

# Healthy Weston

Independent summary of consultation themes



THE  
Evidence  
Centre

## Healthy Weston consultation

Between 13 February and 14 June 2019, NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) consulted about three proposed changes to services at Weston General Hospital. The 'Healthy Weston' programme developed the proposals. Healthier Together, a partnership of 13 health and care organisations, oversees this programme.

During the consultation period, the CCG received 2,366 responses representing at least 3,117 people and organisations. The responses included notes from meetings (142), consultation feedback forms (1,036), letters, emails and telephone calls (69), social media posts (44), feedback gained from a demographically representative sample using door-to-door interviews (1,054) and focus groups and interviews (21).

2,217 responses were from individuals and 17 were from organisations or groups, in addition to notes from meetings. The responses included people from throughout the 'Weston area', as defined by the CCG for the consultation.

55% of the responses to the consultation were directly provided to the CCG. The other 45% of responses comprised focus groups, in-depth interviews and door-to-door interviews that the CCG asked other organisations to collect on its behalf. A research organisation undertook door-to-door interviews with a demographically representative sample of the population aged 16 years or older to collect feedback from people of a similar age, ethnic group and socio-economic status to the population overall.

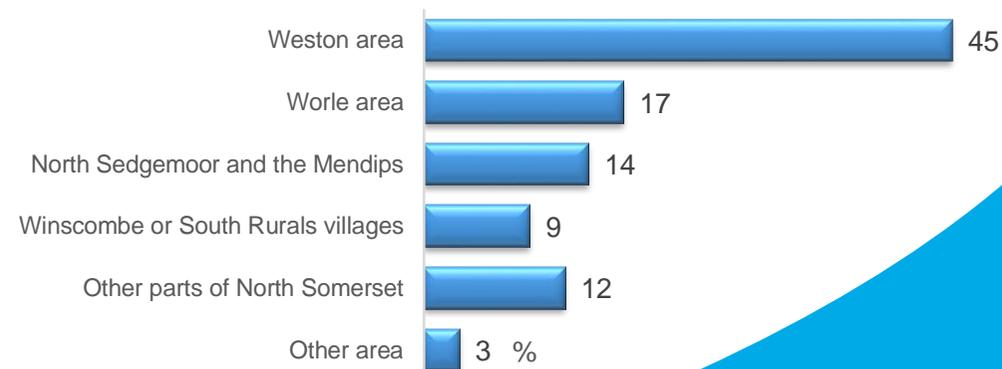
An independent organisation prepared this report, which summarises common themes in the responses received. The material reflects people's opinions and perceptions, not 'facts'.

### Types of responses received during the consultation

Type of response	Number of responses (%)	People represented
Door-to-door interviews with representative sample	1,054 (45%)	1,054
Online and paper feedback forms	1,036 (44%)	1,036
Notes from meetings	142 (6%)	770
Letters and emails	61 (3%)	162
Social media posts	44 (2%)	44
Interviews with targeted groups	16 (<1%)	22
Telephone calls	8 (<1%)	8
Notes from focus groups	5 (<1%)	21
<b>Total</b>	<b>2,366</b>	<b>3,117</b>

### Location where individuals responding to the consultation lived

Based on 1,731 responses



## A&E and urgent care

The CCG set out the following proposals for A&E and urgent care in the Healthy Weston consultation document:

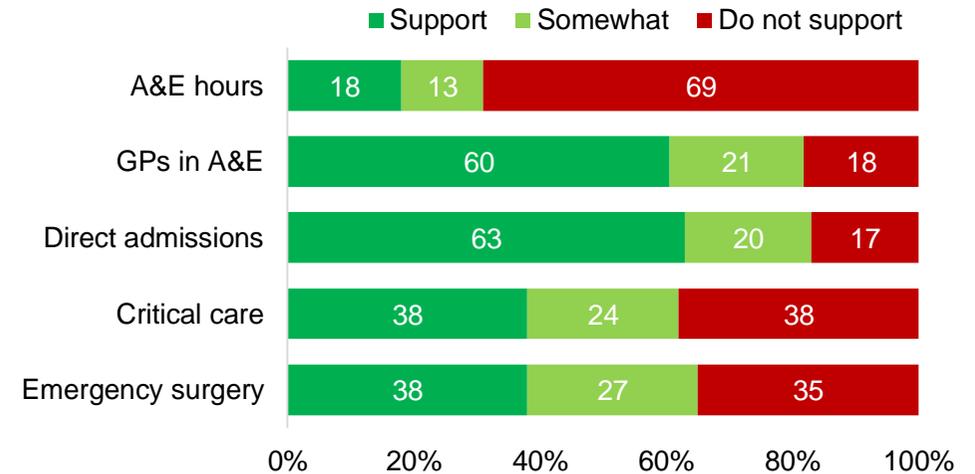
*“There would continue to be urgent and emergency care provided locally 24-hours a day, seven days a week, but the services would be organised in a different way.*

