

Consultation on Changes to Mental Health Services Proposed by the Gloucestershire Partnership NHS Trust

May 2006



**a strong foundation
for mental health**

CONSULTATION ON CHANGES TO MENTAL HEALTH SERVICES PROVIDED BY GLOUCESTERSHIRE PARTNERSHIP NHS TRUST

CONTENTS

- 1. Purpose**
- 2. Background**
 - 2.1 NHS Operational Framework
 - 2.2 Gloucestershire NHS Community
 - 2.3 The Trust's Situation
- 3. Proposals requiring formal consultation**
 - 3.1 Overview and Scrutiny Committee Requirements
 - 3.2 Inpatient Mental Health Services for Adults of Working Age
 - 3.3 Inpatient Mental Health Services for Older People
 - 3.4 An Alternative Option for Inpatient Provision
 - 3.5 Mental Health Day Services
- 4. Proposals which do not require consultation**
 - 4.1 Mental Health Services to Adults of Working Age
 - 4.2 Learning Disability Services
 - 4.3 Substance Misuse Services
 - 4.4 Child and Adolescent Mental Health Services (CAMHS)
 - 4.5 Corporate Services
- 5. Implications**
 - 5.1 People who use services
 - 5.2 Carers
 - 5.3 Partners
 - 5.4 Staff
 - 5.5 Progress with Foundation Trust Application
- 6. Consultation Questions**
- 7. What Happens Next?**
 - 7.1 Timetable
 - 7.2 Process
 - 7.3 Responses
 - 7.4 Questions relating to the consultation process
 - 7.5 Your views
 - 7.6 Consultation events and meetings
 - 7.7 Written responses
 - 7.8 Information
- 8. Table of Proposed Changes**
- 9. Glossary**
- 10. Feedback Form**

1. PURPOSE

The services the Trust provides cost more than the organisation can afford. We have decided to consult the public about the decisions we need to make to ensure that we balance the books and keep service quality high.

It is important that these proposals are considered promptly so that the Trust can proceed to make the required level of savings. If these changes are not largely completed by the end of September 2006, the Trust will face the need for further spending reductions simply because of delay.

Consultation will take place over a five week period, starting Monday 22 May 2006 and finishing Friday 23 June 2006.

We will consider the response to our proposals and any alternatives presented in the course of consultation and then decide on how to implement our plans.

2. BACKGROUND

2.1 NHS Operational Framework

The Department of Health requires NHS organisations to make a surplus of income over expenditure. This is part of the Government's requirements for changes to the way the NHS is run. It means that all NHS organisations need to achieve financial balance in-year and pay off overspends brought forward from previous years.

2.2 Gloucestershire NHS Community

The NHS in Gloucestershire needs to make £23m savings to achieve financial stability in 2006/7. The local issues that are most significant are:

- Difficulties faced by Primary Care Trusts (PCTs) in managing demand for District General Hospital (DGH) services
- PCTs reduced purchasing power as a result of the introduction of standard charges for DGH services (the National Tariff)
- Significant overspending by the PCT community in the round
- Gloucestershire County Council's stand-still budget for social care spending

2.3 The Trust's Situation

The Trust needs to make total savings of £9.6m in 2006/7 in order to:

- Clear an underlying recurring deficit of £4.6m (reduced from £8.3m at the start of 2005/06)
- Clear an expected deficit of £1.3m for 2005/6
- Meet a savings target of £1.5m for 2006/07
- Contribute £2.2m to the county's NHS financial recovery programme, as a proportionate share

This is a reduction of 12.8% to the Trust's planned spending.

Savings of this scale cannot be achieved by small adjustments to budgets and service restructuring is required to reduce costs and improve efficiency.

In order to achieve this, the Trust's Board has decided to:

- Maintain a level of services to each of the client groups with whom we work
- In each client group, focus spending on people with the greatest needs
- Move closer towards national frameworks for models of care
- Protect spending on staff ahead of spending on premises and overheads
- Reduce corporate costs to a level consistent with effective governance

The Board will use these criteria in evaluating the responses to the consultation and making decisions about implementation.

