

HEALTHY WESTON

Why our local health services need to change



Who we are

This document has been prepared by the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group. We are the NHS organisation responsible for buying, organising and making sure there are good health services in Weston-super-Mare, Worle, Winscombe and the surrounding area.

We work closely with our colleagues in Somerset Clinical Commissioning Group who are responsible for health services for areas that include north Sedgemoor. This is important because while around 80% of patients who use Weston General Hospital are from North Somerset, around 20% come from the north Sedgemoor area. On [page 3](#) you will see the range of other organisations we work with to deliver services to local people.

Healthy Weston is the name of the work we are doing together with a range of health and care organisations to change and improve local services. It is part of Healthier Together – our Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership.

A changing population and changing needs

About this booklet

This booklet explains why we need to change how we organise and provide health care across primary and community services as well as at Weston General Hospital. It sets out four key challenges that we need to address as a priority – a changing population and changing needs; variation in the quality of and access to primary (GP) and community services; staffing vacancies and low patient numbers for some services at Weston Hospital; and the need to get the best value from every pound we spend.

This booklet uses facts and figures from a range of data sources, including NHS services and the Office of National Statistics. Further information about the data is available in *Data to support the Case for Change for services provided at Weston General Hospital* available at: <https://bnssghealthiertogether.org.uk/healthyweston/>

Our local health and care services

There is a wide range of health and care services for the 212,000 people who live in the North Somerset area covered by the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group. These services include:

GP and primary care services provided by:



- 16 GP practices within the Weston General Hospital catchment area, covering North Somerset and north Sedgemoor
- Brisdoc who provide GP out of hours services

Community and mental health care services provided by:



- North Somerset Community Partnership
- Somerset Partnership NHS Foundation Trust
- Avon and Wiltshire Mental Health Partnership NHS Trust

Hospital based services provided by:



- Weston Area Health NHS Trust
- University Hospitals Bristol NHS Foundation Trust
- North Bristol NHS Trust
- Taunton and Somerset NHS Foundation Trust

Services provided by:



- South Western Ambulance Service NHS Foundation Trust

Social care services provided by:



- North Somerset Council and Somerset Council

Independent nursing and residential care homes



Care provided by:



- A wide range of voluntary, community and social enterprise sector organisations

Weston General Hospital provides services to approximately 150,000 people including some patients from north Sedgemoor.

Foreword

Every day across the NHS in Weston-super-Mare and the surrounding area our dedicated staff work hard to care for local people. Much of the health care we provide is good, but we face significant challenges.

Our population is increasing and getting older. As we age we are more likely to develop one or more long-term physical health condition. We also have more people living with drug and alcohol dependency and mental health issues than the average for other areas in England. There are marked differences in life expectancy between the most and least deprived areas of North Somerset.

There is variation amongst the care given by our GP practices and community services. Some people have their conditions monitored and managed better than others; some find it difficult to access the services they need, such as getting a GP appointment when they need one, and some experience disjointed care across different services.

The future of Weston General Hospital is an important local issue. For several years we have been discussing with staff and local people how to make sure the hospital can continue to play a vital and sustainable role in delivering health care to our local communities. The current uncertainty is adding to our staffing

challenges and is a cause of worry for local people. The temporary overnight closure of Weston General Hospital's A&E department is just one example of the challenges Weston General faces and why we need to make changes. The temporary closure is in place because despite considerable effort the hospital is not able to recruit enough permanent staff to fill a rota to run a safe service 24 hours a day, seven days a week.

As a smaller hospital it doesn't provide the same range of specialist services as some of our bigger neighbouring hospitals, and it faces challenges in some areas. There is great opportunity to reform the scope of services it does provide. We welcome the recent Nuffield Trust report *Rethinking acute medical care in smaller hospitals* (October 2018), as a stimulus for local innovation in response to the challenges faced by smaller hospitals. Like this case for change, that report recognises the urgent need to create sustainable models for smaller hospitals and to develop solutions that allow them to thrive whilst meeting the needs of their local communities.

We have a clear and compelling vision for the future of health and care services

This booklet sets out our case for change for the health and care system in our area but recognises that Weston General Hospital faces particular, and urgent pressures to change, especially in light of the temporary overnight closure of its A&E service.

