

## **Cleeve Parish Council (CPC) met on the 12<sup>th</sup> March 2019 to discuss the Healthy Weston proposals.**

The overall policy of increased and more localised primary and community care as well as an improved mental health service is commended but it appears to be just a long term policy.

The overall impression was that very little information was included so that the level and quantity of health services for each districts resident population could not be compared.

This is a disappointment as the Clinical Commissioning Group now covers most of the West of England Partnership but not BANES. This information would have been helpful as it appears there has been very little ongoing investment in Weston and major improvements in Bristol and Southmead.

Weston Hospital (WH) has had some cosmetic improvements but not major building works, this means they use mainly multi bedded bays with few single rooms unlike Bristol and Southmead. Presumably this is a contributing factor to the difficulty in attracting staff and patients .

The uptake of care in Weston is quoted as not as high as was estimated it should be, does this mean North Somerset residents are receiving a lower rate of care than the other districts ? Some comparative rates adjusted by age would be useful especially in view of the proposed considerable increase in population and likelihood of need for additional emergency care.

From Cleeve and possibly the northern part of NS, many residents may find it convenient to go to BRI or Southmead for outpatients as there is a direct bus route unlike that to WH but without any information it is impossible to understand what size population Weston is expected to serve.

Cleeve PC wants to know, if Weston will take only patients not potentially needing intensive care? Also will any uncomplicated Bristol patients use WDGH facilities? If the latter were the case it would help to free up Bristol or Southmead facilities for additional North Somerset (NS) patients needing intensive care. It would make Weston more cost effective thereby decreasing its deficit. NS has a higher percentage population over 65 years old than Bristol and equal to South Gloucestershire. Is it presumed this older age group due to concomitant problems will need a higher rate of intensive care?

### **Intensive care beds**

Bristol, Southmead and Bath Hospitals have similar numbers of inpatient beds to per head of population as Weston but all the rest have viable intensive care facilities and as do Taunton and Yeovil.

There is no indication of how many beds will be required for the NS population in Bristol or Southmead or whether they will be ring fenced for either emergency or planned care. The concept of transferring post intensive care patients back to Weston on the surface appears not to be good practice and should be done only with the patients consent. Is there information about how these patients fare compared to those who receive all their care before discharge in one place?

### **A&E**

The solution for the closure of Weston Super Mare (WSM) A&E was not planned but forced due to lack of staff. Yeovil hospital is a similar size and can facilitate a 24-hour A&E service. What is Yeovil doing differently?

Presumably the WSM is not a pilot for closure of overnight A&E at other neighbouring hospitals so has the proposed solution been piloted elsewhere and with what result?

If it is a pilot, no mention of WSM receiving additional resources to measure how well it works are included so why not?

### **Enhanced community-based services and mental health services**

While accepting that both services need improvement, is it intended that beds at Weston DGH will be closed to finance enhanced services?

If so, has a long-term plan been made that will be consulted on?

### **Ambulance Service**

If an emergency patient must be seen and taken by ambulance but not admitted to BRI, Southmead or Taunton rather than Weston, when they are discharged, they will find it hard to get home and taxis will be prohibitively expensive.

If they were more local such as at Weston, a friend /relative would be more likely to collect them.

Also have situations where North Somerset may be left without an ambulance been considered, for example if all local ambulances have had to go to Bristol ,Southmead or Taunton.