Not making savings is not an option. The Trust is seeking to avoid large-scale redundancies and has focussed on service re-design as the platform for its savings programme. This will have longer term implications for clinical practice and the shape of services.

Details of the full savings programme are shown in the table of proposed changes to be found in Section 8 at the end of this document. Not all of these changes require formal consultation. This is explained further below.

3. PROPOSALS REQUIRING FORMAL CONSULTATION

3.1 Overview and Scrutiny Committee Requirements

It has been agreed with the Overview and Scrutiny Committee that not all of the changes the Trust need to make require formal public consultation. The particular elements of the programme which require consultation with the public are the:

- Proposals to change the number and location of inpatient mental health services for adults of working age and older people: this will result in 42 fewer adult mental health beds (84 instead of 126) and 15 fewer older people's mental health beds (65 instead of 80:an earlier decision has reduced available beds from 122 to 80);
- Proposals to stop providing NHS-funded day hospital care to adults of working age and older people with mental health problems: this will affect services at 17 sites across the county.

3.2 Inpatient Mental Health Services for Adults of Working Age

Adult inpatient services are currently provided at Wotton Lawn Hospital, Gloucester and Charlton Lane Centre, Cheltenham.

The Trust's preferred proposal is to transfer all working age adult mental health services from Charlton Lane Centre, Cheltenham to Wotton Lawn Hospital in Gloucester. This will result in fewer beds being available. It will require that fewer admissions take place and lengths of stay are shorter. The development of crisis home treatment teams available around the clock will enable these changes by providing additional support in patients' own homes. Further details of these requirements are to be found in the table at Section 8 of this document.

3.3 Inpatient Mental Health Services for Older People

These are currently provided from four sites across the county:

- Weavers Croft, Stroud
- Charlton Lane, Cheltenham
- Holly House, Gloucester
- Colliers Court , Cinderford

A further site, Baunton Ward at Cirencester, has been temporarily closed since 2003.

The Trust's preferred option is to accept the conclusion of the recent Older People's Review and provide 65 beds. Our financial circumstances lead us to propose we concentrate these inpatient services onto the Charlton Lane Centre site in Cheltenham. This will require a reduction in the number of admissions and the average length of stay. The details of these requirements are shown in the table at the end of this document.

3.4 An Alternative Option for Inpatient Provision

The Trust has considered an alternative option for providing inpatient services to older people and adults of working age in both Cheltenham and Gloucester.

This option would offer easier access to the inpatient sites but it is not preferred because levels of clinical risk are likely to be higher. This means there will be higher costs in terms of staff training and cover. This is an obvious disadvantage when the purpose of the proposals is to save money.

3.5 Mental Health Day Services

Day services currently meet a variety of needs including social opportunities as well as providing treatment. The Trust is proposing to stop providing NHS-funded day hospital care which is not directly concerned with the provision of treatment to adults of working age and older people across the county.

This will impact on the provision of older people's mental health services at 12 sites across the county:

- Tyndale Centre, Dursley
- Holly House, Gloucester
- Brownhills and Charlton Lane Centre ,Cheltenham
- Colliers Court, Cinderford
- Memorial Centre, Cirencester
- Weavers Croft, Stroud,
- Stonebury, Lydney
- Avon House, Tewkesbury
- Travelling Day Hospital to Moreton, Bourton & Weston Subedge

We propose to bring day hospital staff and community mental health teams together to provide community-based services for older people. This will include offering day assessment and treatment. Community teams will continue to be locally-based.