We must act now to make sure Weston General Hospital remains a strong, focused hospital at the centre of our community for years to come. We want Weston General Hospital to be held up nationally as a best practice example of a smaller hospital delivering good quality, sustainable services meeting changing needs. Achieving this ambition is currently the focus of a significant programme of work.

The challenges we face are not unique - other areas in our region and around the country must also adapt and in some cases make difficult decisions to secure a positive future.

As the commissioners responsible for buying and organising health care for the people of Bristol, North Somerset and South Gloucestershire, and the doctors, nurses and other health professionals who work in hospitals, GP surgeries and all other parts of the health system, we have

a responsibility to ensure we respond to the challenges we face. Doing nothing is not an option.

Building on the evidence in this case for change, what local people have told us (see [page 22](#)), and the ambition we have set out in *Joining up services for better care in the Weston area*, we are now developing detailed proposals for how we believe services should change. We need to make sure all of us who live and work in and visit this area can access safe, effective, good quality care that meets our individual needs, in the right place at the right time. This applies as much to GP, primary care and community services as it does to identifying a clear, strong and focused role for Weston General Hospital in the future.

We are testing our thinking on how we can change and improve services with a wide range of people and will be asking local people for their views on our proposals in our public consultation in 2019. We hope you will get involved.



Dr Jonathan Hayes
Clinical Chair



Julia Ross
Chief Executive

NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

The challenges we face

We face four key challenges:



1 Our changing health needs

Our population is growing, getting older, living with more long-term conditions and there are significant inequalities in health.



2 Variations in care and access in primary and community care

There are differences in the quality and way care is currently provided; some patients also find accessing care more difficult than others.



3 Meeting national clinical quality standards

Some services at Weston General Hospital don't have sufficient volumes of certain cases and there is a shortage of doctors, nurses and other staff.



4 Getting value for money

We must live within our financial means and make sure we use our available resources most effectively to meet the needs of all local people.

Challenge 1 Our changing health needs

Our population is growing, getting older, living with more long-term conditions and there are significant inequalities in health. There is an increasing, but changing, demand on health and care services. We need our services to grow and adapt to meet local people's needs now and in the future.

Key facts

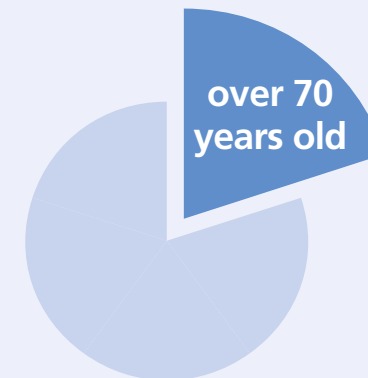
Population growth

Overall the population in the catchment area for Weston General Hospital is set to increase only by around **1% each year**, from 152,000 people to 161,000 by 2025.

161,000 people

25,000 homes

New housing developments are expected to create an additional **25,000 homes** by **2036**, with most of these planned to be in the Weston and Worle areas.



However, a fifth of the growth is predicted to be in people **over 70 years old**.

Older people are moving into North Somerset from other areas, including into sheltered flats and care homes.



0.2% fall in births

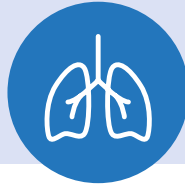
The local birth rate is expected to reduce by **0.2% each year** until **2025**.

Increasing demand for health care

64% of people have long term conditions

Nearly **two-thirds (64%)** of people registered with a GP in Weston Town practices report having a long-term health condition.

6,000 diabetes



6,000 more will have diabetes and a similar number will be living with a serious lung condition known as COPD.

10,000 mental health problems



Around **10,000** patients each year in North Somerset receive mental health support, and we expect to see significant increases over the coming years.

10,000 high blood pressure

By 2030 we can expect over **10,000** more local people will be living with high blood pressure.



Health inequalities

Overall people living in North Somerset have a long life expectancy and good health, however when we look more closely there are big differences between the health of people living in the most well-off areas and the health of those in the poorest.



