

**FRIENDS OF BLANDFORD COMMUNITY
HOSPITAL ACTION GROUP'S
VISION PAPER.**

**Meeting the needs of the local population
through
the provision of high quality care closer to
home.**

Meeting the needs of the local population through the provision of high quality care closer to home. A Vision Paper.

1 Purpose of the Vision Paper

The Action Group has been formed from members of the Friends Council and the Blandford GPs. This paper reflects the group's response to proposed changes to activity undertaken in community hospital settings in North and West Dorset. These changes have been outlined in a paper from Dorset County Hospital NHS Foundation Trust in the process of re-negotiating the contracts and Service Level Agreements (SLA).

This paper reflects the views of local people, patients and staff and other interested parties.

2 Services Currently Provided in the Hospital

Blandford Community Hospital is made up of 2 inpatient wards refurbished at a cost of £500,000 by the Friends. Tarrant ward has 24 beds and is a physical health ward predominantly for rehabilitation although many patients are admitted for medical therapies and end of life care helping to avoid admission to acute hospitals and encourage step down from acute hospitals. The Betty Highwood unit is an older persons mental health ward and has 14 beds open, other facilities include an out-patient department, operating theatre and day surgery unit, an integrated rehabilitation team providing rehabilitation to patients in their own homes, physiotherapy including hydrotherapy pool, occupational therapy, x-ray department with ultrasound facilities, minor injuries unit (MIU) community mental health teams and the hospital is the base for some community services managers who manage community nurses, school nurses, health visitors and various specialist nurses.:

3 Views of Local People

In April 2011 changes to the Hospital, including the closure of Portman ward, by the PCT, prompted a number of letters from members. Portman Ward has 15 beds and in addition has 2 family rooms and a sunroom provided by the Friends. At the Friends management meeting of 10th March 2011, it was agreed to circulate a questionnaire to solicit the views of Blandford residents on the status and future of Portman ward and the hospital in general. The questionnaire was circulated to all members, and also available for completion by the public through the local GP surgeries, both hospital charity shops and at the hospital reception.

The single most frequent comment was the very high level of satisfaction with services at Blandford, not only the treatment received but a friendly and caring service. The word 'essential' was frequently used. Many clearly reflected either direct experience or that of a family member. There were three negative comments which included; one stated staff morale on Tarrant ward was low and another, clearly an ex-patient, said food was terrible and toilets dirty and a third said an MIU nurse misdiagnosed an eye infection. As a percentage of returns by those with direct experience this represents a tiny element of dissatisfaction.

The time and costs associated with travelling to a hospital at Dorchester or Poole, either as a patient or as a family member or friend, were often mentioned together with complaints about the lack of public transport and parking problems. In particular rural communities experience far more problems in this respect than urban communities.

Community hospitals help to take the pressure off general hospitals and this should be recognised and supported.

Not surprisingly a number asked for the reinstatement of Portman ward. The average age of Friends membership is quite high and aspects of old age, whether travel difficulties or emphasising a service for older people. Some comments reflected the high proportion of retired people within the population and commented on future increases. A full copy of the survey is attached in **Appendix 1** but a summary of the conclusions is outlined below:

- ✓ Blandford Community Hospital is highly valued and appreciated by the local community who feel that services should be supported, retained, and where possible, extended.
- ✓ Most residents are realistic enough to know the provision of services locally will be constrained by practical considerations.
- ✓ A large percentage of patients experience travel difficulties in reaching general hospitals and foresee even greater problems in future.

4 Future Aspirations and Vision

The proposed changes put forward, by Dorset County Hospital NHS Foundation Trust, have inspired the group to see this as an opportunity for future development of the hospital and services provided within the community. Our vision for the hospital is to become a fully integrated 'health campus' or 'health / social care community hub' with integrated medical and nursing teams offering more services than the current arrangements. **See table one:** A skilled integrated multidisciplinary team. **Table two** sets out the envisioned services for the future. This could include GP surgeries, diagnostics, closer links with community staff, and fewer occasions when patients will have to travel longer distances for hospital treatment. This will bring increased benefits to patients, allowing nursing teams and other professionals to work together to support local people more effectively which promotes the National Health Service and Dorset Health Care University Foundation NHS Trusts aspiration to offer care closer to home.

The strategic case for a shift in care closer to home, and into homes, has been widely accepted for some time and was a focus for 'Our health, our care, our say' in 2006. The demographic profile of England is changing. The proportion of older people is growing and we are living longer, often with long-term health and care needs. For example, a fifth of the population of England is over 60, the over 85s are the fastest growing segment of the population, set to double in number by 2020, and there are expected to be 4.5m people aged over 85 in 2025 (International Longevity Centre). In England, 15.4 million people have a long-term condition and due to an ageing population, it is estimated that the number of people with at least one long-term condition will rise by 3 million to 18 million by 2025. (Delivering Care Closer to Home: Meeting the challenge DOH 2008).

In this paper a number of key activities are suggested as being appropriate for service delivery at Blandford Community Hospital and in turn will provide the patients with high quality care closer to home. The activities set out in table one have been drawn up with reference to various Department of Health documents including:

- Liberating the NHS: Greater choice and control. A consultation on proposals 18 October 2010.
- Liberating the NHS: Greater choice and control - Government response: Extending patient choice of provider (any qualified provider) 19 July 2011.

“The Government will create a presumption that all patients will have choice and control over their care and treatment, and choice of any willing provider wherever relevant (it will not be appropriate for all services – for example, emergency ambulance admissions to A and E).”

