - additional ambulance and paramedic cover.
- 1.19 Noted as not being feasible is the reinstatement and retention of Intensive Therapy and acute in-patient services on the Royal Hospital Haslar site, together with children's services where anaesthesia is required.
- 1.20 Also, note is made that issues relating to public transport and road access remain unresolved, although some of the steps described above should reduce the need for journeys to the Queen Alexandra Hospital. The C.H.C. urges the Health Authority to continue working with relevant agencies in order to try to resolve some of the difficulties which people from Gosport and south Fareham may find in journeying to the Queen Alexandra Hospital.
- 1.21 The C.H.C. recognises the importance of the Health Authority's current proposals being supported so that they might be progressed, lest the Health District find itself with a serious shortage of cover, to provide the most adequate, appropriate, and safe services possible.

Service Re-Provision and Development Proposals.

- 1.22 The wisdom of continuing to use the Royal Hospital Haslar site which has poor access, rather than a more centrally placed one (say, to the north/north-west of Gosport), is questionable.
- 1.23 However, with the inability to extend the Gosport War Memorial Hospital sufficiently due to land constraints and the cost and possible delay were a new site to be found and building constructed, the option to site facilities at the Royal Hospital Haslar has to be seen as an acceptable option.
- 1.24 Members of the public in the past have expressed concerns to the C.H.C. about the poor public transport links to the Royal Hospital Haslar, that matter requiring addressing if the Health Authority is to provide services from that site.
- 1.25 Another factor about which patients and their relatives, carers, and friends have commented to the C.H.C. is that of having to enter a site guarded by military personnel, some people finding that quite intimidating. That situation could exist wherever Service and civilian personnel are based and needs to be considered if a Medical Defence Hospital Unit is to be based at the Queen Alexandra Hospital, since that may prove to be of concern and a problem to civilian patients.
- 1.26 Disappointments and frustrations have been voiced, too, in respect of postponements and cancellations of appointments and treatments as a result of military personnel leaving the Royal Hospital Haslar in order to go on exercises. (This situation has affected people using the Queen Alexandra and St. Mary's Hospitals, as well as the Royal Hospital Haslar, as more patients have required admittance or treatments at those Units whilst the services from the R.H.H. were not available to the usual extent.)

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 1.27 The C.H.C. supports the development of the proposed Haslar Accident Treatment Centre which it understands will provide enhanced services, compared with those currently available at the Gosport War Memorial Hospital, and trusts that the additional Staffing resources required will not be found through cutting-back on provision at the main Accident and Emergency Unit, at the Queen Alexandra Hospital.
- 1.28 The C.H.C. notes that additional ambulance and paramedic cover is to be provided for the Gosport and south Fareham area and supports the development. The C.H.C. trusts that this will be reviewed after an initial period of operation, say six months, and revisions made if the service either is not fully used or is not meeting needs.
- 1.29 It is accepted by the C.H.C. that it is not possible for the Health Authority to provide comprehensive and safe in-patient services at the Royal Hospital Haslar. However, it is hoped that the concentration of specialist services on the Queen Alexandra Hospital site will enable specialist team working to develop, as well as better levels of cover being available than if the expertise was spread over more than one site.
- 1.30 A particular concern expressed by members of the public was the seeming inadequacy of Intensive Therapy Beds provision and assurance is required that the complement of beds at the Queen Alexandra Hospital will be sufficient to meet local needs.
- 1.31 If the Medical Defence Hospital Unit is to be re-provided at the Queen Alexandra Hospital, it is very important that the development proposals are reviewed and extended as necessary to meet those demands.
- 1.32 Provision of Day Surgery on the Gosport peninsula is welcomed by the C.H.C.. The Health Authority is asked to ensure that patients and their carers - before agreeing to Day Surgery and being admitted - are given full information about the nature of their treatments, how they might feel immediately after the operation, and the level of care which they will need following discharge home from the unit.
- 1.33 Provision of as many Out-Patient, Diagnostic, Investigative, and Therapy Services as possible on the Gosport peninsula is welcomed by the C.H.C..
- 1.34 The provision at the Gosport War Memorial Hospital of Rehabilitative and Post-Acute Care is much welcomed by the C.H.C..
- 1.35 Attention needs to be given by the Health Authority, in conjunction with other relevant agencies, to improving access to the Queen Alexandra and St. Mary's Hospitals for people without access to private transport. Factors to be taken into consideration must include:-
- seven days a week operation;
 - services running through the evenings (and, possibly, occasionally at night);
 - sufficient frequency of services,
 - locally routed and sensibly connecting services,
 - easy access on and off vehicles;
 - push-chair/baggage accommodation;
 - comfortable seating,;
 - safe-feeling rides;
 - affordable fares.
- 1.36 For patients, carers, and visitors, using private cars, accessible and adequate car parking, reasonably priced, is an important feature which the Health Authority must address.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 1.37 Understanding that car parking is an on-going problem at the main Hospital sites, the C.H.C. urges the Health Authority to support the Portsmouth Hospitals NHS Trust Chief Executive's initiative for a "Park and Ride" system, to address demand at least in the short term.
- 1.38 Development of an integrated transport system for South East Hampshire is seen by the C.H.C. as being essential and the Health Authority is urged to campaign with other key agencies for the development of such a service.
- 1.39 Regardless of any of the above developments which might take place, road access into and out of Gosport presently is inadequate and improvements are required to meet both present and future demands. Again, the C.H.C. would urge the Health Authority to campaign with other agencies for attention to be given to that issue.
- 1.40 Members of the public have repeated their concerns over and over again about the problems which they see Ambulances as facing in moving critically and seriously ill people off the Gosport peninsula to the Queen Alexandra Hospital, and other hospitals when appropriate. It is vital that the Health Authority is confident that ambulances will be able to negotiate the route within the required timescales, so as to ensure that no individual's prognosis is adversely affected due to the time which the journey may take.
- 1.41 Specialist facilities and equipment - such as the Hyperbaric Unit and the Magnetic Resonance Imaging (M.R.I.) Scanners and associated facilities - at the Royal Hospital Haslar must not be wasted and the C.H.C. hopes that the Health Authority will be able to secure them from the Ministry of Defence either at no cost or with only a peppercorn rent, ensuring their continued usage in the most appropriate manner to the benefit of people in the Health District.
- 1.42 With regard to the land and buildings at the Royal Hospital Haslar which the Health Authority wishes to use, the C.H.C. hopes that the H.A. will be able to negotiate with the Ministry of Defence to secure them either without cost or for a peppercorn rent.
- 1.43 The rate at which the population of South East Hampshire is expected to rise over the next few years cannot be ignored and facilities and services should be planned and developed with that requirement in mind. Also, attention should be given to the increased needs likely to arise from the rising elderly population within the Health District.
- 1.44 It is imperative that services are not withdrawn from the Royal Hospital Haslar until such time as the replacement facilities - including those sited at the Queen Alexandra Hospital - are ready to pick-up the shortfall. The C.H.C. trusts that the Ministry of Defence and the National Health Service bodies involved will work together, developing plans with local stakeholders, to ensure the changeover in provision is properly planned and takes place in as smooth a way as possible, so that patients suffer only minimum loss and inconvenience, if any.
- 1.45 The C.H.C. expects the Health Authority and local Trusts to give priority to moving forward with the re-provision arrangements.
- 1.46 Proactive work should be undertaken by the Health Authority, local Trusts, and the Defence Secondary Care Agency, to try to reassure Staff and keep them working within the District's Health Services, rather than they leave due to uncertainties over future employment prospects.
- 1.47 In order to address concerns reported by members of the public about lack of Staff to deal with the demands placed upon local services, it is most important that the Health Authority ensures that Staffing levels are both adequate and appropriate and that Staff are fully trained and given good personnel support to enable them to be recruited, retained, and able to fulfil their functions.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 1.48 Attention must be given to ensure that buildings do not deteriorate nor equipment become unserviceable, during the period of withdrawal and change.