Our most deprived areas are associated with high rates of **obesity** and harm from **drugs and alcohol**.

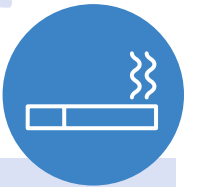
10 year difference in life expectancy



A baby boy born today in the most deprived area in North Somerset would be expected to die in older age **10 years** sooner than a baby boy born in the most well-off area. He would also be expected to live with **22 years** of poor health before he died, compared to **14 years** in the most well-off area.

A baby girl born in the most deprived area would be expected to die in older age around **10 years** sooner and have **26 years** of poorer health before she died, than a girl born in the most well-off area.

42% smoking rate



We also have some areas with high rates of smoking (as much as **42%** in one of the most deprived areas versus a national average of **15%**).

Addressing the challenge

We need to refocus our services so they meet the changing needs of our local population – that is more older people, more people living with long-term conditions, and more young families. These groups typically need more community-based services that can help them stay well, prevent ill-health and meet day-to-day health and care needs. We also need to make sure people can access urgent and emergency care and high-quality specialist services when they are needed.

Challenge 2

Variations in care and access in primary and community care

In our area there is variation in the size of our GP practices and the numbers of patients per GP. This can impact on patient care. Smaller practices may not be able to offer a wider range of services, such as specialist clinics for conditions like high blood pressure or diabetes, and they can find it harder to cope if staff are away or unwell.

Our community services are often not joined up with each other, and health professionals are not able to share information easily, meaning people must repeat their details and stories multiple times. This lack of join-up leads to both duplication and gaps in care.

People with complex needs or long-term conditions can end up in A&E, and being admitted to hospital, because they weren't able to see a GP, or other health or care professional, at the right time. Sometimes older and frail people are being admitted to hospital for non-medical reasons – such as if their usual carer is unable to look after them. Unplanned emergency admissions are not always good for patients. For example, frail older patients experience 5% muscle wastage for every day spent in a hospital bed, meaning they can find it hard to get back to their previous level of independence.

Services are not as joined up as they could be

What are community services?

When we talk about community-based services, in addition to GP services, district and community nursing, health visitors, physiotherapy and occupational therapy, we are also referring to services such as NHS 111, some midwife care, community-based mental health services, social care, care and nursing homes, and services provided by the community, faith and voluntary sector.



Key facts

Variations in access to care

There is a large variation in the **number of A&E visits** made by patients from different GP practices. Some of this is because patients choose to go to A&E rather than their GP.



Large variation in A&E visits

Some is because some GP practices are more successful than others at **monitoring and managing** their most unwell patients in the community, helping avoid A&E visits from a sudden downturn in their condition.



Successful monitoring avoids A&E visits

People who have a **mental health condition** in our area are three times more likely to go to A&E and four times more likely to have an **emergency admission** to hospital than people without a mental health condition.



4 x more likely

Variation in use of hospital services



There is significant variation across North Somerset in relation to **unplanned admissions** to hospital.



81%
of beds occupied by
over 65 year olds

In any one day **81%** of people in hospital beds at Weston General Hospital are over **65 years old**, significantly above the national average.



If we organised the way we work differently we could keep more older people out of hospital and keep them well and independent for longer by providing more **proactive care and support** before they get acutely unwell.

Workforce issues

We have a large proportion of our GPs coming up to retirement age, with **35% aged over 55**, and not enough new GPs training to replace them.



35% GPs
over 55 years old

The gap between the number of community nurses, therapists and care assistants we have and the **number we need is growing**.



Addressing the challenge

We know that where people have access to the best quality GP, primary care and community-based services they will have better health than in areas where services aren't so good. We need to make sure that everyone has good access to these local services so that no-one's health is disadvantaged because of where they live.

Some of our practices are already working more closely with each other so all patients can have access to the same range of services, whatever the size of their practice. One example of this is Pier Health Group, a new arrangement with GPs working together to deliver services in one of the most deprived areas of Weston. Other GP practices are starting to work together too, so they can increasingly offer more appointments to patients, and a wider range of services, such as physiotherapy or counselling services.