Blandford Community Hospital’s vision for the future is to provide services that are needed by the local population and provided closer to home by a skilled, multidisciplinary team. **Table two** sets out the future services envisioned for Blandford Community Hospital.

Table one: A skilled integrated multi-disciplinary team

An integrated multidisciplinary team	Benefits to Patients
<p>An integrated Multidisciplinary team. To include:</p> <ul style="list-style-type: none"> • GPs • OT, physiotherapists (currently employed by the hospital) • Radiographer(currently employed by DCH) • Speech therapist • Dietician • Practice nurses • Midwives • Consultant nurse specialists • Consultant led Out-Patient services • MIU nurses • Out Patient Department nurses • General nurses • Mental health nurses • District nurses • Health visitors • Counsellors • Social workers • HCAs • Psychologist • Psychiatrist • Psychotherapist. 	<p>This team will share facilities on the premises at the hospital and the GP practice which will offer:</p> <ul style="list-style-type: none"> • patients a skilled team to respond rapidly to their needs by an appropriately qualified professional • a rapid response to the provision and results of diagnostics • an opportunity to work across primary, community and hospital care • skills in the Minor Injury Unit and Urgent Care • skills in minor surgery • skills in palliative care • skills education and training • seamless care across primary, community, hospital and social care • skilled inpatient care • skilled team to manage in patient care • skilled rehabilitation professionals • skilled mental health professionals

Table two: Future services envisioned for Blandford Community Hospital.

Service	Detail	Service status	Vision
Day care: Chemotherapy	Chemotherapy provision (nurse led).	New service	Nurse led service. Care closer to home.
Diagnostics:	<ul style="list-style-type: none"> • X-ray • Urgent response to patients with a DVT • Ultrasound • Scans • Echo cardiogram • 24 hour blood pressure recording • 24 hour ECG. 	Current service New service Current service Current service New service New service New service	On site diagnostics with rapid set up, delivery and feedback of results to the patient
Education and training	In house courses i.e. palliative care, safeguarding, managing diabetes, carer's education and support etc.	New service	Local courses for staff and carers
Healthy life style	<ul style="list-style-type: none"> • Asthma education and support • Diabetic education and support • Diet and exercise • Health screening • Weight loss support 	New service New service New service New service New service	GPs, practice nurses and specialist nurses working as a team.
High specification treatment suite (HSTS): Nurse led. Current theatre to be upgraded to provide HSTS. Costs supported by the Friends of Blandford Community Hospital.	Some of the treatments offered include: <ul style="list-style-type: none"> • Wound care management. • Removal of steri-strips, sutures and staples. • Leg ulcer treatment. • Ear syringing • Injections 	Modified existing services	Patients attending the Treatment Room will receive high standards of evidence based care delivered by skilled nurses. Wound and Leg Ulcer treatment Led by Blandford OPD team.

High specification treatment suite (HSTS): Minor surgery GP/ Consultant led	Minor surgery: <ul style="list-style-type: none"> • Vasectomy (GPs) • Lumps and bumps (GPs) • Minor Cosmetic surgery (private) • Hernia repair (GPs specialist) • Pain management (guided epidurals) DOT service • Dorset Orthopaedic service (Epidurals and blocks). • Podiatry services • Dermatology 	New services: <ul style="list-style-type: none"> • Vasectomy (GPs) • Lumps and bumps (GPs) • Minor Cosmetic surgery (private) • Hernia repair (GPs specialist) Existing service: <ul style="list-style-type: none"> • Podiatry • Dermatology • Pain management guided epidurals • Dorset Orthopaedic service, epidurals and blocks. 	Development of new services and continuation of current DOTs.
Maternity	<ul style="list-style-type: none"> • Antenatal • Postnatal exercise 	New service New service	Antenatal classes (Midwives) Postnatal exercises - physiotherapy.
Mental Health	<ul style="list-style-type: none"> • Inpatient elderly mentally ill • Adult mental health – day and community support • Outpatients • Counselling • Anxiety and depression - community support 	Current service Current service Current service New service New service	New services to support GPs with ever increasing numbers of patients with anxiety and depression.
Minor injuries	<ul style="list-style-type: none"> • Minor injuries unit 	Modified service	Incorporating skills of the integrated multi-disciplinary team.
Outpatient clinics/services	Acute back pain (osteopath and physiotherapy led) Antenatal and post natal clinics (Midwife led) Asthma (Practice Nurse led)	New service New service New service	 In partnership with GPs Utilisation of hospital facilities

Audiology(DCH)	At risk of relocation to DCH	Well-equipped audiology room, provided by the Friends, offer to alternative providers*.
Cardiology (GP led)	New service	Able to support 24 hour ECG and Blood pressure monitoring. Ultrasound for Echo cardiogram.
Colo-rectal (DCH Consultant)	At risk of relocation to DCH	Seek alternative provider*
Colonoscopy (DCH Consultant)	At risk of relocation to DCH	Seek alternative provider*
Continence services (adults and children) local GP referral	New service	Nurse led service. Care closer to home.
Dermatology clinic plus treatment(DCH Consultant)	At risk of relocation to DCH	Hospital well equipped. Seek alternative provider*.
Diabetic (practice nurse led)	Modified provision of current service	Practice nurses to utilise hospital facilities.
Diabetic annual review (Nurse led)	At risk of relocation to DCH	In corporate into service above
Dietician	Current service	Dietician
Elderly care (DCH consultant)	At risk of relocation to DCH	Seek alternative provider*.
ENT Clinic	At risk of relocation to DCH	Seek alternative provider*