Defence Medical Services.

- 1.49 If the needs of all civilians in Portsmouth and South East Hampshire and military personnel are to be met, the level of facilities available must be adequate to meet all the demands which may be placed on them.
- 1.50 Further, if Service personnel are to be involved in the care and treatment of civilian patients, appropriate measures must be put in place to ensure on-going provision and delivery of services during times when military exercises are carried out.

Timescales.

- 1.51 The prompt implementation of the Portsmouth Hospitals NHS Trust development is essential if the timescales involved are to be met.
- 1.52 Commitment by the Ministry of Defence (in collaboration with the Portsmouth Hospitals NHS Trust) to the maintenance of the Royal Hospital Haslar services, land, buildings, and equipment - until such time as the replacement services and facilities are available and ready for use - is necessary to ensure that there is no loss in the interim period.

Conclusions.

- 1.53 The C.H.C. considers that the Portsmouth and South East Hampshire Health Authority, from an unexpected and very difficult position, has acted promptly and done its best to develop plans to meet the wishes and demands of people from the Gosport and south Fareham area, with regard to the future provision of their Health Services.
- 1.54 In order that the other proposed, developments across the Health District may be pursued, too, the C.H.C. hopes that additional resources may be made available to the Health Authority.
- 1.55 Nevertheless, the proposals as set out in the H.A's. Consultation Paper do offer an innovative way forward, with many features which the C.H.C. would wish to support.
- 1.56 The Portsmouth and South-East Hampshire Community Health Council wishes to see the Health Authority's proposals for Gosport and south Fareham go ahead without delay. Once the developments in Gosport and south Fareham have been instigated, the C.H.C. would wish to see like plans put in place for facilities and services to be replicated in relevant parts of the other population centres - Havant, Fareham, Portsmouth, and Petersfield - thus bringing up-to-date, local services and facilities to all the population of Portsmouth and South East Hampshire, without further delay.
- 1.57 The C.H.C. wishes to record its thanks to all those people and organisations who have given their views and comments on the Health Authority's proposals for health services for residents of Gosport and south Fareham - whether at the public meetings, verbally or in writing to the C.H.C. Office, or through other channels to the C.H.C. - they having been taken into account when this Response was composed.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

2.0 **COMMUNITY HEALTH COUNCILS AND THE POSITION OF THE PORTSMOUTH AND SOUTH-EAST HAMPSHIRE C.H.C. IN RELATION TO THE ROYAL HOSPITAL HASLAR.**

- 2.1 As a Statutory body established under the National Health Service Regulations, the role of each Community Health Council is "to represent the interests in the health service of the public in its district".
- 2.2 To fulfil that duty, C.H.C's. may carry out visits to health service premises, explore matters of interest or concern with health professionals and managers, and participate in discussions about service developments and reconfigurations. C.H.C's. seek consumer views through a variety of means, such as by talking with patients during visits, linking with community groups, and carrying out surveys to obtain comment on specific matters.
- 2.3 Whilst C.H.C's. are charged with hearing consumer views and, where appropriate, representing them to the relevant Health Authority, nevertheless it is the public interest overall which has to be served and C.H.C's. have to consider the service provision for the total population in the whole of the area to which they relate.
- 2.4 However, it must be understood that the same rights do not apply in the case of services not under the control of the National Health Service. Further, the duty of the C.H.C. is to look to the public interest of those not receiving health care under other means, for example Service personnel, people serving custodial sentences in prisons, etc..
- 2.5 With regard to NHS services, the C.H.C. may press the Health Authority to ensure that adequate provision is made to meet the health needs of the (civilian) population in its District and, if it is not satisfied with the outcome of a Formal Consultation relating to closure or substantial change in respect of an NHS service or facility, may refer the matter to the Secretary of State for Health, for review and final decision.

3.0 **BACKGROUND TO THE PERIOD OF THE PRESENT CONSULTATION.**

- 3.1 Once the announcement was made by the Ministry of Defence, Defence Secondary Care Agency, that the Royal Hospital Haslar was to close, the C.H.C. took steps to note the views being expressed by members of the public.

Survey of the Views of In-Patients and Out-Patients at the Royal Hospital Haslar, 16th. and 17th. March and 20th. April, 1999..

- 3.2 To gain information about the level of services currently being provided by the Royal Hospital Haslar and to test the views and satisfaction levels of the users of those services, a survey was carried out at the Hospital.
- 3.3 Members found that the majority of patients were very satisfied with the level of care and attention which they received at the Royal Hospital Haslar. Also, Members noted that the ratios of staff to patients were substantially higher than those found in the equivalent N.H.S. Units within the Health District, that leading to a considerable degree to aspects of care particularly praised and appreciated by patients and their relatives - and, most especially, Staff having time to talk and explain conditions and concerns, and to respond to calls for attention and help.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A.'s. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 3.4 Statistical information provided to the C.H.C., however, indicated that the volume of treatments was relatively low, leading to some concerns about the accessibility to the Clinical Personnel of adequate peer review and audit and development opportunities as well as the safeness of procedures and therapies when the practice population was quite small.

[More detailed information about the findings of the Survey may be obtained on request to the C.H.C. Office.]

Survey of the Views of Voluntary and Other Interest Groups on the Health Authority's Interim Consultation Document, JULY 1999..

- 3.5 After the Portsmouth and South East Hampshire Health Authority issued its interim Consultation document ("Future pattern of services for residents of Gosport and south Fareham"), Members of the Community Health Council met with voluntary and other interest groups to obtain their comments about the replacement services which they deemed to be necessary and desirable. Following a short exposition on the contents of the H.A.'s Consultative paper, Questionnaires to obtain views and opinions were issued for collection and return to the C.H.C. Office.

- 3.6 Of those responding (354 in total), 61% gave postcodes which indicated that they lived in the Gosport and south/central Fareham locality, with a further 32.5% being drawn from elsewhere in the Health District, leaving up to 6.5% from areas beyond it. Interestingly, there was no clear demarcation of opinion between those from the Gosport and south Fareham area and others outside of it.

- 3.7 Note should be made that, even though the Questionnaire did not ask whether or not people thought that the Royal Hospital Haslar should be kept, in its present form, 79 out of the total 354 Respondents (22.3%) volunteered comments indicating that the existing provision should be maintained. The Survey asked of Respondents if they thought that replacement services to a level as good or better than currently provided would be acceptable to the people of Gosport and south Fareham, receiving the response that 211 (62%) thought that they would whilst 79 (23%) considered that they would not, with 48 (14%) being not sure one way or the other.

[More detailed information about the findings of the Questionnaire Survey may be obtained on request to the C.H.C. Office.]

- 3.8 Representatives of the Haslar Task Force met with C.H.C. Members at the C.H.C. Office and, similarly, representatives of the C.H.C. attended a Haslar Task Force session at Gosport. Whilst the two agencies were approaching the issue from different angles - the C.H.C. having to concentrate on the style of provision of future services, rather than the maintenance of existing, Ministry of Defence based facilities, nevertheless there was much common ground and the C.H.C. found it useful to know the views of the Haslar Task Force.