The Trust also proposes to stop NHS-funded day hospital care for adults of working age at six sites across the county:-

- Avon House, Tewkesbury
- Cirencester Memorial Centre, Cirencester
- Coleford House, Coleford
- Denmark Road Day Hospital, Gloucester
- Clubhouse, Gloucester
- Work Opportunities at Barton Street, Gloucester

The case for stopping NHS-funded day hospital care is driven by our financial position. We need to concentrate limited available resources on the provision of diagnosis and treatment services such as memory clinics for older people and eliminate the associated costs of non-emergency transport arrangements. It can be argued that national policy would prompt us to promote the case for more flexible, socially inclusive and socially integrating settings for the care of service users. This will have consequences for the Trust's partners in primary and social care and for service users and carers themselves. Some activities currently carried out in day hospitals - such as Cognitive Behavioural Therapy group work - will be provided in new settings.

4. PROPOSALS WHICH DO NOT REQUIRE FORMAL CONSULTATION

The Overview and Scrutiny Committee has agreed that the following changes do not require formal consultation.

4.1 Mental Health Services to Adults of Working Age

Specialist community teams will be re-structured with the aim of achieving around-the-clock crisis cover across the county, delivering a modified version of the model indicated in the National Service Framework (NSF).

Existing Community Mental Health Teams will be restructured to focus on the role identified in the National Service Framework of working with people with severe and enduring mental health problems.

4.2 Learning Disability Services

We are planning to close the Windrush Unit, Cheltenham and there will be no further admissions to St. Mary's, Gloucester.

There will also be a review of the number of Community Learning Disability Team (CLDTs) numbers and their composition to reduce overheads.

4.3 Substance Misuse Services

Options will be developed to increase the number of beds from six to 12 or so to increase income and improve the efficiency of the existing inpatient service. Community team numbers will also be reviewed.

4.4 Child and Adolescent Mental Health Services (CAMHS)

Team numbers and staff skill mix will be reviewed.

The children's National Service Framework sets the standard of a next day response from specialist CAMHS, so out-of-hours on-call arrangements will be suspended to save costs. New arrangements will be developed for managing out-of-hours needs for clinical advice.

4.5 Corporate Services

The number of Senior Manager posts is being reduced. Overheads and agreements for the provision of support services such as maintenance, laundry, catering, and transport will be reviewed to make savings. The Trust will also take the opportunity to reduce costs by rationalising its estate.

4.6 Additional spending controls

Spending restrictions introduced in January 2006 will continue. These involve a freeze on recruitment, tighter controls on use of bank and agency staff and restriction of spending on training to essential requirements.

5. IMPLICATIONS

The Trust considered the impact of the proposals at its May Board and these are outlined below.

5.1 People Who Use Our Services

The Trust is enhancing its 24/7 crisis and home treatment services and putting more emphasis on delivering treatment around-the-clock. Service users are likely to experience a greater focus on treatment and a greater sense of progression through the Trust's service. Fewer people are likely to stay in the service for a long time. Contacts with the service are more likely to be episodic. People will be discharged from the service after treatment. Some service users will have to travel further for inpatient treatment.

A positive effect is that service users, carers and professionals will be encouraged and supported to access more socially inclusive opportunities such as local education and leisure facilities.

The Trust recognises that the effect of these proposals is to change travel patterns for people using and visiting inpatient services. We have decided to create a post to help co-ordinate and publicise travel arrangements for service users and carers.

5.2 Carers

A number of the Trust's services – including day services and inpatient services - provide a break from caring for relatives as a secondary function. As a result of the changes, carers will see shorter lengths of treatment – both in terms of inpatient stays and community support provided to service users. Many carers will also experience greater travelling times to and from inpatient services. As a consequence, carers may seek greater support from partner agencies. The availability of a 24/7 crisis and home treatment service will help carers of adults of working age with mental illness by enhancing the responsiveness of and support provided by community teams around-the-clock.

5.3 Staff

At this stage there are no plans for a compulsory redundancy programmes. In line with organisational policy the Trust will look to re-deploy staff and seek to avoid compulsory redundancies.

5.4 Partners

The Trust will require partners in primary and social care to help with the discharge of people from hospital beds who no longer require them. With the reduced number of beds proposed it will be vital that delayed transfers of care are kept to a minimum.