Gynaecology (DCH Consultant)	At risk of relocation to DCH	Seek alternative provider*
Hearing aid services (DCH Consultant).	At risk of relocation to DCH	Seek alternative provider*
Lymphoedema (DCH Specialist Nurse)	At risk of relocation to DCH	Seek alternative provider*
Medical (DCH Consultant)	At risk of relocation to DCH	Seek alternative provider*
Occupational health for staff	New service	Could include support for local charities i.e. Weldmar Hospice Care.
Ophthalmology (DCH Consultant)	A risk of relocation to DCH	Seek alternative provider*
Orthotics (Consultant)	Current service. No change to service	Currently provided by a private contractor
Paediatrics (DCH Consultant)	At risk of relocation to DCH	Seek alternative provider*
Pain (DCH Consultant)	At risk of relocation to DCH	Seek alternative provider*
Parkinson's (DCH Consultant)	At risk of relocation to DCH	Seek alternative provider*
Pelvic Floor dysfunction(DCH Nurse led)	At risk of relocation to DCH	Seek alternative provider*

Podiatry	Current service. No change	Pool & Bournemouth
Post-operative clinic (DCH)	At risk of relocation to DCH	Seek alternative provider*
Psychiatry	Current service. No change	Services currently provided by Blandford
Respiratory (DCH Consultant)	At risk of relocation to DCH	Seek alternative provider*
Rheumatology (DCH Consultant)	At risk of relocation to DCH	Seek alternative provider*
Services for back and neck pain	Current service. No change	DOTs service
Sleep apnoea	No change	Salisbury NHS Foundation Trust
Sleep clinic	No change	Salisbury NHS Foundation Trust
Spinal (DCH Consultant)	At risk of relocation to DCH	Seek alternative provider*
Talking therapies (primary care psychological therapies, adults)	No change	Services currently provided by Blandford
Urine flows(OPD nurse)	No change	Services currently provided by Blandford OPD nurse

	Urology (DCH Consultant)	At risk of relocation to DCH	Seek alternative provider*
	Visual fields (DCH Consultant))	At risk of relocation to DCH	Seek alternative provider*
	Wheelchair service (adults and children)	New service	To be provided by Blandford
Palliative Care: Centre of Excellence	Palliative care in patient hospice beds Day care facilities Outpatient service	New service New service New service	In partnership with Weldmar Hospicecare Trust.
Preventive medicine: Better Health.	Facilities to deliver preventative medicine.	New service	GPs and hospital staff
Rehabilitation	In house physiotherapy, occupational therapy, speech therapy and counselling Blandford Heart Forum Group Stroke rehabilitation team inpatient and day care. Hydrotherapy	Existing services	Multidisciplinary Integrated team supporting rehabilitation i.e. cardiac, stroke, amputees. Supporting patients with chronic disease i.e. Parkinson's disease.
Social services	Use of available facilities within the hospital	Existing facilities New services	Day care etc.

* Continuation of valuable services through alternative providers i.e. Salisbury/Poole/ Bournemouth NHS Foundation Trusts/ BMI Winterbourne Dorchester/ Nuffield Bournemouth/ BMI Harbour Hospital Poole.

Data supporting the rationale for change and the vision for the future.

The following charts set out the vision for the future of the hospital (**Chart 1**) and **Chart 2** sets out the current situation and the impact of expected changes, to the Out Patient clinics at the hospital, following the withdrawal of specific outpatient clinics by Dorset County NHS Foundation Trust.

Chart 3 gives an overview of the consequences of reduce Out Patient activity when Out Patient Clinics were cancelled by Dorset County Hospital Consultants at short notice. The data relates to a 6 month period from July to December 2011. This has led to a misconception, by the general public, that there is a waiting list to get an appointment to see a Consultant at an Out Patient’s Clinic at Blandford Community Hospital. However, the most frequent reason for the cancellation of a clinic was due to the Consultant being on annual leave or study leave and not too few patients.

Chart 1: Vision of services for Blandford Community Hospital with the exception of the Out Patient Clinics.