(The Haslar Task Force was established by the Gosport Borough Council following the announcement by the Ministry of Defence in December 1998. of the closure of the Royal Hospital Haslar. The aim of the Task Force was to establish a case to retain the Hospital to meet the needs of the military and civilian population of Gosport and the surrounding area..)

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 3.9 The C.H.C. submitted its Formal Response to the Health Authority at the end of August, 1999.. The Key Recommendations made by the C.H.C. were as follows.
- (1) Further information must be provided by the Health Authority in order for informed choices to be made, having taken into account consumer views, financial (both capital and recurring) and human resource costs and availability.
 - (2) Provision must be equitable throughout the whole of the Portsmouth and South East Hampshire Health District.
 - (3) The importance of the transport issue cannot be over-stated and any plans must address that factor.
 - (4) Services must be developed which take account of the rising population in South East Hampshire. Also, the needs and possible impact on health services of the armed forces residing in the Health District has to be recognised and addressed.
 - (5) Attention needs to be given to all current local Private Finance Initiative (P.F.I.) schemes and provision made for extensions to the current level, so as to ensure that the whole population of the Health District has appropriate health provision when the new reconfiguration of services is completed.
 - (6) Every pressure must be brought by the Health Authority on the Ministry of Defence to maintain the level - which existed at the time of the Ministry of Defence's announcement in December 1998. - of civilian safe patient services provided by the Royal Hospital Haslar, until such time as those services have been re-provided.

[A copy of the full Response may be obtained on request to the C.H.C. Office.]

Seminar to Consider Options and Practicalities Surrounding Accident and Emergency and Minor Injuries Services Provision.

- 3.10 Following that consultation exercise, the C.H.C. was pleased to be invited to an all-day seminar, organised jointly by the Portsmouth and South East Hampshire Health Authority and the Haslar Task Force, where nationally based information, criteria, and requirements in respect of Accident and Emergency and Minor Injuries services were provided - emphasis being placed on needs to ensure effective and safe services. Representatives of the Haslar Task Force were present, as well as Members and Officers from the Health Authority and the Portsmouth Hospitals NHS Trust, and other key agencies.

4.0 CURRENT CONSULTATION PERIOD.

- 4.1 Following the issue by the Portsmouth and South East Hampshire Health Authority of its Formal Consultation document, entitled "Changes to health services for residents of Gosport and south Fareham", the C.H.C. arranged to run a series of six Public Meetings.

- 4.2 The Meetings took place as follows:-

- | | |
|--|---|
| - 7.00 p.m., Monday, 7th. February | - Central Library, Portsmouth; |
| - 7.00 p.m., Tuesday, 8th. February | - Bridgemary Community School, Gosport; |
| - 2.00 p.m., Wednesday, 9th. February | - Thorngate Halls, Gosport; |
| - 7.00 p.m., Wednesday, 9th. February | - St. Vincent's College, Gosport; |
| - 2.00 p.m., Monday, 14th. February | - Civic Offices, Havant; |
| - 2.00 p.m., Wednesday, 16th. February | - Holy Trinity Church Hall, Fareham. |

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 4.3 A total of in excess of nine hundred people attended the Public Meetings, at each of which a Health Authority "Team" presented the proposals and responded to comments and questions from members of the public present.
- 4.4 Additionally, the C.H.C. was represented at four meetings of the public at which a further six hundred people, approximately, were present, Members hearing and taking heed of the views expressed there.
- 4.5 The dates and catchment groups for those meetings, all of which were held during the evening, were: Friday, 25th. February - Lee-on-the-Solent Residents' Association; Friday, 17th. March - Lee-on-the-Solent; Wednesday, 22nd. March - Hill Head / Stubbington; Wednesday, 29th. March - Alverstoke.
- 4.6 Comments and views were collected, not just from the Public Meetings themselves, but also in respect of points made to Community Health Council Members in the course of their routine activities, communications sent direct to the C.H.C. Office, written slips - describing concerns and queries - submitted following the Meetings, and reports and articles published in the local media.
- 4.7 All the evidence gathered throughout the entire process - both in respect of the current Consultation exercise and the previous activities since the Royal Hospital Haslar closure announcement - was used by the Portsmouth and South-East Hampshire C.H.C. in composing this Formal Response to the Health Authority.
- 5.0 **THE HEALTH AUTHORITY'S FORMAL CONSULTATION DOCUMENT (FEBRUARY 2000.) AND PROCESS.**

Engagement of the Public and Title of the Consultation Document.

- 5.1 The Portsmouth and South-East Hampshire C.H.C. has found it very difficult, if not impossible, to convey to members of the public outside of the Gosport and south Fareham area, that the issue and current consultation was relevant to them - as much as to people local to that specific area.
- 5.2 This would appear to be attributable, to some significant extent, to the attention which has been given - by key agencies involved and also by the local media - to recognising and reporting the views and wishes of the Gosport and south Fareham population
- 5.3 However, the fact that the Portsmouth and South East Hampshire Health Authority's own documentation specifically stated that it was addressing the future and changing services for "residents of Gosport and south Fareham" implied that the wider population need not be too concerned nor involve itself in the debate.
- 5.4 Therefore, there would appear to be justification for stating that the Consultation Paper was not clear in respect of the total population which could be affected as a result of its content.

Content of Summary Leaflet on the Consultation Document.

- 5.5 Also previously unknown to the C.H.C., in its experience, was the inclusion of data or comment in a Summary Leaflet which was not based on text in the substantive document itself.
- 5.6 Consequently, the C.H.C. was surprised to find that the Health Authority had included a statement from the Haslar Task Force in the Summary Leaflet on the formal Consultation, despite there being no inclusion of it in the substantive document.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A.'s. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 5.7 However, since that body was just one interested party - albeit an extremely large one in terms of its membership and support base, with no statutory role as part of the Health Authority or the areas under its influence, the C.H.C. questions the appropriateness of the Health Authority publishing the Task Force's views.
- 5.8 Not only were the views of one particular organisation issued by the Portsmouth and South East Hampshire Health Authority as part of its formal Consultation Paper, but their inclusion may have led people to give less attention to the real content of the document, or to accept its content without critical examination or question due to the apparent endorsement attributed to it by the Haslar Task Force.

Summary Leaflet - Tear-Off Slip.

- 5.9 Further, the Summary Leaflet, in addition to the piece itself, contained a tear-off slip for completion and return. Following discussion with officials of the Health Authority, the C.H.C. was advised that the tear-off slips were not going to be used by the H.A. itself but, rather, that they were all going to be forwarded direct to the Haslar Task Force.
- 5.10 Not only does that practice cause the C.H.C. further to question the appropriateness of the inclusion of the Haslar Task Force statement, but gives concern as to whether or not it has been clear to members of the public that their views - as reported on the slips - have been returned not for the Health Authority's direct attention and use, but for that of the Task Force.
- 5.11 With regard to the content of the tear-off slip, the wording was such that only approval and support could be registered, rather than disapproval, question, or criticism. (The statement for which support was sought was "I/We support the Health Authority's proposal for an Accident Treatment Centre at Haslar and endorse, in principle, the Consultation Document as a basis for future health services particularly in relation to those provided at Haslar Hospital".)

Openness of the Consultation.

- 5.12 The C.H.C. is aware that the Health Authority did present the content of its formal Consultation paper to the Haslar Task Force prior to its being finalised and published, as otherwise the statement of endorsement could not have been given and included.
- 5.13 It is disappointing to the C.H.C. that it was not able to make its reservations about the content of the Summary Leaflet known to the Health Authority, before the documents were printed.
- 5.14 Overall, the C.H.C. believes that the Portsmouth and South East Hampshire Health Authority did the best that it could to respond to the situation in which it was placed once the announcement of the closure of the Royal Hospital Haslar was made and that, in particular, it responded to the wishes of the population most affected by that loss of service.