*We are proposing to:*

- *Make the current temporary changes to A&E opening hours permanent. A&E at Weston Hospital would be open from 8am to 10pm, seven days a week.*
- *Add GPs to the A&E department team.*
- *Improve the process for GPs (and potentially paramedics) to be able to directly admit patients into a hospital bed when urgent and emergency care is required 24-hours a day.”*

The figure below summarises the extent to which the responses supported these proposals and others.

### Extent of support for Healthy Weston consultation proposals



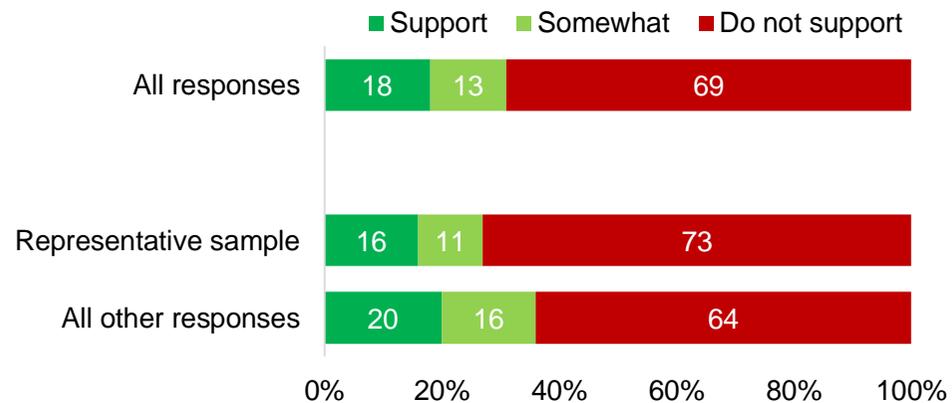
2,086 responses provided a view about A&E hours, 1,946 about GPs as part of the A&E team, 1,782 about direct admissions, 1,975 about critical care and 1,930 about emergency surgery.

## A&E opening hours

2,086 responses stated whether they supported the proposal about A&E opening hours for Weston General Hospital. Of these, 18% supported the proposal, 13% supported the proposal somewhat and 69% did not support the proposal. In total, 31% of responses that expressed a view about this fully or partially supported this proposal.

### Level of support for A&E opening hours proposal

Based on 2,086 responses



People had similar views about this proposal regardless of their age, gender, ethnicity, whether they had a long-term condition and whether they were a parent of an under five year old.<sup>1</sup>

1. Throughout this report a statistical test known as the Chi-square test was used to see whether there were any differences in the support for proposals based on people's demographic characteristics. Anywhere where a difference is reported, this means it is not likely to have occurred by chance ( $p < 0.05$ ).

The demographically representative sample that took part in door-to-door interviews was slightly less likely to support this proposal than those who responded to the consultation in other ways. People who identified themselves as carers or disabled were also less likely to support this proposal.

NHS staff were more likely to support this proposal than others.

In a formal response to the consultation, Weston Area Health Trust, the organisation that runs Weston General Hospital, stated that it supported this proposal.