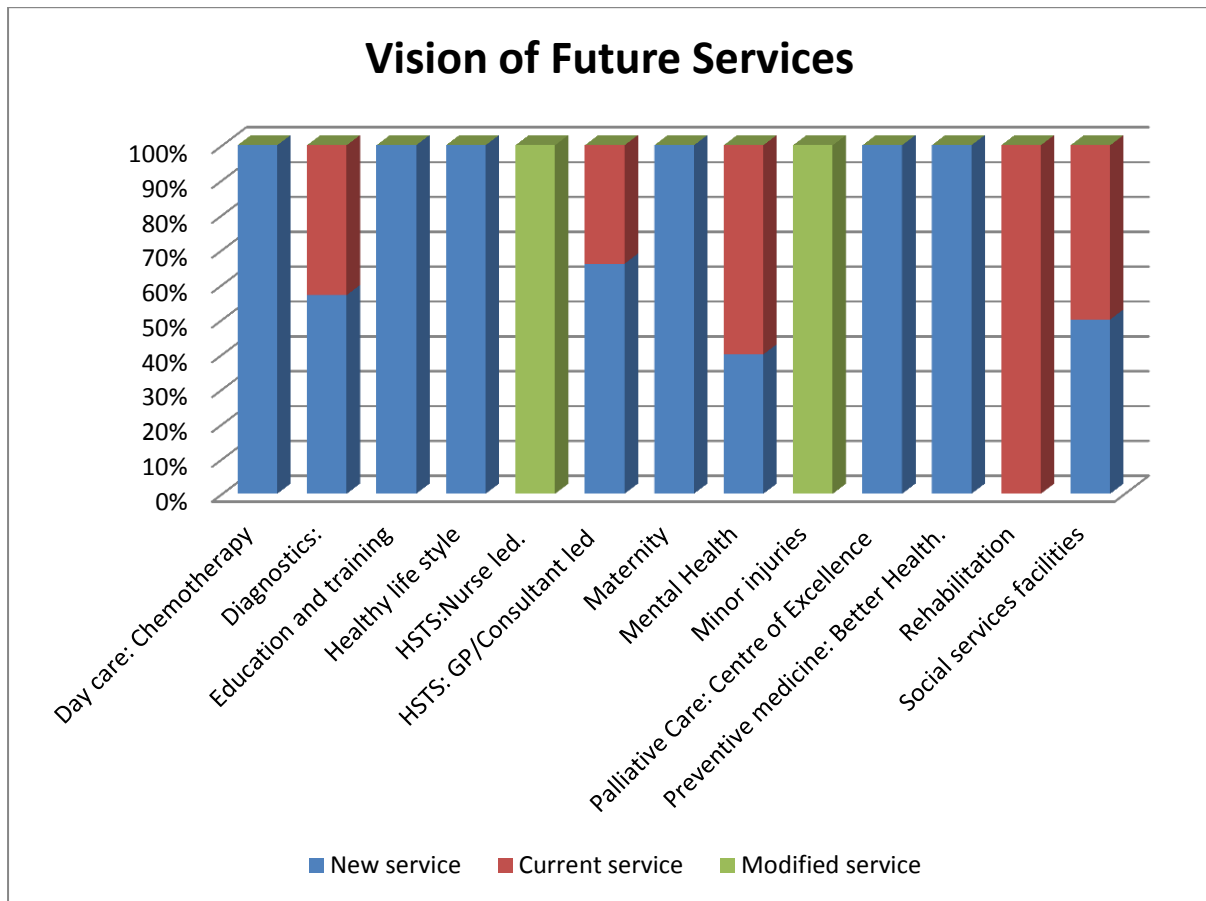


Chart 2: Impact of expected changes to the Out Patient clinics

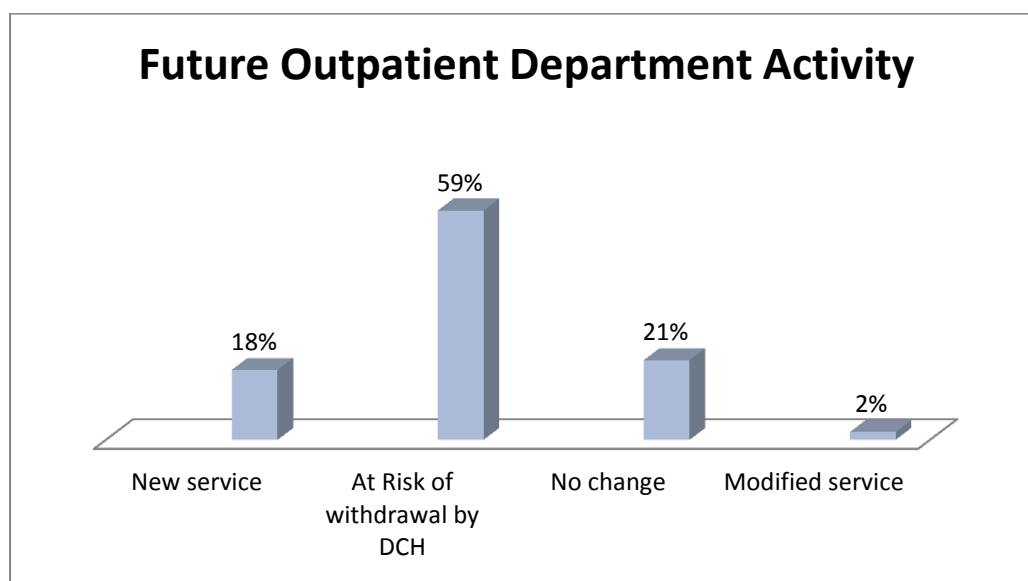
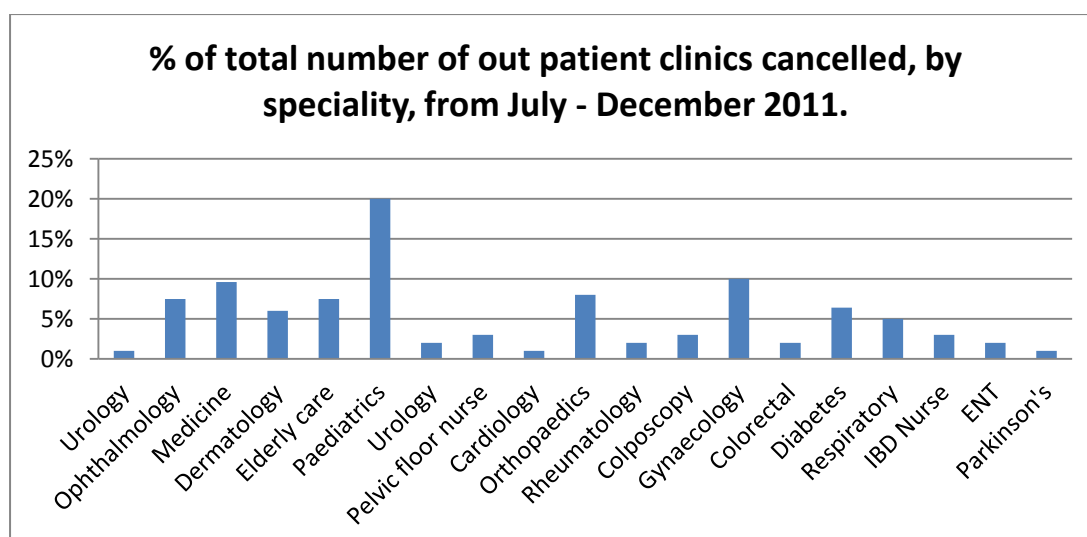