6.0 VIABILITY OF THE PROPOSED OPTION.

Availability of Land, Buildings, Equipment, and Services.

- 6.1 The C.H.C. has to comment on the Health Authority's preferred option, and the one for which support has been given and canvassed as noted above, in that it relies on the Ministry of Defence making certain land, buildings, equipment, and services at the Royal Hospital Haslar available to the H.A. for its use, a usage which the Portsmouth and South East Hampshire H.A. appears to see as extending into the future.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 6.2 Without that agreement about the release of the site areas and services required, the proposals which the Health Authority has issued for debate and approval cannot be supported. If the withdrawal of services to the N.H.S. population by the Defence Care Secondary Agency continues as has been stated, there is a danger that the population of the Portsmouth and South East Hampshire Health District will be left with a serious shortfall in provision, since alternative, replacement services will not have been put in place by the point at which they will become needed.
- 6.3 Members of the public appeared to be confused about what services would be available up to the year 2005 and what would exist after that time. It is clear that there is a need to ensure that the new-build at the Queen Alexandra Hospital is completed in time and is sufficient in size to meet requirements.

Portsmouth Hospitals NHS Trust Private Finance Initiative / Development.

- 6.4 Finally, regardless of the position regarding the withdrawal of services to civilians by the Defence Secondary Care Agency, it is vital to the Health District's population that the development of the Portsmouth Hospital Private Finance Initiative (P.F.I.) proposals are actioned without delay, so as to enable essential reconfiguration of existing acute services provided by that organisation.
- 6.5 With the ending of acute services presently provided by the Royal Hospital Haslar, the Portsmouth Hospitals P.F.I. becomes even more crucial and urgent, since it will need to be sufficiently comprehensive to pick-up the shortfall in District capacity which will result.
- 6.6 Consequently, urgent attention is needed if adequate, safe National Health services for the people of Portsmouth and South East Hampshire are to be maintained and, to this end, the C.H.C. urges the Portsmouth and South East Hampshire Health Authority to continue to raise the issue and to press most strongly for its resolution with all the agencies involved - most notably, the Department of Health and the Ministry of Defence, using all means of pressure possible.
- 6.7 With regard to the Portsmouth Hospitals NHS Trust development, when more information than has been provided so far becomes available, the C.H.C. expects to comment further and to have attention given to its views.

7.0 EQUALITY OF ACCESS AND EQUITY OF SERVICES AND SERVICE PROVISION.

Equality of Access.

- 7.1 Whilst the Portsmouth and South-East Hampshire Community Health Council believes that it could be seen as needing to object to the proposals of the Portsmouth and South-East Hampshire Health Authority, since it would appear that issues of inequality of access to services across the Health District exist, it does see that the current proposals may be used as a template leading to comparable provision being made elsewhere within the next few years.
- 7.2 Most obviously to members of the public, both Gosport and Petersfield have modern Community Hospitals whereas Havant and Fareham, and Portsmouth, do not.

(During a Formal Consultation in the early/mid 1980's., the Portsmouth and South-East Hampshire Community Health Council objected to the proposals of the then commissioning authority to close the Gosport War Memorial Hospital and centralise all services, insisting instead that the Hospital was retained and developed - that modernisation and extension of services being achieved a few years later.)

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 7.3 The C.H.C. believes that as many services as possible should be based as close to people's homes as possible - throughout the Health District.

Equity of Services and Service Provision.

- 7.4 The C.H.C. considers that attention needs to be given to the needs of all communities suffering deprivation in the Health District and is concerned that Health Authority resources are directed into the areas of greatest need.
- 7.5 Therefore, the maintenance and development of the Health Improvement Programme is seen as being crucial if such disadvantages are to be adequately addressed, as well as other initiatives being put forward by departments of the Portsmouth HealthCare and Portsmouth Hospitals NHS Trusts, and the four Primary Care Groups.
- 7.6 Consequently, the C.H.C. is concerned that resources which might have been used for such purposes will not be available unless the additional funding needed to deliver the proposals in the current Consultation paper is provided in addition to the Health Authority's existing and predicted allocation.
- 7.7 The effects of this pattern of investment is seen by the C.H.C. not to be a one-off cost alone, but something which will draw a considerable proportion of the Health District's funding over many years to come, and the C.H.C. considers that the Government should make a special allowance to the Health District, for that purpose.
- 7.8 By that mechanism, the total population of the Health District will be able to be supported by the development and provision of new and enhanced facilities and services and people from all areas will be able to see resources being directed to meet their needs.
- 7.9 Consequently, to enable the Health Authority to deliver services in an equally accessible and equitable manner, additional Government financing is needed.
- 8.0 **RESPONDING TO THE WISHES OF GOSPORT AND SOUTH FAREHAM PEOPLE.**

General.

- 8.1 The C.H.C. recognises the very difficult situation in which the Portsmouth and South East Hampshire Health Authority was placed, following the announcement of the withdrawal of services from the Royal Hospital Haslar, and believes that it has done its best to try to provide the best replacement services possible for people in the Gosport and south Fareham area.

[For more detailed information about the questions asked and comments received, request should be made to the C.H.C. Office, where attempt will be made to meet the requirement if at all possible.]

Diagnostic, Investigative, Therapeutic, Rehabilitative, Post-Operative, Out-Patient, and Day Surgery Services.

- 8.2 In looking to develop enhanced community-based services and treatments, the Portsmouth and South-East Hampshire C.H.C. believes that the Health Authority is moving in the direction which is most favoured by the majority of members of the public - that of as many health services as possible being provided as close to their homes as is practicable.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 8.3 In opting to try to maintain as many services as possible at the Royal Hospital Haslar, the C.H.C. perceives that the Health Authority has responded to the strong demands reported of the local population and also to other people from outside of that area who thought that the Hospital should be "saved".

Accident and Emergency Services.

- 8.4 In respect of Accident and Emergency Services, the C.H.C. appreciates the strong feelings of Gosport and south Fareham people in wishing to see a full, comprehensive facility maintained in their area.
- 8.5 Having studied all the information and evidence available to it, the C.H.C. has to conclude that, as the provision proposals stand at the present, it would not be feasible to provide a safe service to deal with all major trauma at the Royal Hospital Haslar, once the Ministry of Defence presence has gone.
- 8.6 However, note is made that the Health Authority has attempted to respond to local wishes by proposing to provide a comprehensive 24-hour Accident Treatment Centre, with the latest technological in-put available complemented by visiting A. & E. Consultants on a daily basis.

Ambulance Services.

- 8.7 Considerable anxiety has been voiced about the difficulties in ambulances reaching the Queen Alexandra Hospital when carrying patients needing urgent attention.
- 8.8 Another aspect of transport of patients which has concerned many members of the public has been that of the loss, or less effective use, of air ambulance services. People have said that they are concerned that the transport of patients - particularly those involved in accidents or suffering illnesses whilst at sea - will be jeopardised if helicopter services are lost - either through discontinuation or because there will not be appropriate facilities at the Royal Hospital Haslar to receive them.
- 8.9 There is concern about the ability of the proposed services to meet the needs of people involved in minor maritime incidents and to deal with the consequences of major incidents at sea, without the full services - particularly in Accident and Emergency - of the present Royal Hospital Haslar facility.
- 8.10 The C.H.C. notes that advice from both the Senior Ambulance Personnel and Accident and Emergency Department Clinicians is that the crucial aspect is getting appropriate professional help quickly to the patient, rather than the patient to hospital and accepts that as being the case.
- 8.11 For that to be achievable, then the additional Ambulance resource, including the Rapid Response vehicle service, is crucial. This issue is one which is likely to continue to concern members of the public and it is to be hoped that reassurance will be gained soon after the implementation of the revised system.
- 8.12 With regard to air ambulance services, the C.H.C. understands that consideration has been given to this system and that it should be possible for patients needing movement by helicopter to be landed close to the Queen Alexandra Hospital (perhaps in the Port Solent complex) and then transferred by ambulance, in similar way to that currently operated between the landing site and the Royal Hospital Haslar.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

Intensive Care and In-Patient Services.