With better joined-up community-based services in place to proactively treat and

care for frail older people before they need an emergency hospital admission there could be 25 per cent fewer A&E attendances, and half the number of hospital admissions for these patients. We are determined that in future no person will be in a hospital bed just because they are frail. There are better ways we can look after this vulnerable group of people.

By reorganising our services, we will also be able to better meet the needs of children, young people and pregnant women. We will be able to offer more joined-up care to other vulnerable groups such as those with mental health and drug and alcohol dependency.

We are already making important changes so that GP, community and mental health care, hospital services, social care and voluntary organisations are starting to work in a more joined-up way. We are developing mixed teams of specialists that will work more closely together.

Challenge 3

Meeting national clinical quality standards and addressing staffing shortages in our hospital

Weston General Hospital is one of the smallest hospitals in the country in terms of the population it serves. Compared with Southmead Hospital, University Hospitals Bristol and Musgrove Park Hospital it has the lowest, and falling, share of patients across a range of services including outpatient appointments, emergency inpatients and total inpatient admissions.

Small patient numbers have the potential to impact on quality of care, they can also make it difficult to attract and retain staff. Many doctors and nurses typically want to work, and especially train, in bigger hospitals that have centres of excellence for specialist services.

A Care Quality Commission inspection of Weston General Hospital in June 2017 showed that there are many areas of good care and practice, and that staff work hard and provide compassionate care to their patients. However, concerns about urgent and emergency services, and responsiveness, and requirements to improve some aspects of safety, effectiveness and leadership, meant that overall the trust was rated as requiring improvement. The inspection reflected many of the challenges we know the hospital is facing.



Key facts

Number of patients

Not all the patients who currently go to A&E need to be treated there, around **35%** could be better assessed and treated by a different service (for example a pharmacist, NHS 111 or GP). This is a pattern reflected in other hospitals nearby and across the country too.

35%
of A&E patients could be better seen at another service



Weston has lower than the national average numbers of planned admissions and outpatient appointments in other clinical areas, including cancer services and orthopaedics.

Key facts

Workforce issues



Consultant vacancy rate **23%**

Nurse vacancy rate **24%**

In March 2018 there was a **23%** consultant vacancy rate, with particular challenges staffing the Emergency Department and General Medicine, which means there is a reliance on locum staff. There is also a nursing vacancy rate of around **24%**.

£9.9 million (8.6%) of the overall budget in 2017/18 was spent on agency staff, a greater proportion than at any other hospital in the country. This also affects the continuity of care patients receive.

£9.9m
spent on
agency staff

800

nursing shifts
covered by
agency staff



In January **2018** alone, over **800** nursing shifts were covered by agency nursing staff, with **60%** of these due to job vacancies (as opposed to staff holidays or illness).

Junior doctors don't always get the level of supervision they need, and they report lower levels of **job satisfaction** than at most other hospitals.

Emergency care at other hospitals

For a number of years people from Weston-super-Mare, Worle and the surrounding area with the most serious emergency conditions have been taken straight to hospitals in Bristol and Taunton by the ambulance service, and this will continue.



The A&E at Weston General Hospital has been temporarily shut from 10pm to 8am since July 2017, after a Care Quality Commission inspection report. As a result, an average of an additional eight patients a night are now being treated elsewhere. The A&E department is open as normal between 8am and 10pm, which is when the majority of patients seen there (**80%**) have always used it.

Addressing the challenge

The urgent and emergency care services provided at Weston General Hospital need to be reformed as soon as possible so there is certainty for staff, and so patients know how, when and where to access urgent care.

We want Weston General Hospital to become a place where you can receive great care in the areas that our population really need, for example, services for frail and older people (see [page 13](#)), mental health, some children's services and outpatient cancer treatment. We also want local people to continue to access high quality specialist services – the sort that most people don't need very often – in neighbouring hospitals when they need to.



There is also room to increase planned surgery, such as hip and knee replacement operations or cataract surgery at Weston General Hospital. We know that dedicated surgical units reduce waiting times and cancellations because they don't take unplanned emergency admissions, making it easier to know how many beds, staff, theatres and other resources will be available to deliver care.