The reduction in NHS day hospital care is likely to mean a greater call on organisations providing social care

The Trust will depend upon clinicians working in primary care to play a greater part in the provision of services to people with less serious mental health problems and those in less critical stages of mental illness.

5.5 Progress with Foundation Trust Application

The Trust Board has considered the implications of the work required to support the programme of change including the involvement of prospective members and governors in the consultation.

6. CONSULTATION QUESTIONS

The Trust is asking the following questions as part of the public consultation:

- Do you have any comments about the criteria (at paragraph 2.3) which the Trust has used to create its proposals?
- Do you have any comments or questions about the proposed changes to inpatient services for older people or for adults of working age, the options presented or the implications?
- Do you have any comments about the proposal to withdraw from the provision of NHS-funded day hospital care for older people or for adults of working age and the implications of this?
- Do you have any alternative proposals you would like the Trust to consider?
- Do you have any comments about the way we plan to evaluate responses to the consultation?

7. WHAT HAPPENS NEXT?

7.1 Timetable

Public consultation will begin on Monday 22 May 2006 and end on Friday 23 June 2006.

7.2 Process

The public consultation process has been discussed and agreed with Gloucestershire County Council's Overview and Scrutiny Committee. They have agreed that not all the services changes we wish to make require public consultation. The proposals that require public consultation are those that relate to the number and location of inpatient mental health services for adults of working age and older people and NHS-funded mental health day services.

The consultation document in addition to being available in paper format is also accessible via our website. Staff may also read the document via the Trust's intranet.

We are making the consultation document widely available and, where possible, directly mailing or emailing it to a wide range of individuals and groups, including:

- Gloucestershire Partnership NHS Trust Staff
- Prospective Gloucestershire Partnership NHS Foundation Trust Governors
- Prospective Gloucestershire Partnership NHS Foundation Trust Members
- Carers/Carers Groups
- County Council/Borough, City and District Councils
- Parish and Town Councils
- Local media
- Members of Parliament
- Partnership agencies
- Patient and public involvement bodies
- Service Users & Service User Groups
- Statutory bodies
- Voluntary organisations and community groups

The Trust will hold a number of meetings and events to give individuals, groups and organisations the opportunity to contribute to the discussion. The timing of events and meetings will be posted on the Trust's website. Deborah Richards, Communications Manager, will co-ordinate and monitor the progress of the consultation – please contact her if you have any questions relating to the consultation process.

7.3 Responses

We will keep a full account of all responses received.

We would like to acknowledge all contributions and respond to questions, so please ensure you include your full name and address when responding. It would be helpful if representative groups could provide a summary of the people and organisation they represent when responding.

Responses we receive may be placed in the public domain unless you ask us to treat them confidentially.

Responses to the consultation will be considered by the Overview and Scrutiny Committee on 3rd July and the Trust Board at its meeting on 10th July 2006.

7.4 Questions relating to the consultation process

If you have a question relating to the consultation process this should be brought to the immediate attention of Jeff James, Chief Executive, Gloucestershire Partnership NHS Trust.

7.5 Your Views

We welcome your views on our proposals and there are a number of ways you may comment.

7.6 Consultation events and meetings

We are holding a number of meetings and events to give individuals, groups and organisations the opportunity to contribute to the discussion. An up-to-date schedule of events and meetings will be available on our Trust website or from Trust Headquarters.

If you would like Trust representatives to discuss the proposals for service change with a particular group or attend a specific meeting please contact us on 01452 891094.

Staff will have the opportunity to consider the proposals for service change through a range of channels, including ad hoc and regularly convened meetings.