- 8.13 Another issue which has been the source of considerable comment is the lack of Intensive Therapy and other in-patient back-up services at the Royal Hospital Haslar. Added to this is the worry that the provision at the Queen Alexandra Hospital will not be nearly adequate to meet the needs of the Health District's population.
- 8.14 Whilst the C.H.C. accepts that it is not possible for a total district general hospital service to be provided from the Royal Hospital Haslar site, more information to the public about styles of treatment given and timescales involved might be helpful in providing confidence in the proposals for the centralisation of such services at the Queen Alexandra Hospital.

Transport.

- 8.15 Finally, in respect of access and transport, people in Gosport and south Fareham have reported many worries about accessing the Queen Alexandra Hospital, especially for those without private transport. Bus services are seen as not being available when needed, not routed conveniently for such a journey - certainly not from all parts of the district, and expensive - as are taxis.
- 8.16 By the provision of as many services locally as possible, hopefully some of the difficulties which have been reported in respect of long, time-consuming, and expensive journeys will be alleviated.
- 8.17 Nevertheless, the C.H.C. considers that the Health Authority and other relevant agencies locally should work together in order to try to resolve some of the difficulties which may be encountered by people of Gosport and south Fareham in journeying to the Queen Alexandra Hospital, where previously the unit involved would have been the Royal Hospital Haslar.

Road Access.

- 8.18 The road links from the Gosport peninsula are seen by local people to be totally unsuitable to meet their needs, traffic jams being reported during rush hour periods and also at weekend daytimes, and this leads to considerable worries about making journeys within reasonable times and, so far as hospital appointments are concerned, in arriving on time.
- 8.19 Again, the C.H.C. would urge the Health Authority to continue pressing the relevant agencies to explore innovative ways of addressing the journey problem, as well as working towards an up-graded road access.

On-Going Lobbying for District General Hospital Style Provision at the Royal Hospital Haslar.

- 8.20 The C.H.C. recognises the position of the Haslar Task Force and local people in wishing to see the Royal Hospital Haslar retained in a manner as close to its present form as possible, with the retention of all the services to which they had become accustomed prior to the announcement by the Ministry of Defence of its closure.
- 8.21 The C.H.C. is very concerned that, if there is not total support for the present proposals now, the chance for the services proposed to be fully implemented may be lost.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

9.0 SERVICE RE-PROVISION AND DEVELOPMENT PROPOSALS.

Choice of Site(s).

- 9.1 In terms of the specific site(s) to be used, in overall terms the C.H.C. considers centralisation of services on the Gosport War Memorial Hospital to have been the most appropriate way forward, with relocation and adjustment of service patterns as appropriate undertaken and extensions to the Hospital being negotiated and constructed.
- 9.2 However, the C.H.C. is aware of the problems which the Health Authority would face in accessing sufficient additional land and, consequently, the resulting pressure to use the Royal Hospital Haslar site.
- 9.3 The C.H.C. questions whether the existing Minor Injuries Unit at the Gosport War Memorial Hospital - which is more easily reachable by many people than the Royal Hospital Haslar - should have been retained and new technologies introduced there.
- 9.4 Were the Gosport War Memorial Hospital not to have been the optimum site, then a new development towards the north/north-west side of Gosport, close to the Fareham boundary, would have seemed to the C.H.C. to have been most convenient for the majority of the target population. (The northern end of the former H.M.S. Daedalus base appeared to be well-placed in terms of being central for Gosport and the southern part of Fareham, and also on an open and reasonably good road network.)
- 9.5 In this respect, though, the C.H.C. takes account of the considerable financial difficulties, and the inherent delay, in constructing a new build as serious drawbacks to its consideration.
- 9.6 The C.H.C. recalls the concerns and complaints which it has received from members of the public in the past about the limited access to the Royal Hospital Haslar - both in physical terms and also for appointments and treatments themselves.
- 9.7 Over past years, people have reported difficulties in physically accessing the Royal Hospital Haslar site, they being:-
- poor or inadequate public transport (generally only a very limited service to the Hospital and usually no direct service being available from the districts beyond the Gosport Town Centre itself);
 - little on-site car parking for those using private cars;
 - cost where taxis were involved,
- plus some concerns about entering premises guarded by military personnel.
- All those factors applied to the patients themselves, those people accompanying them to and from clinics, and to the visitors of in-patients.
- 9.8 If the proposals presently being considered are implemented, the Portsmouth and South-East Hampshire Community Health Council would expect that the Health Authority would ensure that adequate public transport links and services were provided and that there would be unrestricted access for pedestrians, drivers, and passengers, and appropriate car parking provision close to the facilities being accessed. (Access being monitored by military personnel with car parking only some distance away from the buildings being used is not seen by the C.H.C. as being acceptable - although it is acknowledged that this might no longer be an issue if the Ministry of Defence vacates the site.)

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 9.9 The other access issue arose at times of military conflict but also when exercises were carried out by the military personnel, since they left the Royal Hospital Haslar deprived of many of its Staff - usually with little, if any, advance notice either to the patients or the other local N.H.S. providers - with the result that appointments were postponed or cancelled, treatments similarly delayed, and additional demands and pressures placed on the Portsmouth Hospitals NHS Trust, as well as those in other neighbouring areas.
- 9.10 Therefore, if the intention is to use the Royal Hospital Haslar as the base for many of the services, the C.H.C. considers it important that the Health Authority addresses the access issues and ensures that agreement is reached with the Ministry of Defence to ensure that such problems do not occur in the future.

Accident and Emergency Services.

- 9.11 Note is made of the Health Authority's proposals to develop the Haslar Accident Treatment Centre, the C.H.C. understanding that this facility will provide enhanced services compared with those currently delivered from the Minor Injuries Unit at the Gosport War Memorial and Petersfield Hospitals.
- 9.12 Key factors enabling the provision of the extended service are understood to be new technology (computer imaging links, in particular), Accident and Emergency Nurse Practitioners at the Unit, and daily visits by an Accident and Emergency Consultant - which, the C.H.C. trusts, will be additional to existing resources and will not disadvantage patients from other parts of the Health District.
- 9.13 The C.H.C. not only sees this innovative Accident Treatment Unit as providing the pattern for comparable facilities in the other areas of the Health District but would expect the Health Authority to implement improvements elsewhere within the next five years.

Ambulance Services.

- 9.14 Members of the public have repeated their concerns over and over again about the problems which they see Ambulances as facing in moving critically and seriously ill people off the Gosport peninsula to the Queen Alexandra Hospital, and other hospitals when appropriate. It is vital that the Health Authority is confident that ambulances will be able to negotiate the route within the required timescales, so as to ensure that no individual's prognosis is adversely affected due to the time which the journey may take.
- 9.15 The C.H.C. was interested to see that the Health Authority was proposing to fund an additional ambulance and paramedic cover, through a Rapid Response Vehicle, dedicated to the Gosport and south Fareham area.
- 9.16 It is the C.H.C.'s view that this system must be proven to work well, in order to give confidence to members of the public, and that an evaluation of it should be published after, say, six months of its operation.
- 9.17 However, if it should transpire that there the facilities are either not needed or not operating as intended, then the C.H.C. would wish the provision to be reviewed and amended services provided.

