THE Evidence Centre

Healthy Weston

Independent summary of consultation themes

July 2019

Key messages

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.

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

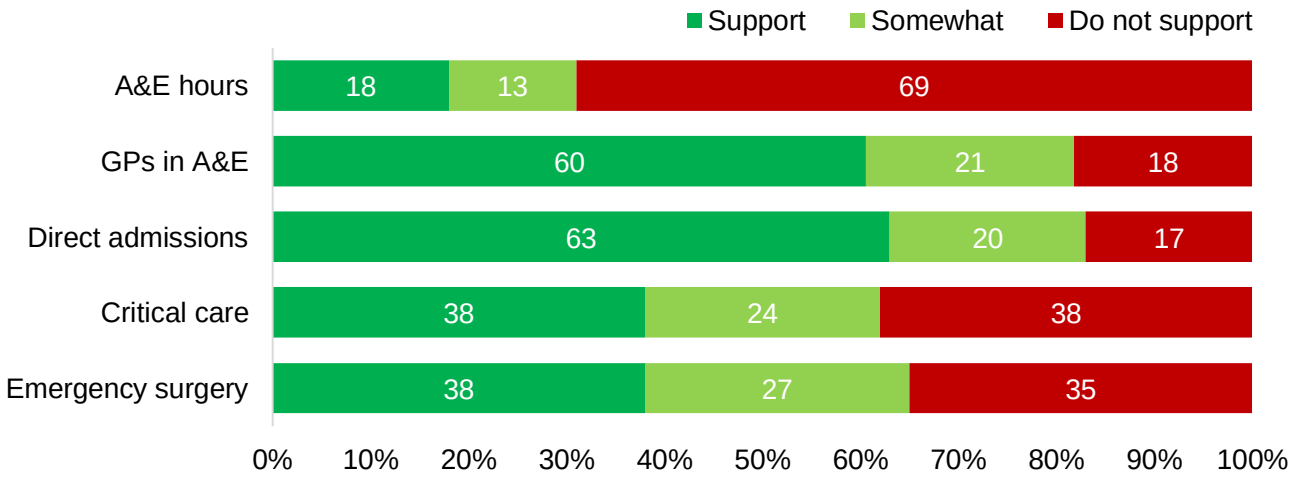
A&E and urgent care

For Accident and Emergency department (A&E) care, the CCG proposed to:

- have the A&E at Weston General Hospital open from 8am to 10pm, seven days a week
- add general practitioners (GPs) to the A&E department team
- improve the process for GPs (and potentially paramedics) to be able to directly admit people into a hospital bed 24-hours a day when urgent and emergency care is required

Figure 1 summarises the extent to which the responses supported these proposals and others.

Figure 1: Extent of support for proposals in Healthy Weston consultation



Note: 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.

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. On average, people with a disability, people who cared for someone with a long-term condition and those from economically deprived areas were less likely than others to support this proposal.

As part of the consultation, door-to-door interviews were completed with a demographically representative sample of local people. On average, the representative sample was slightly less likely to support this proposal compared to those who responded to the consultation in other ways (16% of the demographically representative sample versus 20% of all 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.

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

- it was perceived to be in line with the level and number of 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%)

Whether or not they supported the proposal, responses indicated areas of concern or things that they sought reassurance about. A strong theme running through consultation feedback was a fear that services at Weston General Hospital may be ‘downgraded’ and that this may cost lives or influence people’s health outcomes and recovery time. Responses stated that vulnerable or priority groups such as older people, those with young children, those from economically deprived areas and those without private transport could be most affected.

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

- the proposal may not account for the large and increasing need for A&E at Weston General Hospital. There was perceived to be a need to have an A&E open 24 hours a day in Weston because the population is growing, increases further during holiday season and contains a large proportion 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%)
- patient safety may be at risk if there was no A&E in Weston 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%)

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.

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. Across all responses, the most common reasons given for supporting this approach were that:

- it was perceived that people would 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)
- it was perceived that this would 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 ensure people received the right level of care for their needs (6%)

Whether or not they supported the proposal, responses indicated areas of concern or things that they sought reassurance about. The main theme was consideration about whether the approach was feasible to implement in practice and whether it would have negative impacts on access to primary care at GP surgeries.

The most common areas of concern expressed 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 it was perceived that 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 still 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.