7.7 Written responses

Written responses may be sent to us at Communications Manager, Gloucestershire Partnership NHS Trust, Rikenel, Montpellier, Gloucester, GL1 1LY or faxed to **01452 891105**. Feedback may be emailed to servicechanges@glos.nhs.uk. You can also offer feedback via the Trust website at www.partnershiptrust.org.uk

7.8 Information

If you would like this information in large print, Braille, audio tape or in another language then please telephone 01452 891094 or e-mail us at servicechanges@glos.nhs.uk

Public consultation will include communication with our prospective NHS Foundation Trust Governors and members. Members of the public interested in our proposals may wish to consider becoming an NHS Foundation Trust member. Anyone 16 years or over who lives in Gloucestershire can become a prospective Gloucestershire Partnership NHS Foundation Trust Member. Simply fill in your details on the Feedback Form and return to Communications Manager, Gloucestershire Partnership NHS Trust, Rikenel, Montpellier, Gloucester GL1 1LY. You can also enrol by calling 01452 891094 or visiting www.partnershiptrust.org.uk

8. TABLE OF PROPOSED CHANGES

	Proposal	Description	Service Spend Area	No. of Patients impacted (000s)	Impact across county yes/no	Which Districts affected?	Health impact	Age group affected	Impact on Partners	Total Savings (000s) 06/07	Planned Start	OSC Requires Consultation
	ADULT MH	SAVINGS										
1	Re-shape adult community mental health teams (CMHTs)	To provide gateway, recovery & crisis /home treatment services	Adult Mental Health	4271 CMHTs + 900 crisis	Yes	all	Positive benefits for patients	18-65	Primary care	}	30/09/06	No
2	End current NHS funded day services	5 sites function to be re-provided thru teams	Adult Mental Health	N/A	Yes	Especially Gloucester Forest of Dean Cotswold	Negative short term; Positive for patients	18-65	Social care	}	30/09/06	Yes
3	Transfer adult acute and PICU inpatient services from Cheltenham	Current provision at Charlton Lane = 36 acute beds and 6 PICU	Adult Mental Health	<i>Acute admissions reduced from 967 to 740 or ALOS from 27 to 21 days</i>	Yes	Especially Cheltenham Tewkesbury Cotswold	Negative short term; Longer term gains when linked with 1):	18-65	Unlikely but unknown	}	30/09/06	Yes
4	Concentrate adult acute in patient and Psychiatric Intensive Care Unit (PICU) in Gloucester	60 acute beds + 10- 12 PICU beds on one site alongside 12 bed low secure unit	Adult Mental Health	<i>And reduce PICU admissions from 59 to53 or ALOS from 56 to49 days</i>	Yes	Especially Cheltenham Tewkesbury Cotswolds	Negative short term; Longer term gains when linked with 1)	18-65	Unlikely but unknown	}	30/09/06	Yes
5	Reduce rehab beds	Reduce from 40 to 28	Adult Mental Health	250	Yes	all	Neutral	18-65	Housing possibly	}	30/06/06	Yes
	Adult mental health savings 06/07 sub-total	(Internal plus county contribution)								2940		

	OLDER PEOPLE	MH SAVINGS										
6	Concentrate Older people's inpatient care at Charlton Lane Centre Cheltenham	Reduce to 65 beds	Older People Mental Health	<i>Reduce admissions from 470 to 368</i>	Yes	Forest of Dean, Cotswolds Stroud Gloucester	Negative short term; Positive clinical; Negative access	65+	Carers (inc travel) Primary and social care	}	30/09/06	Yes
7	Close Older people' units in Stroud, Gloucester, Cirencester, Cinderford	80 beds currently available	Older People Mental Health	<i>or Ave Length of Stay from 54 to 42 days</i>	Yes	Stroud Gloucester Cotswold Forest of Dean	Negative short term; Positive clinical; Negative access	65+	Carers	}	30/09/06	Yes
8	Close older people's day services	12 sites across county	Older People Mental Health	N/A	Yes	Cheltenham Forest of Dean, Gloucester Stroud Cotswold, Tewkesbury	Negative short term; Positive clinical; Negative access	65+	Carers	}	30/09/06	Yes
	Older people MH savings 06/07 sub-total	(Internal plus county contribution)								3973		
	CAMHS	SAVINGS										
9	Stop CAMHS out of hours medical rota	Cease 24/7 specialist on call medical cover	Young people Mental Health	Small numbers	Yes	all	Minimal	Young People up to 18	Other NHS and LA	}	30/06/06	No
10	Review no of CAMHS teams and sites	Reduce the number of teams	Young people Mental Health	1200	Yes	all	Minimal but possible access issues	Young People up to 18	Other NHS and LA	}	30/06/06	No
	CAMHS savings 06/07 sub-total	(Internal plus county contribution)								425		