Chart 3: Cancellation of Clinics by DCHFT Consultants at short notice.



6 Anticipated Outcomes for patients:

- Seamless service.
- Real choices for people over their care, leading to better results.
- Patient satisfaction with care that is delivered closer to home.

7 Anticipated Outcomes for Staff:

- Utilisation of space, skills and knowledge to support effective and efficient patient care.
- Integrated team working leading to greater work satisfaction.
- Job security
- Shared facilities and skills with primary care offers an opportunity to learn new skills and work as a team.
- Delivery of care to the local community.

8 Other outcomes:

- Reduced cost of services provided by Blandford Community Hospital as opposed to an Acute Foundation Trust.
- Less travel by car – good for the environment.
- Blandford Community Hospital proposals in line with Government thinking.
- Continued financial and volunteer support by the Friends.

9 Future Plan and Action

The Action Group would wish to submit this paper on the vision for the future of Blandford Hospital, in the main reflecting the views of patients and local residents, to the management board of Dorset HealthCare University NHS Foundation Trust, Commissioning Groups, Dorset County Council, North Dorset District Council including all Town/Parish Councils and other stakeholders who will influence the future of Blandford Community Hospital.

On Behalf of the League of Friends Blandford Community Hospital Action Group

January 2012

Appendix: Questionnaire.

THE FRIENDS OF BLANDFORD COMMUNITY HOSPITAL HOSPITAL SERVICES QUESTIONNAIRE

Preamble

Recent changes at the Hospital, including the closure of Portman ward, have prompted a number letters from members. At the Friends management meeting of 10th March it was agreed to circulate a questionnaire to solicit resident's views on the status and future of Portman ward and the hospital in general. The questionnaire would be circulated to all members, and also be available for completion in local GP surgeries and both hospital charity shops.

Questionnaire

The questionnaire was intended to be quick and easy to complete within 1 – 2 minutes. Circulation began at the end of March and first returns, including on line submissions from the Friends website, began to arrive within 24 hours. A total of 424 responses were eventually received and collated. A copy of the questionnaire is at Annex A.

A postcode was requested in order to confirm respondents were within the hospital catchment area. A question regarding age was optional. The oldest respondent answering the question was 91, the youngest 16. By far the greatest proportion were pensioners with a mathematical average in the upper 50's. In order to avoid data protection issues addresses were not requested or recorded and all returns collated on a simple mathematical 'count' basis. These responses are at Annex B. Comments were summarised and are included unedited at Annex C.

Collation and Cost

The questionnaires returned, either by post or handed in, were collated by the Friends Office Manager assisted by other staff members. On line returns were collated remotely as the Hospital computer system blocked returns forwarded from the Friends website.

The cost of the whole process, including stationery and postage was approximately £125 excluding labour costs.

The Minor Injuries Unit (MIU)

The number of respondents who had either attended the MIU within the past year or had visited with a friend or relative was surprisingly high at 31%. Over 38% had similar contact but over a three year period. Well over 59% reported the service as good or very good with 2.1% classing their experience as poor or very poor.

The number who felt the service was very important or important was just over 94% with no respondents thinking the service was unimportant.

However over 50% did not know or were unsure of the opening hours suggesting that more needs to be done to publicise the dates and times the service was available.

A small number of comments suggested that the MIU service could be available through a GP surgery but without reference to the number of hours surgeries are open to the public, particularly at weekends.

Services the Hospital should provide

The questionnaire made no attempt to suggest that all the services listed could realistically be made available but simply asked for a yes or no answer. The second part of the question asked for the three top priorities. A significant number failed to indicate their priorities on the basis that "all are important" which is doubtless true but not helpful in deciding priorities.

The 'positive' votes for specific services had the Outpatients service in first place with 97.8% followed by MIU, Day Surgery, and the 'Step down service' at 86.6%. Those who thought beds for the elderly were required represented 83.4%. Palliative care and end of life services were supported by 77.5 and 75.6% of respondents. Provision of Mental Health services only received support from 59.8%.

The 'negative votes' of those who did not support the provision of specific services was, for the most part, low with 20.5% who felt the hospital should not be providing mental health services. This was followed by End of life service not supported by 12%, Palliative care at 7.7% and beds for the elderly which 4.8% of respondents felt should not be supplied.

The question which asked for the most important services in priority order provided a very clear result with Minor Injuries Unit, Outpatients and Day Surgery taking the top three slots by a clear margin. All services listed were included by a lesser number and some unlisted services such as pacemaker service included as text response.

