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Dear Colleague

Consultation on change to mental health services

I am writing to share with you some of the themes that have emerged from the consultation process. To date we have received 810 comments and responses and the website has received over 1,000 hits. We held Open Space events in seven locations around the county and over 600 people attended these events.

As you know from my letter of 16th June, the consultation has been extended to 11th August so people have another four weeks to make responses. We know from contact with community groups and statutory bodies that some are working to develop alternative proposals for us to consider. Our minds are open in relation to alternatives that would provide better ways of resolving the financial difficulties and offering good quality specialist mental health services to people in Gloucestershire.

We are cataloguing the responses to identify key themes. We have also looked at the relationship between the number of responses and the range of service proposals we have made, as it is clear that some proposals have prompted many more responses than others. This letter focuses on the issues that have featured prominently in the dialogue to date.

The proposal to have all our older persons' inpatient beds at the Charlton Lane Centre in Cheltenham has attracted the majority of responses. There have been many fewer responses concerning the proposal to have all our adult inpatient services at Wotton Lawn Hospital in Gloucester. Transport and ease of access have been a common theme across both of these services, particularly for family members and friends of people who are receiving care as inpatients. There have also been responses concerning the proposals to withdraw from NHS-funded day care. Comments have been made about whether the financial position facing the Trust is unfair and some people have expressed concerns about how quickly proposals have been made and, once decisions have been made, how soon they would be implemented. There have been very few responses concerning the criteria we used to select the proposals and even fewer suggestions of alternatives to the proposals we have made.

In discussion at the Open Space events we have explored some of the concerns about the proposed older persons' inpatient changes. It is clear that, for many people, access to hospital for visiting is already difficult and there is concern that our proposals will add to this by lengthening the time and distance, particularly for people coming from the more rural parts of the county. In the consultation presentation and discussions we have acknowledged this and committed ourselves to see how we might lessen these difficulties by working with the County

Council and voluntary sector bodies providing transport. We are also looking at the facilities we have for visitors to see how we can improve them as part of the refurbishment of the Charlton Lane site.

Much of the emphasis in the discussion has focused on the relative inefficiency and the cost of the four older persons' inpatient units that are currently operating. There has been much less attention on the important clinical reasons that underpin the proposal to move to a single site. Older people's mental health needs are not uniform. Just like younger adults, different mental health problems need different responses. Each of our existing units tries to offer proper responses to meet five very different sets of older people's needs:

- Some people need rapid assessment and treatment without any longer term care
- Some people need assessment and treatment for mental illnesses such as depression, anxiety or psychosis
- Some people need treatment for dementia
- Some younger people (that is, under 65) need treatment for early onset dementia
- Some people need treatment for challenging behaviours associated with dementia

Despite the skills and commitment of our clinical staff, it is difficult to provide the right kinds of responses to these very different needs in each of the four separate units. One significant advantage of the Charlton Lane proposal is that we could respond to each of these needs in discrete units on the Charlton Lane campus. We believe this would bring very significant benefits for patients' experience and for the standards of clinical care.

We have also heard, in the discussion on older people's services, that the way we described what local specialist services we would continue to provide was not easy to understand. This letter provides us with an additional opportunity to be clearer about our plans. It is already the case that our local specialist services meet the needs of most of the older people without inpatient admission. At any point in a typical year we have 65 or so people in the inpatient units as compared to around 2700 people on the community caseload. To support all these people in the community we have teams comprising specialist nurses, psychiatrists and other professional staff who work from bases in each of the 6 districts in the county. This is the backbone of the service and it will continue to be so. There will be changes in the staffing of these teams, but the teams will continue to be community based. People will still have outpatient and assessment and treatment services locally as they do now. Our savings plans for older people's services focus on inpatients and day-care. We do not plan to spend less than we currently spend on specialist community services.

In relation to the proposed changes to adult services, as well as concerns about access, we have heard concerns about the number of beds that will be available. Often this has been tied in with concerns that the development of crisis and home treatment services will not lead to a substantial reduction in the need for inpatient beds. We have looked again at the published reports to see what has happened where these services have been introduced. There is nothing to suggest that we will not see similar changes in Gloucestershire. In fact, there is already a crisis and home treatment service operating in Cheltenham and our experience is that it has led to a significant fall in the number of people needing inpatient treatment.

In relation to day-care, we have heard concerns about access to training and education opportunities and for social contacts for adults, particularly in Gloucester. We have also heard concerns that the older people's day care service we provide makes an important and valued contribution to the small number of people who use it and to their carers. We are currently looking at alternative models of funding and delivering day-care for adults. We are also committed to working with the County Council to minimise the impact on older people. The County Council has statutory responsibility for day-care and respite services and we appreciate that this proposal is an important area of concern for the Council.

At various times in the consultation, particularly in the Open Space events, people have questioned whether we need to address the financial position, either at all, or in one year only. We have explained that our preference was to introduce the changes we propose by 1st April 2007 rather than during this year. However our Strategic Health Authority was clear that we had to make plans to achieve the financial goals of balanced income and spending and resolution of deficits within the current year. This was taken up with Patricia Hewitt MP, Secretary of State for Health by the county's Health Overview and Scrutiny Committee (OSC). In her written response to the OSC, the Secretary of State has confirmed that this is the requirement on the Trust.

Finally, here is a reminder of what happens next in the consultation programme. The consultation will end on 11th August, so if you want to respond please ensure we have your response by then. In particular, while we have a clear picture of what most concerns people about our proposals, few alternatives have yet been suggested. If you have alternatives to suggest, please let us have them as soon as you can. The Trust will meet with the Overview and Scrutiny Committee on 22nd August to review the responses we have received. The Trust Board will make its decisions on 31st August. Papers for that meeting will be posted on the Trust website and I will write to you after the meeting to let you know what has been decided. Please do not hesitate to contact us if you have any questions, or proposals that you wish us to consider. I have set out below details for contacting the Trust.

Yours sincerely

JEFF JAMES
Chief Executive

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