In-Patient Services.

- 9.18 The C.H.C. recognises that a substantial infrastructure of facilities, services, and resources are needed to provide comprehensive and safe acute services - particularly following trauma and major operations, or treatments for people with health conditions which place them at particular risk.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 9.19 It is understood, too, that one of the key resources for which there is only a limited supply, is that of Staffing. By Doctors and Nurses having a sufficient patient population to enable them to work in specialist teams, the C.H.C. believes that the best standards of care may be provided for local people. Also, with the centralisation of the most acute services in that way, the C.H.C. hopes that better levels of cover will be provided, rather than the expertise being too dispersed across units in the Health District.
- 9.20 Therefore, the concentration of specialist services on one hospital site, the Queen Alexandra Hospital, is supported.
- 9.21 However, in order for the capacity of the Queen Alexandra Hospital to be sufficient, the development envisaged under the Private Finance Initiative bid must be progressed without delay.
- 9.22 Further, though, the C.H.C. is concerned lest the capacity is not sufficient to meet the needs of the whole of the Health District's population, following the loss of an element of service from the Royal Hospital Haslar. In particular, the level of Intensive Therapy provision needs to be considered and assurance given. Therefore, urgent review and confirmation to the public that the new facility will be sufficient to meet the needs is required.

Day Cases.

- 9.23 The C.H.C. notes that the Health Authority is proposing to deliver Day Surgery services at the Royal Hospital Haslar and recognises that this will be welcomed by some of the residents of Gosport and south Fareham.
- 9.24 However, in addition to anxieties about the safety of the service being expressed by some people, others have been disappointed that the facility did not appear to be available for children, for whom all surgery would be carried out at either the Queen Alexandra or St. Mary's Hospitals.
- 9.25 From work which it carried out a few years ago, the C.H.C. is aware of the problems which patients and their carers faced through lack of understanding of what was involved in Day Surgery, information about how the patient would feel after the operation, and acceptance of recuperative care needs.
- 9.26 The C.H.C. considers it very important that all aspects of Day Surgery treatment is made clear to prospective patients and their carers.

Out-Patient, Diagnostic, and Therapy Services.

- 9.27 The C.H.C. is keen to see as many Out-Patient, Diagnostic, and Therapy services as possible delivered close to people's homes.
- 9.28 Therefore, the delivery of these services from a unit on the Gosport peninsula is welcomed.
- 9.29 Further, the C.H.C. looks forward to comparable facilities being provided at other Community Hospital or small hospital units across the rest of the Health District.

Rehabilitative and Post-Acute Care.

- 9.30 The provision of care at the Gosport War Memorial Hospital for people recovering from operations at the Queen Alexandra Hospital is welcomed by the C.H.C., as is the delivery of other rehabilitative services within the Gosport and south Fareham area.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 9.31 Again, the C.H.C. looks forward to seeing comparable services being provided in each other area of the Health District's Community Hospitals and small hospital units.

Access to Services and Facilities Outside of the Gosport Peninsula.

- 9.32 A major concern reported to the C.H.C. has been the difficulty for people in the Gosport and south Fareham area in reaching the Queen Alexandra Hospital.

- 9.33 Public transport services - specifically buses - are seen as not meeting demands in a number of ways:-

- not available seven-days a week;
- not available evenings, or overnight;
- not sufficiently frequent;
- not sufficiently comprehensively routed to avoid at least one, if not more, changes;
- not sufficiently locally routed;
- not easy to get on and off (especially for elderly and infirm people, or those with disabilities, or mothers with young children);
- not large enough to accommodate pushchairs, etc.;
- uncomfortable (mainly due to seats being too close together and aisles too narrow);
- frightening (due to the speed and tilt felt when cornering is taking place);
- too highly priced.

- 9.34 Taxis were said to be too expensive - especially for elderly people, young mothers with children, and many people with disabilities - and the situation was compounded when repeat trips were required, either for out-patient/diagnostic/therapeutic appointments or when visiting in-patients.

- 9.35 For those with access to private cars, fuel costs were a cause of concern to many. Almost universally, though, people were worried about being able to park and the costs which could be incurred in that respect.

- 9.36 Therefore, it is essential that the Health Authority, in conjunction with the Portsmouth Hospitals NHS Trust, gives attention to dealing with the problems which people may find in reaching the Queen Alexandra Hospital, or the St. Mary's Hospital, as applicable.

- 9.37 With regard to car parking, in particular, the C.H.C. was interested recently to hear the Chief Executive of the Portsmouth Hospitals NHS Trust comment that he was wondering whether he might be able to introduce a "park and ride" scheme for the Queen Alexandra Hospital, using land elsewhere in the Portsdown Hill area, and it is suggested that the Health Authority supports that idea - at least so that a solution may be found in the short-term.

- 9.38 The C.H.C. believes that a fully integrated transport system needs to be developed to serve the South East Hampshire area and urges the Health Authority and other relevant stakeholders locally to campaign urgently for attention to this issue.

Road Network.

- 9.39 Even were a comprehensive integrated transport strategy to be developed locally, the road access into and out of Gosport would remain inadequate to meet the demands placed on it.

- 9.40 Again., the C.H.C. urges the Health Authority and other relevant stakeholders locally to campaign urgently for attention to this issue, too.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

Equipment.

- 9.41 Future usage of specialist facilities and equipment (such as the Decompression and Hyperbaric units and M.R.I. scanners) presently based at the Royal Hospital Haslar must be considered, with a view to retaining the precious equipment resources - in a well-maintained state - and ensuring their continued usage in the most appropriate manner.
- 9.42 In particular, the C.H.C. considers that the Magnetic Resonance Imaging (M.R.I.) Scanners and associated facilities, the Hyperbaric Chamber, and other specialist facilities should be retained for the benefit of Portsmouth and South East Hampshire residents.
- 9.43 Therefore, the C.H.C. hopes that the Health Authority will be able to secure the transfer of those facilities from the Ministry of Defence to the local N.H.S., either free of charge or just at a peppercorn rent.

Land and Buildings.

- 9.44 As with equipment, the C.H.C. hopes that the Health Authority will be able to negotiate successfully with the Ministry of Defence for the transfer, without cost (or only at peppercorn rent), of the land and buildings needed - all maintained in good order in the interim - at the Royal Hospital Haslar to enable the proposals in the Consultative document - plus an allowance for future growth, if applicable - to be made over to it.

Staff.

- 9.45 The C.H.C. realises the anxieties which must be felt by many members of Staff unsure of their future employment prospects and situations in the light of the changes taking place. The C.H.C. urges the Health Authority, in collaboration with the Ministry of Defence, to take steps without delay to provide appropriate advice and counselling to those affected.
- 9.46 Members of the public - throughout the whole Health District - have reported concerns about the length of waiting times and the seeming shortfall of certain facilities, they understanding that deferred out-patient appointments, delayed admissions, and cancelled operations - as well as closed Intensive Therapy Beds - have resulted from there not being Staff available and there is a fear that the situation will be exacerbated if all services are to be provided by the Portsmouth Hospitals NHS Trust and centred on the Queen Alexandra Hospital site.
- 9.47 It is most important, therefore, that Staffing levels are both adequate and appropriate and that Staff are fully trained and given good personnel support to enable them to be recruited, retained, and able to fulfil their functions.