	SUBSTANCE MISUSE	SAVINGS										
11	Increase addiction treatment beds to 12 on CLC site	Increase from 6 to 12 beds	Adult Substance misuse	Proportion of below	Yes	all	Positive	18+	Positive		30/09/06	No
12	Reduce nos of Substance Misuse teams	Current plan to reduce from 3 to 2 teams	Adult Substance misuse	820	Yes	all	Minimal but possible access issues	18+		}	30/06/06	No
	Subs Misuse savings 06/07 sub-total	(Internal plus county contribution)								140		
	LEARNING DISABILITY SERVICE	SAVINGS										
13	Reduce LD in patient units from 4 sites to 2	Reduce to 20 beds	PWLD	12 patients	Yes	all	Positive for patients	18+	Social care	}	30/06/06	No
14	Reduce nos of Community Learning Disability Teams	Reduce number of teams	PWLD	1,200	Yes	all	Minimal but possible access issues	All (but limited service to Young People)	Primary and social care	}	30/06/06	No
	LD Services savings 06/07sub-total	(Internal plus county contribution)								935		

9. GLOSSARY

Achieve financial balance	Trust not spending more money than it receives as income
Average Length of Stay (ALOS)	Average period of time an individual stays in hospital as an inpatient
Carer	Someone who looks after a user of services
Cognitive Behavioural Therapy	Addresses how people's self perception influences their behaviour and how mistaken beliefs may result in destructive or unhelpful behaviour
Community Learning Disability Teams (CLDTs)	Teams of staff with particular skills that assess, treat and/or care for people with Learning Disabilities
Community Mental Health Teams (CMHTs)	Multi-disciplinary teams providing a range of interventions for people with mental health problems living in the community
Corporate services	Services like Finance, Human Resources and Hotel Services
Crisis and Home Treatment Services	A service provided by a community team that is delivered to people in mental health crisis in their own homes
Day Services	Services funded either by NHS or Local Authorities which provide care and/or treatment to clients during the day
Financial Recovery Plan / Programme	Plan to fix a situation where an organisation is spending more money than it receives as income
Gloucestershire County Council NHS Overview and Scrutiny Committee	The committee that reviews and scrutinises matters relating to the NHS in Gloucestershire and exercises the powers conferred on the Council under the Health and Social Care Act 2001
Governance	Arrangements that govern the internal conduct of an organisation
Inpatient Services	Hospital beds provided for the treatment of patients
Learning Disability Service	Assessment, treatment and care services for people with learning disabilities
Memory clinics	Clinics which assess, diagnosis and treat conditions that can cause memory impairment
Mental Health Services to Adults of Working Age	Assessment, treatment and care services for adults of working age with mental health problems
National Service Framework (NSF)	Government policy setting out core standards for services
National Tariff	National price for units of NHS activity based on average NHS costs
NHS Foundation Trust	Public benefit healthcare organisation created by Act of Parliament to treat NHS patients
NHS Foundation Trust Governor	NHS Foundation Trust member elected to serve on a NHS Foundation Trust's Council of Governors
NHS Foundation Trust Member	Individuals and organisations with an interest in the development and well-being of an NHS Foundation Trust who register as members
NHS operational framework 2006/07	Sets out the specific business and financial arrangements for the NHS for 2006/7
Older People's Mental Health Services	Assessment, treatment and care services which aim to improve and maintain the mental health of older people suffering from disabling mental health problems
Place of Safety	Under Section 136 of the Mental Health Act if it appears to a police officer that a person in a public place is suffering from mental disorder and is in immediate need of care or control, the officer can take that person to a 'place of safety', which is usually a hospital