We have a great opportunity to use Weston General Hospital more effectively and efficiently. We are committed to securing a vibrant and dynamic future for it at the heart of the local health and care system, but we need to make changes to better meet the most common needs of our local population.

Challenge 4 Getting value for money

Whilst the government has allocated additional money for the NHS and this will include more funds for North Somerset services, it is still not enough to close the gap between our costs and our available funding. As commissioners of NHS services - the people who plan and buy care for our local population - we are always conscious that we are spending taxpayer's money. We have a duty to do that responsibly and make sure every pound is spent for the greatest benefit. We must do more with what we have and make sure we can offer everyone the care they need.

The Bristol, North Somerset and South Gloucestershire health system spent £86 million more than it had in available funding in 2017/18. This means we don't have enough to spend on those services that we want to improve, such as primary and community care.

Whilst this situation is not unique to Weston and the surrounding area, the gap between our costs and our funding is significantly higher and more difficult to close because of the smaller scale of Weston General Hospital.

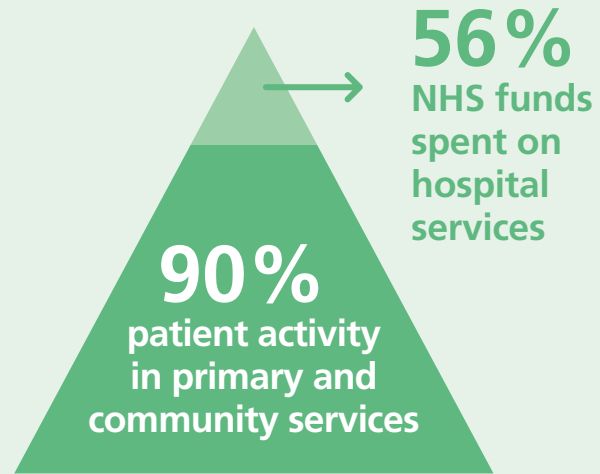
“
We have a duty to spend every pound for the greatest public benefit
”

Commissioners are currently paying Weston General Hospital more than the 'going rate' for some hospital services to keep them going. This works as a short-term measure but isn't a long-term solution as it means we can't use this money to invest in other services that better meet the health and care needs of local people across the whole of our population.



Key facts

56% of all NHS funds available for the local population are spent on acute hospital services, but 90% of patient activity takes place in primary and community services.



Even if Weston General Hospital performed in line with the most efficient hospitals in the country in every department and maximised the number of patients it saw in every service, there would still be a **£14 million** shortfall between available funding and costs.



Weston General Hospital would overspend by **£22 million by 2024** if nothing different is done.



This is because services are not being delivered as efficiently as they could be, there is too much money spent on **agency staff** and the **number of patient cases** is falling so the hospital's income also reduces.



Addressing the challenge

We have made progress to reduce the shortfall, but we still need to do more. We need to use our staff, buildings and equipment in the most efficient ways possible and we need to provide the right care for people in the right place. This includes providing day-to-day services locally and working with our neighbouring hospitals to provide more specialist services when they are needed.

We want to invest more money in the areas that people have told us are important to them – such as better access to GP, primary care and community-based services, mental health and prevention of

ill-health. We need to find ways to make all services accessible to people who need them, but make sure we provide them in the most effective and efficient way across the whole population.

We are committed to a strong and vibrant future for Weston General Hospital. This means we need to refocus services to make sure they meet the changing needs of our population and that we use the staff, estate, buildings and equipment to their maximum capacity, making it much more efficient to run.

What you've told us about the changes you think are needed

As we have been thinking about how we could change local services to meet local needs over recent years we have listened to what our staff, local communities and patient groups would like to see happen.

Here are things you've told us that are most important to you:



Day-to-day health care services should be available as close to home as possible and the different parts of the NHS and social care need to be more joined up, working more closely with the voluntary, community and social enterprise sector.



There needs to be better access to GPs, primary and community services.



Local people want to know there is a positive future for Weston General Hospital and that other bigger hospitals nearby are supporting Weston Area Health NHS Trust to deliver sustainable services.



We need to make sure there is access to urgent and emergency services 24 hours a day, seven days a week, and make sure there are enough resources for South Western Ambulance Service.