Population.

- 9.48 In respect of all the proposals and the areas of special concern, sight must not be lost of the expected rise in the population in the South East Hampshire area. (The C.H.C. understands that there is expected to be an increase in population in South East Hampshire of at least 12.5% by the year 2020.)
- 9.49 The rising population, coupled with an increasingly older population, means that health services will be increasingly important, as will good public transport systems.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

10.0 **DEFENCE MEDICAL SERVICES.**

- 10.1 The C.H.C. has a concern for local military personnel requiring health services and the level of provision but, whilst wishing to be assured that service personnel are covered adequately in respect of their health care needs, nevertheless the C.H.C's. prime concern is to ensure that the provision for the civilian population is both adequate in quantity and of a high standard.
- 10.2 **Therefore, it is important to the C.H.C. that the facilities in the Health District are sufficient to meet all the demands which will be placed upon them.**
- 10.3 Not only does attention need to be given to ensuring that the Portsmouth Hospitals NHS Trust Development Plan is adequate to meet all those requirements, but attention is needed in an operational sense to ensure that the civilian population is not disadvantaged by the presence of a Medical Defence Hospital Unit (M.D.H.U.) drawing resources from it and that, for all patients, the C.H.C. would expect the provisions of Patients' Charters and NHS Complaints Procedures to be applicable .
- 10.4 **If military personnel are to be involved in the day-to-day care of civilian patients, then arrangements must be made between the M.o.D. and the Portsmouth Hospitals NHS Trust to ensure that the Hospital is not left without cover, due to Staff being called away from the unit in order to take part in military exercises, etc..**
- 10.5 **Another factor about which patients and their relatives, carers, and friends have commented to the C.H.C. is that of having to enter a site guarded by military personnel, some people finding that quite intimidating. That situation could exist wherever Service and civilian personnel are based and needs to be considered if a Medical Defence Hospital Unit is to be based at the Queen Alexandra Hospital, since that may prove to be of concern and a problem to civilian patients.**

11.0 **TIMESCALES.**

- 11.1 The C.H.C. re-states its view that that open and full collaboration between the Ministry of Defence (Defence Secondary Care Agency) / Royal Hospital Haslar and the NHS Executive /Health Authority is essential if adequate and safe services are to be maintained.
- 11.2 Further, the C.H.C. repeats its belief that it is not reasonable for the M.o.D. to withdraw services from the Royal Hospital Haslar without giving the Health Authority the chance to put replacement facilities in place and that the Government should take steps to ensure that the two departments - Ministry of Defence and Department of Health - work together at the highest level, developing plans with the local stakeholders.
- 11.3 Also, the C.H.C. stresses again its hope that swift and early progress may be made on the progressing of the Portsmouth Hospitals NHS Trust P.F.I. scheme, together with the Portsmouth HealthCare NHS Trust P.F.I. bid, and any new bids which may be submitted in order to enable the reconfiguration of services locally, as a consequence of the loss of the Royal Hospital Haslar facility.
- 11.4 As stated before, too, In response to any additional resources provided by Central Government, the C.H.C. would expect to see the Health Authority and local Trusts give priority attention to moving forward with re-provision arrangements, avoiding any further loss of time.
- 11.5 By the end of this Consultation period, sixteen months will have passed since the Royal Hospital Haslar closure announcement was made by the Ministry of Defence.

Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
 "Changes to health services for residents of Gosport and south Fareham", April 2000.

- 11.6 The C.H.C. is very concerned that existing Staff will be lost to local health services, as they seek other employment because of uncertainties over their jobs.
- 11.7 Also, there is concern that the state of buildings may deteriorate and equipment become unserviceable, as a result of possible lack of maintenance and attention - either through lack of knowledge as to future usage or from withdrawal of resources.
- 12.0 **CONCLUSIONS.**
- 12.1 The C.H.C. understands that the Health Authority was not expecting the decision of the Ministry of Defence to withdraw services from the Royal Hospital Haslar when the announcement was made in December 1998. and, therefore, the need to look to providing alternative services to meet the needs of the people using the facility.
- 12.2 From that unexpected and very difficult position, the C.H.C. considers that the Portsmouth and South East Hampshire Health Authority has acted promptly and done its best to develop plans to meet the wishes and demands of people from the Gosport and south Fareham area, with regard to the future provision of their Health Services.
- 12.3 Although resources in "compensation" for the Royal Hospital Haslar facility are to be allocated to the Health District, the C.H.C. recognises that there may be additional costs involved in making-good the loss.
- 12.4 Therefore, in order that the other proposed developments across the Health District may be pursued, too, the C.H.C. hopes that additional resources may be made available to the Health Authority.
- 12.5 The C.H.C. recognises that the Health Authority has proposed some innovative ways of delivering services and is supportive of them and wishes to see them implemented as soon as possible.
- 12.6 As the proposals do contain good ideas for the delivery of services in other local areas, as the Health Authority has suggested will be possible, the C.H.C. is keen to see the current proposals used as a template and mirrored in other parts of the Health District.
- 12.7 The Portsmouth and South-East Hampshire Community Health Council wishes to see the Health Authority's proposals for Gosport and south Fareham go ahead without delay. Once the developments in Gosport and south Fareham have been instigated, the C.H.C. would wish to see like plans put in place for facilities and services to be replicated in relevant parts of the other population centres - Havant, Fareham, Portsmouth, and Petersfield - thus bringing up-to-date, local services and facilities to all the population of Portsmouth and South East Hampshire, without delay .
- 12.8 During the period since the announcement was made by the Ministry of Defence that the Royal Hospital Haslar was to close, the C.H.C. has discussed the issue and possible options with a wide range of individuals and organisations, views being solicited through questionnaires, surveys, and public meetings, as well as comments being received from a variety of sources, across both an interim and a final consultation programme.

**Response of the P'mth. & S.E. Hants. C.H.C. to the P'mth. & S.E. Hants. H.A's. Cons. Doc.
"Changes to health services for residents of Gosport and south Fareham", April 2000.**

- 12.9** The C.H.C. would wish to record its appreciation to representatives of the Portsmouth and South East Hampshire Health Authority for their co-operation in being available when requested to speak at public meetings, and to all those individuals who formed part of the Health Authority's "Teams" at those events. Included in the sessions were representatives of the Portsmouth Hospitals NHS Trust (Accident & Emergency and Management departments), Hampshire Ambulance NHS Trust, the Royal Hospital Haslar, and Cllr. Peter Edgar of the Haslar Task Force.
- 12.10** Particularly, the C.H.C. wishes to thank the members of the public and voluntary and other organisations who gave their views and comments on the Health Authority's proposals for health services for residents of Gosport and south Fareham - whether at the public meetings, verbally or in writing to the C.H.C. Office, or through other channels to the C.H.C. - they having been taken into account when this Response was composed.

Portsmouth and South East Hampshire Community Health Council

CHC NEWSLETTER

Spring 2000 Issue No:1

Public Consultation Meetings

Welcome to this first edition of the Portsmouth and South East Hampshire Community Health Council Newsletter. Each issue will explain some aspect of the work of the CHC and highlight any current health matters.

Since January, the major item on the CHC's Agenda has been the future of health services for residents of Gosport and south Fareham and the CHC has been holding public meetings for people to hear, question and comment on the proposals of the Portsmouth and South East Hampshire Health Authority.

The CHC's response now has been given to the Health Authority – copies are available from the CHC Office. Thanks to all of you who attended the meetings, or contacted the CHC with views on the proposals; they were all taken into account when the response was made.