*“It is almost two years since we enacted the temporary closure within the support of other system leaders, yet our experience has demonstrated that our recruitment plans continue to be impacted by the national shortage of A&E consultants and middle grades, and therefore achievement of safe staffing levels have not been reached. In the meantime, the Board has been encouraged by the development of direct admission pathways and the delivery of overnight A&E admissions by our system partners. We must, therefore, conclude that supporting the permanent reduction in A&E operating hours assures the safest delivery of A&E services for our population at this current time.”*

1,149 responses stated one or more reasons for their views. The most common reasons given for supporting this proposal were that:

- it was perceived to be in line with the hospital staff available to run the service (5% of responses that gave a reason for their view said this)
- it was seen to be a compromise that allowed most people to receive urgent and emergency care locally (5%)
- the proposed approach was perceived to work well during a temporary overnight closure that had been in place since July 2017 (3%)

The most common concerns about this proposal were that:

- the proposal may not account for the large and increasing need for A&E at Weston General Hospital, including the size and growth of the population, further increases during holiday season and the large numbers of older and vulnerable people (32% of responses that commented about this proposal said this)
- it was perceived to be difficult and time consuming to travel to an A&E department at another hospital (20%)
- it was thought that patient safety may be at risk because the time it takes to travel elsewhere could have a detrimental effect on health outcomes (17%)
- emergencies happen overnight, outside the proposed opening hours, so it was stated that there should be services available to cope with this (17%)

Alternatives suggested included:

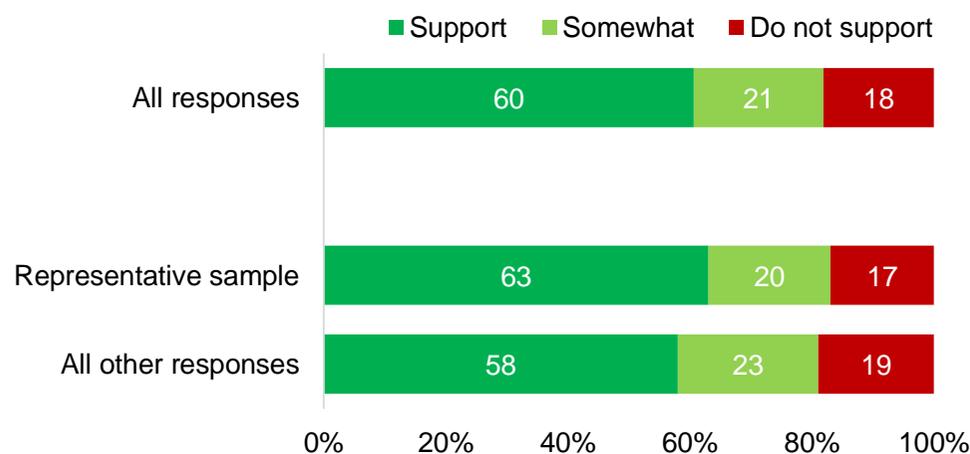
- having other hospital staff working in the A&E so that staff shortages do not result in the A&E closing overnight
- having staff rotations from other hospitals to ensure the A&E can be fully staffed
- recruiting more staff to keep the A&E open overnight
- providing a minor injuries service instead, staffed by nurses, GPs or others
- having the A&E open overnight only for patients arriving by ambulance
- providing a triage service or enhanced 111 service
- extending A&E opening hours to midnight

## GPs in the A&E team

1,946 responses stated whether they supported the proposal to add GPs to the A&E team at Weston General Hospital. Of those that expressed a view, 60% supported this, 21% supported this somewhat and 18% did not support this. In total, 83% of responses that commented supported this fully or somewhat.

### Level of support for GPs working alongside the A&E team

Based on 1,946 responses



People had similar views about this approach regardless of where they lived or their age, ethnicity, gender, whether they had a long-term condition, whether they were a carer and whether they lived in an economically deprived area. The demographically representative sample of people who gave their opinions in door-to-door interviews had similar views about this to all other consultation responses.

In a formal response to the consultation, Weston Area Health Trust, the organisation that runs Weston General Hospital, stated that it supported this proposal.

1,372 responses stated one or more reasons for their views. The most common reasons given for supporting this approach were that:

- people might receive care more quickly because there would be more staff and less need to wait for support in A&E (17% of responses that commented about this approach said this)
- this might free up specialist doctors so they could focus on those with more complex or serious needs (15%)
- people did not always need to see a specialist so it was suggested that this approach would help people receive the right level of care for their needs (6%)

The most common areas of concern about this approach were that:

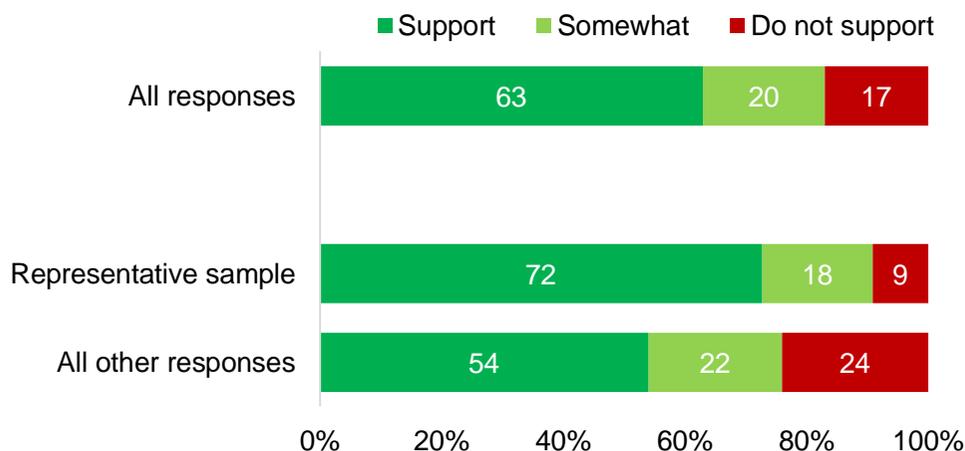
- there may not be enough GPs working locally to make this approach feasible (17% of responses that said something about this proposal mentioned this)
- this proposal may make it more difficult to access a GP in primary care because it was thought working in A&E would reduce GPs' availability for general practice appointments (16%)
- GPs may not have the same skills and experience as hospital specialists so this approach might result in lower quality care or impact on patient safety and outcomes (12%)
- GPs may not have the time to work in A&E as they were perceived to be too busy to take on other things whilst fulfilling their responsibilities in primary care (11%)

## Direct admissions to wards for urgent care

1,782 responses stated whether they supported improving the process for GPs and potentially paramedics to be able to directly admit people needing urgent and emergency care to a bed at Weston General Hospital. Of those that expressed a view, 63% supported this, 20% supported this somewhat and 17% did not support this. In total, 83% of responses that commented supported this approach fully or somewhat.

### Level of support for direct admissions to A&E

Based on 1,782 responses



People had similar views about this approach regardless of where they lived or their age, ethnicity, gender, and whether they had a long-term condition, were disabled or cared for someone with a long-term condition. The demographically representative sample of people interviewed were more likely to support this proposal than others.

In a formal response to the consultation, Weston Area Health Trust, the organisation that runs Weston General Hospital, stated that it supported this proposal.

1,265 responses stated one or more reasons for their views. The most common reasons given for supporting this approach were that:

- it was perceived that people would gain care more quickly, by reducing the need to wait in A&E (23% of all responses that commented about this proposal said this)
- it was stated that this was a logical approach that made sense (7%)
- GPs were thought to know their patients' needs and be able to judge when someone needed to be admitted for emergency care (6%)
- it was perceived that this would reduce pressure on the A&E department and ambulance service (6%)

The most common areas of concern about this approach were:

- concern that there were not enough beds or staff at Weston General Hospital to make this practical and deliverable (14% of responses that commented about this proposal said this)
- perceived difficulty accessing a GP 24 hours a day in order to be directly admitted, particularly outside office hours (13%)
- it was stated that this would be a poor substitute for having an A&E open 24 hours a day, seven days a week (11%)

# Critical care

The CCG set out the following proposal for critical care in the Healthy Weston consultation document:

*“Up to Level 3 critical care (also known as an Intensive Care Unit) is currently available.*

*We are proposing to:*

- Provide up to Level 2 critical care for patients whom doctors have assessed as needing care in a high dependency unit.*
- Have the ability to provide Level 3 care for 12 hours, prior to transfer to other hospitals, with the ability to extend on a case-by-case basis.*
- Transfer patients to other hospitals who are assessed as likely to need more intensive critical care support i.e. the most serious and complex cases.”*

The consultation document provided the following definitions of different levels of critical care:

*“National guidance defines ‘critical care’ in three levels:*

*Level 1: Care on a ward where the patient may also need an intravenous drip or oxygen by face mask.*