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 who gave their opinions in door-to-door interviews were more likely to support this proposal compared to those who responded to the consultation in other ways (72% of the representative sample supported this compared to 54% of all 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. Across all responses, 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%)

Whether or not they supported the proposal, responses indicated areas of concern or things that they sought reassurance about. The main theme was consideration about whether the approach was feasible to implement in practice.

The most common areas of concern expressed 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 proposed to:

- provide up to Level 2 critical care at Weston General Hospital for people whom doctors have assessed as needing care in a high dependency unit
- have the ability to provide Level 3 care for 12 hours at Weston General Hospital, prior to transferring people to other hospitals, with the ability to extend on a case-by-case basis
- transfer people assessed as likely to need more intensive critical care support to other hospitals

.

The main text of the report provides definitions of these levels of critical care.

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.

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. Younger people and those with a child under five years were more likely to support this proposal than others. On average, people living in Weston and those from economically deprived areas were less likely than others to support this proposal.

In its 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 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. 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 necessarily expected within 12-hours.

1,373 responses stated one or more reasons for their views. Across all responses, 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%)

Whether or not they supported the proposal, responses indicated areas of concern or things that they sought reassurance about. The main theme was concern about the potential negative impacts of travel to other hospitals for patients and their visitors.

The most common areas of concern expressed 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 patent safety and health outcomes if people need to travel to receive critical care (13%)

Emergency surgery

The CCG proposed to:

- provide emergency surgery at Weston General Hospital 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.

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 in the representative sample 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 stated one or more reasons for their views. Across all responses, 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%)
- it was perceived to be a logical approach that would work well (5%)

Whether or not they supported the proposal, responses indicated areas of concern or things that they sought reassurance about. The main theme was concern about the potential negative impacts of travel to other hospitals for patients and their visitors.

The most common areas of concern expressed 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

439 responses suggested alternatives or additions to the proposals put forward by the CCG or other areas for development. These included:

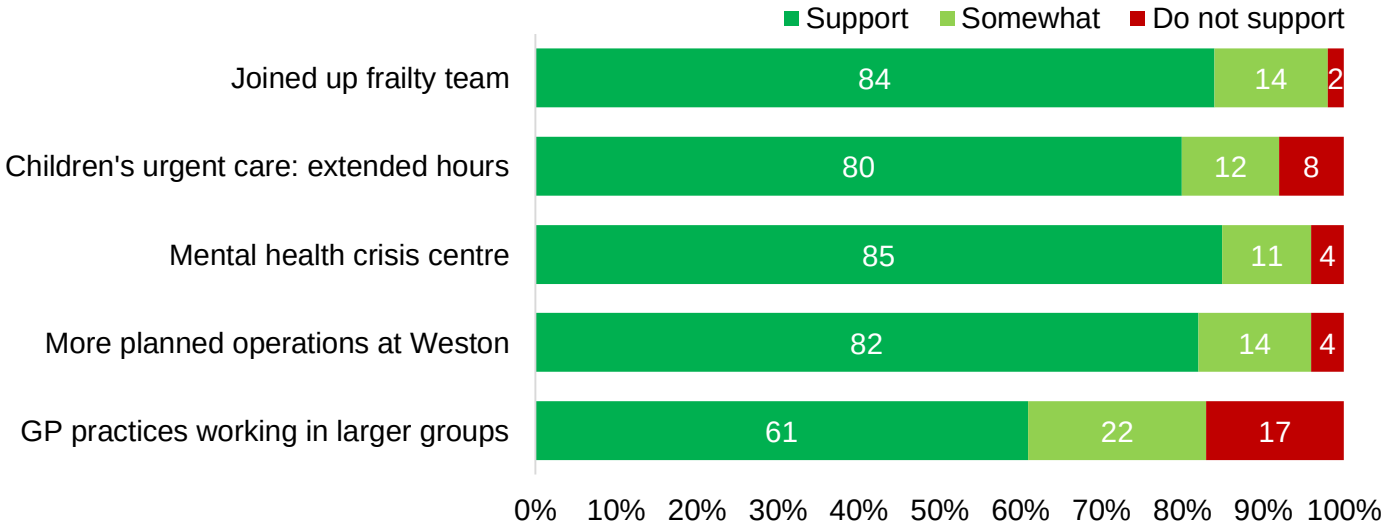
- recruiting and training more hospital staff and ensuring they felt valued so they are retained in their posts to allow Weston General Hospital to offer full urgent and emergency care and critical care (16% of responses that commented on alternatives)
- drawing on other hospital staff to enable the A&E to remain open overnight. This proposal was put forward by some consultants at Weston General Hospital and supported by other responses (14%)
- increasing capacity in primary care so people can receive care in a GP practice rather than going to A&E (13%)
- building a large new hospital in Weston or expanding the current hospital (11%)
- increasing coordination across sectors, so there is more joint working with social care, primary care, mental health and voluntary and community groups (11%)