Council Members hope that you will find this Newsletter of interest, and would be pleased to hear from anybody who would like to comment on this or any other aspect of health care within the Health District.

Joyce A. Knight
Council Chair

Inside this issue

CHC Projects

Public Consultation

CHC Meetings

CHC Membership

Business Plan 2000/2001

Role of the CHC

The Portsmouth and South East Hampshire Community Health Council is an independent statutory body set up by Parliament under NHS Regulations to look after your interests – as users of National Health Services locally, as patients, carers and concerned individuals.

"Representing the public interest in National Health services locally"

Mental Health

During the last two years there have been many Government papers relating to changes in mental health service provision, including the provision of social care and needs assessment.

It is important therefore, that Mental Health Act legislation is updated to include aspects of community care as well as hospital care.

Service users and carers within Portsmouth and South East Hampshire are actively involved in discussions with the Health Authority, Social Services, Voluntary Groups and Members of the CHC in order that mental health services are improved to meet the changing needs of users and carers.

Respite Care

During 1999, CHC Members have been actively involved in gathering information on respite care services across Portsmouth and South East Hampshire.

A lack of respite care facilities is highlighted across all age groups, especially children and older people.

The CHC welcomes further comments in support of the case for enhanced service provision.

Elderly Services

Partnerships are now being set up between Health and Social Services to try to meet the needs of elderly people across Portsmouth and South East Hampshire.

Visiting

One of the roles of a CHC is to visit the areas where NHS patients are treated, to ensure, as far as possible, that there is an acceptable standard of care, that the premises fulfil the function for which they are used, and that any problems or suggestions as to the improvement of care and treatment services are reported to the appropriate manager for that area.

Teams of three to five members carry out unannounced visits and a written report is produced. Each area is visited usually at least once in every three years, and more frequently if required. Wherever possible patients, their carers and the staff are asked about their levels of satisfaction and any improvements they would like to see made. Reports are made public at the Business Meetings of the CHC.

Some of the improvements that have been achieved include the repair of a public telephone, which was also lowered for wheelchair access, at a Health Centre; the provision of a hot drinks machine on level F at Queen Alexandra Hospital, improved access in all areas for people with disabilities and better available information for patients prior to admission.

Community Hospitals

CHC Members were keen to identify the needs of local people and developed a questionnaire to survey people living within East Hampshire to gather their views on community health services.

During December 1999, CHC Members conducted a total of 86 interviews at selected shopping centres across East Hampshire.

The findings suggested that the Public was generally unaware of the range of health services available within East Hampshire.

CHC Business Plan 2000 / 2001

The strategic direction of the CHC for the next year will be based on:-

- facilitating public involvement;
- contributing to managing quality;
- exploiting the CHC's unique role.

Key Objectives. To:

1. implement a project with PCG's on patient perceptions of quality of communication in GP surgeries.
2. gather information on spend on NHS services locally.
3. develop locality-based consumer processes so as to achieve best service configuration for local people.
4. influence imminent consultation processes so as to achieve best service configuration for local people.
5. re-focus visiting programme to support Objectives (1) and (3).
6. develop Newsletter.
7. implement a Member training and development strategy.

Comments and suggestions are welcome from members of the public for issues or themes which the CHC might consider for attention in future Business Plans. The CHC's Business Plan is developed between November and March for implementation between the following April and March.

Any ideas should be notified to the CHC Office. (Address at the end of this Newsletter.)

STOP PRESS

The NHS Executive South East has proposed the formation of a new Health Authority to encompass Portsmouth and South East Hampshire and the Isle-of-Wight.

The consultation period runs to July 5th. and the CHC will be holding public meetings to hear views of local people on the proposals, on:-

- Wednesday, 10th. May,
Wesley Rooms, Portsmouth;
- Thursday, 18th. May,
Cams School, Fareham;
- Wednesday, 24th. May,
Park Community College, Leigh Park.

Doug Dann

At the time of my retirement in October 1981, my working life, following war service in the RAF, had been spent working in a long-stay hospital, and later at a health and welfare department in Kent and then from 1965, with Portsmouth's Welfare Services and Social Services Departments and with Hampshire's Social Services.

It seemed to be a logical step, prior to retirement, to seek some sort of satisfying future occupation; hence my self-inflicted membership of the CHC, nominated by Focus 230 – a community base in Leigh Park – from 1980 to 1992, as a Co-Opted Member from 1992 to 1996, and, currently, as a Hampshire County Council nominee.

My current term of membership ends this year, by which time I will have spent a quarter of my life as a CHC Member, including seven years as Chairman and the last year as Vice-Chairman, as well as having done a session as Locum Chief Officer for eight months in 1981/82.

The time has come to stand down gracefully but my interest remains and I should be pleased to continue as a Co-Opted Member.

Doug Dann

CHC Business Meetings

- ◆ Thursday, 27th. April at 7pm
Town Hall, Petersfield.
- ◆ Monday, 26th. June at 11am
Venue to be announced
- ◆ Wednesday, 23rd. August at 2pm
CHC Office, Admiral House, Cosham.
- ◆ Monday, 16th. October at 7.30pm
Venue to be announced

Portsmouth and South East Hampshire Community Health Council

The CHC Office is on the second floor of Admiral House, High Street, Cosham, Portsmouth. (A lift is available in the building.) Admiral House is located just off the High Street, opposite the Post Office, and is accessed via a driveway between a building society and a pet shop. (There are several public car parks nearby; Admiral House itself does not have car parking for members of the public.)

Usually, the CHC Office is open Mondays to Fridays, from 10.00 a.m. to 3.00 p.m.

FOR FURTHER INFORMATION PLEASE CONTACT:

Portsmouth and South East Hampshire
Community Health Council
Admiral House, High Street,
Cosham, Portsmouth PO6 3BZ

Telephone: 023 9238 3832
(Answering machine out-of-hours.)
Fax 023 9221 5014
E-mail portsmouth.chc@dial.pipex.com

This Newsletter is produced and published by
Portsmouth and South East Hampshire
Community Health Council.

Printed by Ashford Open Learning Ltd.,
1 Church Road, Shedfield, Hampshire. SO32 2HW.

CHC Membership

Miss Joyce Knight (Chair)
Secretary of State appointee

Mr Doug Dann (Vice Chair)
Hampshire County Council

Dr Mary Ottaway (Vice Chair)
Carers National Association (S.E.)

Cllr Mrs Eve Burley
Fareham Borough Council

Mr Peter Brett-Burley
Fareham Rotary Club

Mrs Margaret Cox
Hampshire Federation of
Women's Institutes

Cllr Harry Cunliffe
East Hampshire District Council

Mr Ken Dobson
Hampshire County Council

Cllr. Mrs Thérèse Evans
Winchester City Council

Cllr Bill Fish
Havant Borough Council

Mr Phillip Francis
Havant Borough Council

Mrs Rosemary Hampton
Co-Opted

Mr Kieron Hatton
Portsmouth Advocacy and Appropriate
Adult Service

Dr Denis Hilton
Co-Opted

Mr Vernon Jones
Gosport Borough Council

Mrs Jo King
Fareham and Gosport MENCAP

Mr John Nunn
The Rowans (Portsmouth Area Hospice)

Mrs Mary Oram
Portsmouth City Council

Mrs Pam Peeters
Secretary of State appointee

Cllr Mike Prior
Fareham Borough Council

Mrs Kate Taylor
Alzheimers Disease Society

Mrs Christine Wilkes
Soroptimist International of Gosport,
Fareham and District