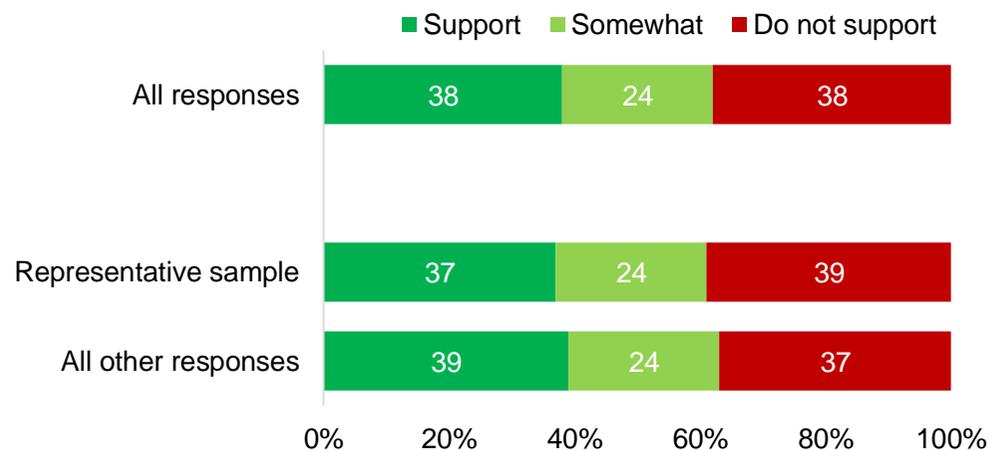
*Level 2: Also known as a High Dependency Unit (HDU) where patients need support for a single organ. Although the equipment is the same as Level 3 care, most patients need less specialist equipment. HDUs are staffed by one nurse for every 2 patients.*

*Level 3: Also known as an Intensive Care Unit (ICU). This provides care for patients requiring support for 2 or more organs or needing a machine to help them breathe. ICUs are staffed by one nurse per patient.”*

1,975 responses stated whether they supported this proposal. Of these, 38% supported the proposal, 24% supported the proposal somewhat and 38% did not support the proposal. Overall 62% of responses that commented supported this proposal fully or somewhat.

## Level of support for critical care proposal

Based on 1,975 responses



People had similar views about this proposal regardless of their gender, ethnicity, whether they had a long-term condition, disability or were a carer. The demographically representative sample of people who gave their opinions in door-to-door interviews had similar opinions about this proposal compared to those who responded to the consultation in other ways.

In a formal response to the consultation, Weston Area Health Trust, the organisation that runs Weston General Hospital, stated that it did not support this proposal in its current form because it could reduce the hospital's ability to provide other services and might have negative impacts on staff recruitment and retention. The Trust asked the CCG to consider this further and did not suggest an alternative for consideration.

*“The Board have especially discussed the options proposed for critical care and are concerned as they currently stand. The Board consider this loss of appropriate intensive care for the cohort of patients the Trust will be treating is detrimental to the service we offer. This will also have a knock in effect for capacity across the system (particularly in escalation) and for the maintenance of skill levels for those employed in Weston leading to recruitment and retention issues. The Board therefore does not support the proposal as it currently stands and would ask the CCG to reconsider this matter.”*

A number of responses from hospital staff and staff groups suggested altering this proposal to have Level 3 critical care available as needed, without transfer to another hospital expected within 12 hours.

1,373 responses stated one or more reasons for their views. The most common reasons stated for supporting this proposal were:

- a perception that people would have access to better facilities and quality of care at larger hospitals with specialist equipment (20% of responses that commented about this proposal said this)
- a perception that this would make effective use of resources across the wider area (6%)

The most common areas of concern about this proposal were:

- travel and access issues for family and friends wanting to visit those receiving critical care, particularly the elderly and those who rely on public transport (18% of responses that commented about this proposal said this)
- the perception that travel to another hospital was too far or difficult for patients (17%)
- potential implications for patient safety and health outcomes if people needed to travel to receive critical care (13%)

## Emergency surgery

The CCG set out the following proposal for emergency surgery in the Healthy Weston consultation document:

*“Emergency surgery is currently available day and night.*

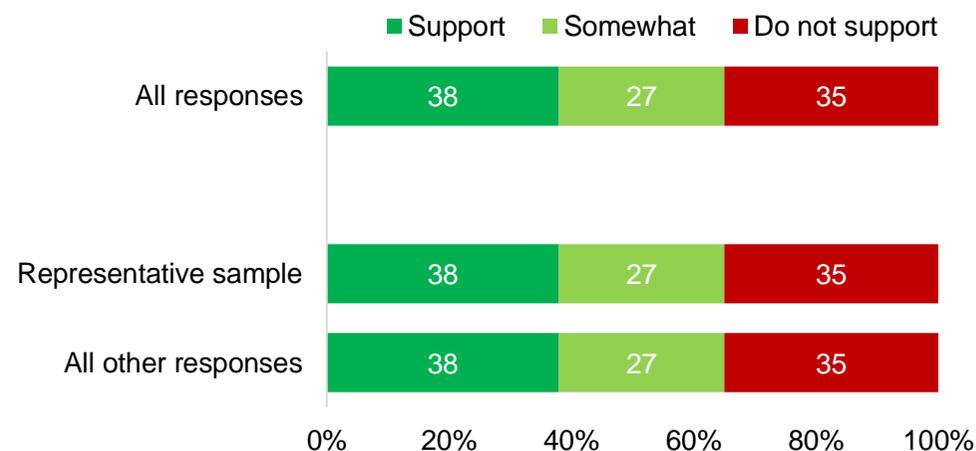
*We are proposing to:*

- *Provide emergency surgery in the day time only for patients whom doctors have assessed as suitable for up to Level 2 critical care on a high dependency unit following surgery.*
- *Stabilise and then transfer by ambulance the most serious or complex surgical patients to be operated on at neighbouring hospitals in Bristol or Taunton, if not already taken directly there.”*

1,930 responses stated whether they supported this proposal. Of these, 38% supported the proposal, 27% supported the proposal somewhat and 35% did not support the proposal. In total, 65% of responses that commented about this fully or partially supported this proposal.

### Level of support for emergency surgery proposal

Based on 1,930 responses



People had similar views about this proposal regardless of their age, ethnicity, gender, whether they had a long-term condition, disability or were a carer or parent of an under five year old. The demographically representative sample of people who gave their opinions in door-to-door interviews had similar views to those who responded to the consultation in other ways. Those who lived in economically deprived areas were less likely to support this proposal.

In a formal response to the consultation, Weston Area Health Trust, the organisation that runs Weston General Hospital, stated that it supported this proposal.

1,276 responses provided one or more reasons for their views. The most common reasons stated for supporting this proposal were that:

- people felt there were better facilities, staff skills and quality of care at larger and more specialised centres (15% of responses that commented about this proposal said this)
- it was perceived that Weston General Hospital did not have the capacity or facilities to provide all care (5%)
- the proposal was perceived to be a logical approach that would work well (5%)

The most common areas of concern about this proposal were that:

- Bristol and Taunton were perceived to be too far or difficult for patients to travel to (19% of responses that commented about this proposal said this)
- it was perceived to be unsafe to move unwell patients or there may be no time to transfer people in an emergency (14%)
- other hospitals were perceived to be too far away or too costly for visitors to travel to (9%)

## Alternatives

Suggested alternatives or supplements to proposals about urgent and emergency care included:

### Suggestions to address staff shortages

- drawing on other hospital staff such as advanced nurse practitioners, junior doctors or doctors working in other parts of the hospital to work in A&E, allowing A&E to remain open overnight (14% of the 439 responses that suggested alternatives or areas for change)
- having rotating staff posts or drawing on staff from other hospitals (2%)

### Suggestions to reduce demand for A&E services

- increasing capacity in and access to primary care to reduce the demand for A&E services (13%)
- having a walk in clinic or minor injuries unit in Weston town centre and out of hours pop up units set up some nights of the week (8%)
- better triage to use resources more appropriately, perhaps via having a GP assessment unit attached to A&E or turning away people from A&E if they are not appropriate to be seen there (4%)

### Other suggestions

- building a large new hospital in North Somerset or expanding Weston General Hospital (11%)
- taking a system-wide focus and considering how services from Bath and elsewhere could be adapted (2%)
- adjusting A&E hours to close between midnight and 6am (1%)
- closing underused specialities instead of A&E (<1%)
- expanding the intensive care unit and transferring cancer surgery or other services out of Weston as a countermeasure (<1%)

14% of responses that suggested alternatives or developments stated that the CCG should consider a proposal developed by some consultants at Weston General Hospital (59 responses).