Too many people are being treated in hospital for conditions that could be managed at, or closer to, home. If a person is admitted, they should be better supported to come home as soon as possible.



To help us attract and retain the best staff we need to find ways to make jobs interesting and exciting and offer staff the chance to work in new and different ways.



Travel times are an important consideration, particularly for people who live in deprived and/or rural areas or who need to use public transport.



We need to reduce variation in the care people receive by making sure best practice is in place across the whole area.



Health care professionals and organisations should be better at sharing information using IT systems and shared medical records, with permission and respecting patient confidentiality.



Patients want all their needs to be considered together, rather than being seen as a set of individual conditions. They don't want to have to repeat the same information to multiple professionals or have their needs reassessed multiple times.



People want help to understand and navigate the health and care 'system' and be kept informed about what is happening with their or their loved ones' care.



Before any significant decisions or changes are made, local people must be fully involved.



It is clear we have a shared view of what needs to improve and what the future could look like. We are taking into account local peoples' views as we plan for the future. We hope many people stay involved and respond to our public consultation in 2019 so we can hear what you think about our proposals to address the challenges we are facing.

Local people's views

Further information about what our staff, local communities and patient groups have told us is available in these two reports:

1. *Weston General Hospital at the heart of the community: public and staff engagement.* A report from Healthwatch North Somerset (June 2017) on the results of public and staff feedback gathered from February to April 2017. <https://bnsgccg.nhs.uk/library/healthwatch-engagement-report-weston-general-hospital/>

2. *Healthy Weston public dialogue and co-design themes: independent summary.* A report from The Evidence Centre on the views received from thousands of people via an online survey, public meetings and workshops, emails, letters and social media posts from October 2017 to March 2018. <https://bnsghealthiertogether.org.uk/documents/healthy-weston-public-dialogue-and-co-design-themes-independent-summary/>

Progress we're already making

We have been discussing these challenges amongst local NHS and social care organisations and with our staff and local communities for some time.

In conversation with local people about our vision, three areas of work were identified:



Changes that can be put in place immediately. For example: better support to care homes and improved assessments of frail and older people.



Changes that can be made imminently but need some work. For example: developing a mental health crisis and recovery centre in Weston and better integrating children's services.



Changes to ensure a strong, focused Weston General Hospital for the long-term. This requires new thinking on how services could be delivered in the future.



Improvements we have begun to make to local health and care services



GP practices are already working more closely together in some of our most deprived areas.

We have secured additional national funding for child and adolescent mental health services.



We have secured funding for a scheme to support home visits to patients by paramedics linked to GP surgeries, freeing up more GP time for other patients.



There are different specialist health and care professionals working closely together to provide an improved frailty service at Weston General Hospital and in the community. This will be developed further as part of the Healthy Weston Programme.



We have also been thinking differently about the way we deliver some of the services in Weston General Hospital, to make sure it continues to have a strong and dynamic role providing health services in our local community, as described earlier in this document.



Next steps

Over the summer of 2018 doctors and health professionals have been looking at evidence and examples of best practice and thinking about what we can learn from them to improve care for our local population. We are still looking at a range of different potential options and no decisions have yet been made about the future shape of services.

During the rest of 2018 we will be continuing our conversations with health and care partners and local people, testing our thinking and gathering feedback and views. We then expect to develop a shortlist of potential options for change that we will formally consult on with the public early in 2019, before making a decision later that year.

We want to continue to hear your views about health and care services in Weston and the surrounding area. There will be many more opportunities over the coming months to tell us what you think about this case for change, and our emerging plans to improve services.

To make sure you get all the latest news and dates for your diary please sign-up to receive our updates.

www.bnssghealthiertogether.org.uk/healthyweston

The challenges and opportunities, and our ambition for local services, are set out in *Joining up services for better care in the Weston area*. <https://bnssghealthiertogether.org.uk/documents/healthy-weston-joining-up-services-for-better-care-in-the-weston-area/>



You can email, write to us or telephone. You can also keep in touch on social media. Our details are on the [back cover](#).



If you would like this booklet in an alternative format or language please contact us.

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