Advantages and Disadvantages of a Community Hospital

The statement that provision of services on a local basis reduces travel was supported by an overwhelming number of 93.3% of respondents with only one disagreeing. Again the suggestion that the local service might reduce stress and worry was well supported with 88.2% agreement. The suggestion that a local provision might provide a more caring service was supported by 82%. However the statement that a local hospital might be limited in services was agreed by 64.7%.

39% agreed that the community hospital may not have good access to consultants and 53.7% thought that modern medical equipment may be less available.

Comments

The single most frequent comment was the very high level of satisfaction with services at Blandford, not only the treatment received but a friendly and caring service. The word 'essential' was frequently used. Many clearly reflected either direct experience or that of a member of family. However three negative comments were included; one stated staff morale on Tarrant ward was low and another, clearly an ex-patient, said food was terrible and toilets dirty and a third said an MIU nurse mis-diagnosed an eye infection. As a percentage of returns by those with direct experience this represents a tiny element of dissatisfaction.

The time and costs associated with travelling to a hospital at Dorchester or Poole, either as a patient or as a family member or friend, were often mentioned together with complaints about the lack of public transport and parking problems. In particular rural communities experience far more problems in this respect than urban communities.

Community hospitals help to take the pressure off general hospitals and this should be recognised and supported.

Not surprisingly a number asked for the reinstatement of Portman ward.

The average age of Friends membership is quite high and aspects of old age, whether travel difficulties or emphasising a service for older people. Some comments reflected the high proportion of retired people within the population and commented on future increases.

Conclusions

The Blandford Community Hospital is highly valued and appreciated by the local community who feel that services should be supported, retained, and where possible, extended.

Most residents are realistic enough to know the provision of services locally will be constrained by practical considerations.

A large percentage of patients experience travel difficulties in reaching general hospitals and foresee even greater problems in future.

Bryanston
23 April 2011

Annex 1

FRIENDS OF BLANDFORD COMMUNITY HOSPITAL

QUESTIONNAIRE Concerning BLANDFORD COMMUNITY HOSPITAL

NAME:

POST CODE:

AGE (OPTIONAL):

Minor Injuries Unit (MIU)

Have you, a relative or close associate had cause to visit the Blandford MIU in the past?
(Please Tick or Circle)

One-Year Yes/No Three Years Yes/No

If Yes was the service thought to be?

Very Good Good Poor Very Poor

Are you aware of the current opening hours of the MIU? Yes/No

Do you think that for the community the MIU facility is?

Very Important Fairly Important Not Important Unnecessary

Range of Hospital Services

Which of the following services do you feel the Blandford Community Hospital should provide in the future? (Please circle)

- | | | |
|----|--|--------|
| 1. | Mental Health Care | Yes/No |
| 2. | Outpatient Clinics | Yes/No |
| 3. | Day Surgery Service | Yes/No |
| 4. | Elderly Care Beds | Yes/No |
| 5. | Palliative Care beds | Yes/No |
| 6. | End of Life Service | Yes/No |
| 7. | Minor Injuries Unit | Yes/No |
| 8. | 'Step Down' Beds for patients between leaving a district hospital and arriving home. | Yes/No |

9. Other service(s) (list)

Of the Services listed above which three do you think are most important in priority order?
(Give Numbers):

Advantages and Disadvantages

The following list shows potential advantages and disadvantages associated with a community hospital. Please indicate whether you agree or disagree with each statement?
(Please Ring)

Minimise travel for access to medical care for family.	Agree/Disagree
Instil confidence and reduce stress associated with receiving care within a familiar environment.	Agree/Disagree
Likely to demonstrate a friendlier and more caring environment.	Agree/Disagree
Limited range of medical services available	Agree/Disagree
Unlikely to have support from top-level consultants	Agree/Disagree
More advanced and up to date equipment not available	Agree/Disagree

Your Comments

In times of severe austerity medical services have to be husbanded and directed to meet the most urgent needs. Any additional comments you have regarding service provision at the Blandford Community Hospital would be most helpful.

Annex B Collated Responses

TOPIC	PAPER No	WEB No	TOTAL L	Percentage
MIU Patient within 1 year	68	48	116	31
MIU Patient within 3 year	86	57	143	38.2
Was treatment very good	104	64	168	44.9
Was treatment good	32	23	55	14.7
Was treatment poor or very poor	2	6	8	2.1
Is the MIU service very important	220	109	329	87.9
Is the MIU service fairly important	14	11	25	6.6
Is the MIU service not important	0	0	0	0
Do you know MIU opening hours - YES	93	40	133	35.5
Do you know MIU opening hours - NO	115	78	193	51.6
Should the hosp provide: mental health svc YES	149	75	224	59.8
Should the hosp provide: mental health svcs NO	40	33	77	20.5
Outpatients - YES	243	123	366	97.8
Outpatients - NO	0	1	1	0.2
Day Surgery - YES	232	117	349	93.3
Day Surgery - NO	0	2	2	0.5
Elderly beds - YES	207	105	312	83.4
Elderly beds - NO	11	7	18	4.8
Palliative Care - YES	191	99	290	77.5
Palliative Care - NO	15	14	29	7.7
End of Life Service - YES	185	98	283	75.6
End of Life Service - NO	28	17	45	12
MIU – YES	234	120	354	94.6
MIU _ NO	4	3	7	1.8
Step down service - YES	213	111	324	86.6
Step down service - NO	13	6	19	5
Local hosp service will : Minimise travel Agree	227	122	349	93.3
Minimise travel Disagree	4	1	5	1.3
Reduce stress and worry - Agree	215	115	330	88.2
Reduce stress and worry - Disagree	12	6	18	4.8
Provide more caring atmosphere - Agree	198	109	307	82
Provide more caring atmosphere - Disagree	20	8	28	7.4
Provide limited services - Agree	160	82	242	64.7
Provide limited services - Disagree	53	30	83	22.2
Reduce access to consultants - Agree	93	53	146	39
Reduce access to consultants - Disagree	116	60	176	47.1
Reduce access to modern equipment - Agree	130	71	201	53.7
Reduce access to modern equipment - Disagree	77	33	110	29.4