In brief, the alternative proposal suggested:

- having A&E open 24 hours a day with hospital specialists working more closely with A&E staff to reduce the amount of steps needed for assessment in A&E, directing people towards care delivered in an outpatient treatment setting where needed and encouraging more direct admissions to wards rather than going through A&E
- having emergency surgery available overnight through having senior specialists available overnight
- having a level 3 (intensive care) critical care service, as is the case now

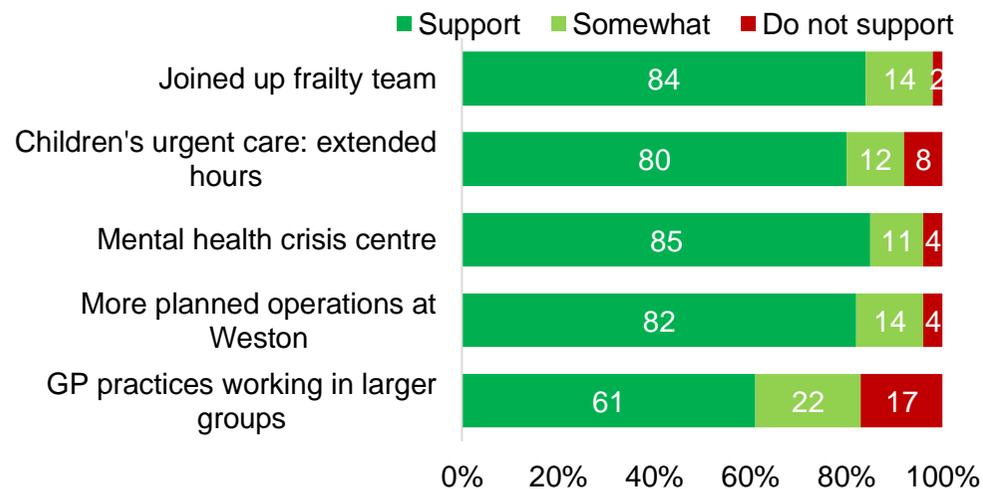
The CCG stated that it took this proposal seriously, met with those who had developed it and jointly assessed it using the same evaluation criteria applied to the other models considered by the Healthy Weston programme. The CCG reported in notes from its May 2019 Governing Body meeting in public that the hospital consultants who developed the proposal met with other senior clinicians to consider the strengths of this alternative proposal. The group concluded that there were a number of positive elements of the alternative proposal, including joint working between the A&E team and other hospital specialist teams. The group, including those who proposed it, decided that other elements of the proposal were not deliverable or did not sufficiently address the reasons that change was needed. The CCG reported that the hospital consultants will continue to work with other senior clinicians and the CCG to consider next steps and develop some of their ideas further.

## Other developments

The CCG also invited comments about other service developments planned or underway as part of the Healthy Weston programme.

- 98% of responses that shared a view supported or somewhat supported having a joined up frailty team.
- 92% supported or somewhat supported extending the opening hours for children's urgent care at Weston General Hospital.
- 96% supported or somewhat supported having a mental health crisis centre in the Weston town centre.
- 96% supported or somewhat supported having more planned operations at Weston General Hospital.
- 83% supported or somewhat supported having GP practices working together in larger groups.

### Support for other elements in the Healthy Weston consultation



1,835 responses stated whether they supported having a joined up frailty team, 1,851 children's urgent care hours, 1,827 a mental health crisis centre in Weston town centre, 1,820 more planned operations at Weston General Hospital and 1,770 general practices working in larger groups.

## Overarching themes

Responses repeatedly raised some issues no matter which proposal they were commenting about.

Issues that responses wanted the CCG to consider when making decisions about next steps were:

- **Population demographics**, including the size, level of growth, age profile, and rural location of the population and the number of holiday makers that visit the area
- **Travel issues** including whether it is safe to travel to another hospital, the inconvenience and stress of travel for patients and their visitors, the expense of travel, the practicality and cost of returning home from another hospital, the environmental impact and the lack of public transport to and from other hospitals
- **Capacity** of infrastructure and other services to cope with the proposals including the capacity of the ambulance service, other hospitals and transport services
- Capacity of **primary care** to support the proposals, including concerns about not having enough GPs available locally and difficulty accessing GPs, which was stated as a reason that people may rely more on urgent and emergency care in hospital
- The **accuracy and feasibility** of evidence and statistics upon which proposals may be based

The CCG has stated that it will consider the feedback provided when making decisions.