Primary Care Trust	Local NHS commissioners of health care - commissioners are responsible for ensuring that services are secured to meet the healthcare needs of a defined population
PICU (Psychiatric Intensive Care Unit)	Psychiatric intensive care is for patients compulsorily detained, usually in secure conditions, who are in an acutely disturbed phase of a serious mental disorder.
Recurring deficit	Sometimes called an underlying deficit, it is the excess of total annual costs over annual income
Service user	Someone who uses the services of the Trust for assessment, treatment or care
Service re-design	Looking at how existing services can be changed for the better
Social care	Services that attend to people's social needs
Social inclusion	Involving people in the main body of society
Specialist community teams	Teams providing a high level of support for people with severe mental health problems, often visiting daily or more often where needed
Substance misuse services	Assessment, treatment and care services for people with alcohol or substance dependencies
24/7	A phrase indicating twenty four hour availability, seven days a week

10. FEEDBACK FORM

Your views on proposed changes to Mental Health Services provided by Gloucestershire Partnership NHS Trust

Question 1

Do you have any comments about the criteria (at paragraph 2.3) which the Trust has used to create its proposals?

Question 2

Do you have any comments or questions about the proposed changes to inpatient services for older people or for adults of working age, the options presented or the implications?

Question 3

Do you have any comments about the proposal to withdraw from the provision of NHS funded day hospital care for older people or for adults of working age and the implications of this?

Question 4

Do you have any alternative proposals you would like the Trust to consider?

Question 5

Do you have any comments about the way we plan to evaluate responses to the consultation?

Name:

Address:

The responses we receive may be placed in the public domain. Please indicate by ticking the box if you wish your response to be treated confidentially

I wish my response to be treated confidentially

Please return this form to:

Communications Manager
Gloucestershire Partnership NHS Trust
Rikenel
Montpellier
Gloucester
GL1 1LY

Membership Application Form - Gloucestershire Partnership NHS Foundation Trust

Yes, I want to be a Gloucestershire Partnership NHS Foundation Trust Member

Title: Mr Mrs Ms Other (Please state)

Name:

Address:

Postcode:

Date of Birth:

Completing this section helps make sure our membership is representative.
Ethnic Origin:

WHITE

British Irish Other

MIXED

White and Asian White and Black African White and Black Caribbean Other

ASIAN OR ASIAN BRITISH

Bangladeshi Indian Pakistani Other

BLACK OR BLACK BRITISH

African Caribbean Other

CHINESE OR OTHER ETHNIC GROUP

Chinese Other

Do you consider yourself to have a disability?

Yes No

Personal data supplied will be held on a computer database and in a paper file. We will continue to keep your details until you inform us that you wish to have them removed. We will periodically contact you to see if you remain happy for us to keep your details. The computer database will be kept on a password protected secure system and access will be limited to key Partnership Trust staff working on the Foundation Trust project. The Data Controller for this information is Gloucestershire Partnership NHS Trust and the nominated representative is the Freedom of Information/Data Protection Manager, Gloucestershire Partnership NHS Trust, Rikenel, Montpellier, Gloucester GL1 1LY. Telephone: 01452 891000.

Please return this form to:

Communications Manager
Gloucestershire Partnership NHS Trust
Rikenel
Montpellier
Gloucester
GL1 1LY

Gloucestershire Partnership NHS Trust

Rikenel
Montpellier
Gloucester
GL1 1LY

Tel: 01452 891000
Fax: 01452 891001

Chairman: Robert Maxwell
Chief Executive: Jeff James

www.partnershiptrust.org.uk