TOTAL 424 Returns

Annex C

QUESTIONNAIRE COMMENTS

1. Need for phone contact to remain as not all have computer. Hospital friendly.
2. Received excellent treatment at BCH. Vital to the community.
3. Following a visit – Portman should return downstairs. Day Surgery very much needed.
4. Essential to local community including outlying villages.
5. BCH good all round. Physio/Xray excellent and short waiting time for appointments.
6. BCH is important to the community. Needs to be set-up correctly.
7. BCH should be used to its fullest capacity.
8. Excellent consultants at BCH. Good service for local people.
9. Vital to local area to avoid travel. Well supported by Friends with equipment & services.
10. Older people welcome having treatments locally when available.
11. Services at BCH save pressure of trying to park at Dorchester.
12. Older people much happier to see consultants locally at BCH.
13. Hidden costs if hospital too far from patients home – travel/ambulance service/parking. Also, parking at Dorchester near impossible.
14. BCH should select 2/3 services and provide excellent service in these.
15. BCH able to give more time to patients than district hosp. Particular expertise maybe – to enable excellent service in this.
16. Theatre to remain. GPs should have more input. Current GPs don't support BCH enough.
17. Community hospitals less business like than larger hosps. More staff/visitors/patients increase risk of infections. Mental health establishments should be separate.
18. Days allotted for Ultra sound clinics should increase at BCH.
19. BCH has a caring, homely environment – which is lacking in large hospitals.
20. GPs and Practice Nurses should take on more responsibility.
21. Portman Ward should be re-instated downstairs and the new sun lounge should be used.
22. Important to keep local hospitals going even if there are limited services available.
23. Excellent support from the Friends for the hospital and community.
24. Support and assistance of the Friends hopefully allow services to continue as in the past.
25. Palliative care and End of Life services need to be re-instated on Portman Ward downstairs.
26. Much kindness received by patient/family at BCH. Older people need local hospital.
27. Fortunate in having treatment at BCH. Physio very good. A shame when expensive equip purchased by Friends and Trust unable to provide staff to use it.
28. Care and convenience of BCH important. Disabled/elderly find it very useful.
29. Essential to keep BCH after so many years. Heart of the community.
30. Travel very important consideration. Quick access to healthcare is important.
31. Step Down beds important to people who live alone.
32. Staff morale low on Tarrant Ward.
33. MIU provides excellent service. OPD also good service. Inpatients at BCH – allow easy visiting.
34. Money should be set aside annually to provide necessary services in the future.
35. BCH essential to local residents, especially elderly/children or those with limited transport.

36. Humanity seems to be completely ignored in most decision making for Health Services.
37. Renal, dialysis, chemotherapy and blood transfusion facilities all needed for locals.
38. Personal experience of Day Surgery treatment at BCH was exemplary.
39. Unaware of all services available at BCH.
40. BCH needed for those with limited transport options – especially elderly.
41. All services at BCH should remain. Palliative and End of Life care essential at BCH. More effective and caring when it is local.
42. Staff & service excellent. Step Down beds essential for those living alone and/or elderly.
43. Main advantage of BCH is convenience.
44. County hospitals do not take into consideration difficulties of transport/long distance when arranging appointments for patients.
45. Treatment at BCH always been more than satisfactory.
46. BCH needs to keep up to date with progress.
47. Service provided by BCH excellent. Nearby, available and provides confidence to those living alone in old age.
48. BCH provides crucial services. All services should continue to be provided.
49. With pressure on beds in district hospitals, patients sent from 'curing' to 'caring' prematurely. Where special services are thinly spread – can these be supplemented?
50. BCH one of the most valuable assets in Blandford. Used by community and most of North Dorset for a wide range of essential medical services. Necessary for those with limited transport.
51. BCH is indispensable. Xray, physio, minor surgery good to be local.
52. Important to have OPD at BCH. Local hospital is reassuring to people resulting in shorter time as inpatient.
53. Friends provide funding for equipment/staff training. Both enable the best service locally.
54. Food as an inpatient was disgraceful. Cleaning of toilets was not good on the ward.
55. Comm Hosp is first line of defence in an emergency. Should be equipped/staffed for this.
56. BCH provides a wonderful community service. Provision of services should remain as it is.
57. OPD treatment good. End of Life care in past was superb – both for patient and family.
58. Portman ward should re-open. More nursing staff needed and less admin staff.
59. Invaluable services provided at BCH. Reducing travelling time for OPD, Xray and physio.
60. Admin staff should be reduced in preference to reducing nursing staff.
61. Only negative thing about being an inpatient at BCH is the food.
62. Services to patients at BCH reduce the travelling time.
63. There should be A&E at BCH not a MIU.
64. The services provided for older people are most vital.
65. Comm Hosps take pressure of general hospitals. Public transport is bad in rural areas and therefore local hospital needed by a lot of people.
66. Physio dept is excellent and necessary.
67. Important local resource. Time/money saving for travel. Friendly and caring staff – important for elderly and their families.
68. Inpatient at BCH following surgery at DCH – made life so much easier. End of life care for spouse made easier for all the family by being amongst familiar faces.