Other developments

The CCG also invited people and organisations to comment on other service developments planned or underway as part of the Healthy Weston programme.

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

Figure 2: Extent of support for other elements included in the Healthy Weston consultation



Note: 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. People and organisations commonly suggested that the CCG should consider the following issues when making decisions about next steps:

- **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, the inconvenience and stress of travel for family and visitors, the expense of travel, the practicality and cost of returning home from another hospital particularly when discharged at night, the environmental impact of increased longer ambulance and car journeys 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 hospital urgent and emergency care

- The **accuracy and feasibility** of evidence and statistics upon which modelling and proposals may be based, including concerns about the accuracy of travel time estimates, population numbers, catchment numbers for Weston General Hospital and the availability of hospital and primary care personnel to support the proposed changes

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

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Summary 65

The Evidence Centre, an independent organisation that helps groups to use information for improvement, prepared this report. The report summarises themes in the feedback provided by people and organisations during the 'Healthy Weston' consultation period. The themes are people's opinions, rather than 'facts'. The Evidence Centre does not agree or disagree with the opinions expressed in the responses. NHS Bristol North Somerset and South Gloucestershire Clinical Commissioning Group provided the photographs in this document of consultation events and related activities.

Consultation responses

Healthy Weston consultation

The ‘Healthy Weston’ consultation invited people and organisations to provide feedback about three changes proposed for Weston General Hospital, plus other supporting changes. The Healthy Weston programme developed the proposals as part of Healthier Together, a partnership of health and care organisations across Bristol, North Somerset and South Gloucestershire. NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG), which is the organisation responsible for funding most healthcare in the area, facilitated the consultation.

This report summarises common themes in the feedback received by the CCG during the consultation period, which ran between 13 February and 14 June 2019. An independent team prepared the report using responses collected and supplied by the CCG.

This section describes how people and organisations could provide feedback, the number of responses received and how themes were compiled. The next sections explore whether the responses received expressed support or concern for the proposals and the reasons provided for this. Suggestions for alternatives and priority issues that responses asked the CCG to consider are set out.

Responses received

During the consultation period, the CCG sought feedback about its proposals. The CCG invited the public and organisations to share their views in a variety of ways, including:

- completing a consultation feedback form online or via post
- providing feedback by post, email, social media or telephone
- taking part in a public or stakeholder meeting or sharing views at an information stand
- taking part in a community or staff meeting
- taking part in a door-to-door survey
- providing feedback as part of the Healthier Together Citizen's Panel
- taking part in focus groups or interviews

The CCG stated that it placed information about the consultation on its website and advertised in newspapers, magazines and social media. It distributed materials to libraries, GP practices, train stations, Weston food bank, district, parish and town councils, NHS services, supermarket notice boards, shop windows, pharmacies, schools, cafes, leisure centres, children's centres, dental practices, bus shelters, car parks and at the Weston seafront. The CCG also contacted parents via school emails and newsletters; contacted employees in businesses and local authority organisations; hosted workshops at Weston College and held a drop in session at a Citizen's Advice Bureau and Weston General Hospital.

The CCG hosted 10 public/stakeholder meetings in Bournville (one meeting), Burnham-on-sea (one meeting), Cheddar (one meeting), Clevedon (one meeting), Nailsea (one meeting), Portishead (one meeting), Weston-super-Mare (3 meetings) and Worle (one meeting). It also provided 'pop up' information stands at public venues in Burnham-on-sea (1 session), Weston-super-Mare (4 sessions), Winscombe (1 session) and Yatton (1 session). The CCG took part in more than 30 meetings with community groups and NHS staff during the consultation period.