69. Parents together whilst father receiving End of Life care at BCH. Severe weather would have made travel to DCH impossible. Stress for family reduced. Care outstanding.
70. Questionnaire has limited use. Without costs etc and knowledge of consultants – no good.
71. All staff provide good service and are very helpful at BCH. Treatment good.
72. Reduces travelling to larger hospitals.
73. Facilities at BCH invaluable to local people. Reduces travelling and stress.
74. No space or money to provide long term elderly care at BCH. Is MIU necessary as GP nurses provide same service. Losing MIU would save money.
75. Portman should not be closed. Could be dialysis or cancer centre providing care locally.
76. Reduced hours for MIU is restricting. Would be advantageous to be open longer hours.
77. Local MIU reduced anxiety and travel. End of Life essential at BCH and final days much easier for all of family at BCH.
78. OPD locally reduces travelling and stress. Also after care after operations at DCH is good.
79. Valued amenity for the town. MIU needs to stay at BCH.
80. Physio/therapy treatment at BCH - post operation – very beneficial.
81. Portman should re-open – very important. Family rooms service very valuable.
- 2331 Community hospital important, but can't do everything so need to specialize
- 2431 Important to support local community especially for the elderly
- 2432 Where possible treatment should be carried out locally using allocated consultant time
- 2433 Centralisation does not raise standards and may not save money long term
- 2531 NIL
- 3031 We should be providing local clinics, respite care and end of life care
- 0241 Closing Portman was ill-conceived appalling decision, hope further similar are not made. Me, family, friends have had excellent service over many years
- 0342 Provides local and immediate service not available through GPs Saves travel + expenses.
- 0441 Improves care being provided for the community.
- 0442 Minor injuries can be dealt with in GP surgeries.
- 0741 Community hospital essential in view of lack of transport
- 0841 Blandford residents have to travel large distance to major hospital. Local hospital alleviates stress.
- 0941 Important for patients not to travel too far.
- 0942 Short term & regular services should be provided by the hospital to minimize disruption to lives of patients and relatives.
- 0944 Unhappy about prioritizing services, all of equal importance. If NHS funding not available community should find other ways.
- 1041 Like to see pacemaker check up service restored.
- 1042 Friends transport service is wonderful.
- 1241 Hosp provided caring service to outlying villages and should continue to do so. Hospital is vital, services should be extended.
- Cannot fault services at Blandford.
- Patients happier in a small hospital
- Outpatient's dept excellent
- The hospital is a wonderful amenity
- Only been outpatients, everyone kind.
- Continued high standard of service vital
- Local hospital essential, long distance travel wasteful
- The hospital is an essential basic need and is highly respected

Hospital is lovely and friendly and should continue
In economic climate priority should be given to local services.
Keep services local
Hospital should not do everything but what it does do should be done well.
Local hospitals are vital to the community.
A local hospital is important particularly for disabled and elderly.
Hospital friendly and hospital is essential
Town is expanding so local facilities more important than ever.
Hospital is vital service as major hospitals so far.
Wording of last three questions confusing.
Questions appear loaded.
Hospital does a great job.
Hospital an essential service for Blandford.
We should maximize a good local service.
Unfortunately MIUs have replaced A&E in community hosps.
BCH vital in providing community care in view of inadequate public tpt.
I cannot drive and need a local hospital
Step down beds essential to prevent blocking.
Step down beds very helpful.
Our hospital essential to a rural community.
Community hospitals are essential
Only visited outpatients.
Many people have worked hard to make this wonderful hospital
The hospital is a very valuable resource.
Blandford & district has a high percentage of elderly who have difficulty travelling long distances.
X-ray, ultrasound and physio services are needed close to home.
All services should be provided!
Extra car parking is needed at the hospital.
Physiotherapy and hydrotherapy excellent.
MIU very kind and helpful.
Very good local hospital reduces travel for patients.
Having consultants available locally reduces travel.
The small hospital gives patients confidence and reassurance.
Travel is very expensive. We have no car and are not able to travel by bus so the local hospital saves the NHS money.
Local facility is helpful, especially for elderly and cuts down travelling.
Public transport and fuel expensive so we must keep our local hospital.
We have had excellent service.
Outpatients are essential to save a lot of travelling.
Provides a good service which should not be reduced.
Community hospital relieves services on acute hospitals. Care at Blandford is first-class.
Community hospitals give good value for money.
Hospital and staff are wonderful.
I am 90 and would be distressed if I had to travel.
The hospital is of vital importance to the town.
The more services available locally the better.
Family members treated at Blandford have been very satisfied.
Blandford Community Hospital with friendly service is essential to the town.
MIU nurses are not always qualified to diagnose.
The elderly appreciate the better care at the smaller hospital.
Open up all the wards again, too far to travel to other hospitals.
Why should people travel to Poole and B'Mouth for X-Ray when we have the facility locally.

The hospital is even more important as the town increases in size.
Travel and appointment delay at big hospitals cause unacceptable stress.
The town is expanding and needs its hospital.
Keeping old persons services locally is essential as they have travel difficulty.
Would like to see MIU hours extended.
Community hospital probably provided over 50% of the services the population needs.
Physiotherapy dept particularly valued as patients often have multiple appointments.