The CCG received and logged 2,366 responses to its proposals during the consultation period, representing at least 3,117 people and organisations. Twenty responses were from organisations and the number of people within those organisations is not included in this figure. Table 1 shows the different types of responses received. Most responses were from the public or mixed groups of stakeholders (89%), with about one in ten responses from health and care professionals, including meetings specifically with health professionals (11%).

Table 1: Types of responses received during the Healthy Weston consultation

Type of response	Number of responses (%)	People represented
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
Total	**2,366**	**3,117**

Responses direct to the CCG

In total, 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 market research organisations to collect on its behalf.

The CCG received 1,036 responses via a consultation feedback form released with the consultation document and made available through the CCG website and in paper format. It was free to post back the feedback form. 731 of these feedback forms were submitted online and 123 in paper form. A further 182 forms were submitted by the Healthier Together Citizen's Panel. This Citizen's Panel is a group of about 990 people set up to complete (online) surveys relevant to health and care in Bristol, North Somerset and South Gloucestershire. Panel members from North Somerset were invited to provide feedback about five questions extracted from the consultation feedback form.

The CCG logged 142 notes from meetings. Where meetings included discussions at multiple separate tables, the CCG counted each set of table notes as a separate response. This means that multiple responses were logged from some meetings. The meeting notes included 41 sets of notes from public consultation meetings, 16 notes from drop in sessions/information stands, 60 notes from community and stakeholder meetings attended by the CCG, 20 notes from meetings with health professionals and five other meetings.

Meetings with or at community groups included:

- Addaction
- Citizens Advice Bureau
- Clarity
- Clevedon Carers Group for Mental Health
- Communication café
- Future in Mind
- Gypsy and Travellers Group
- Healthwatch
- Highbridge Patient Participation Group
- Learning Disability Partnership Network
- Male Health Group
- Multicultural Friendship Association
- North Somerset GP Forum
- North Somerset Patient and Public Involvement Forum
- North Somerset Care Home Provider Forum
- North Somerset Health Overview and Scrutiny Panel
- North Somerset Parent Carer Group
- Older People champions group
- Oldmixon Family Centre Health Visitors Drop In
- Patient Council
- Senior Community Links
- Somewhere To Go Day Centre Drop-In
- Speaking Up
- Vision North Somerset
- Voluntary Action North Somerset
- Weston College Health & Social Care Group
- Weston General Hospital Patient Experience Review Group
- Weston Mental Health Carers Group

Other responses included letters, emails and notes taken during telephone calls. The CCG also collected any feedback provided on the CCG's Facebook, Twitter and Instagram pages or in response to paid advertising on Facebook about consultation events.

Responses collected by others

The CCG commissioned research organisations to collect feedback for the consultation. An organisation undertook door-to-door structured interviews with a demographically representative sample of the population aged 16 years or older. The CCG stated that this was to collect feedback from people of a similar age, ethnic group and socio-economic status to the population overall and so the opinions of those who may be less mobile or engaged were included. Households were randomly selected using postcode areas. Interviews were conducted during the day, evening and at weekends.

In addition, the CCG commissioned researchers to undertake five focus groups, each with three to five people, and 16 detailed interviews with groups that the CCG particularly wanted to ensure had an opportunity to share their views. These were frail and elderly people, those with disabilities or long-term conditions, parents with children aged under five years and people experiencing social and/or economic deprivation.

Organisations providing feedback

The CCG logged 2,217 responses from people responding on behalf of themselves or their families and 17 responses from organisations, in addition to notes from meetings. All responses logged as from organisations or groups stated that they were representing an organisation or used an organisational letterhead. Some of these responses may not have been officially endorsed. Some were detailed responses and some were short comments.

The organisations providing feedback were:

- Cleeve Parish Council
- Health Education England
- Healthwatch
- Independent Mental Health Network
- Locking Parish Council
- Locking Senior Club
- NHS England and NHS Improvement
- Our NHS, Our Concern
- Portishead Town Council
- Save Weston A&E and Protect Our NHS North Somerset
- Senior Community Link
- U 3A
- Weston Area Health Trust
- Weston General Hospital & Medical Advisory Committee
- Weston General Hospital Patient Council
- Weston-super-Mare Town Council
- Winscombe and Banwell Family Practice Patient Participation Group

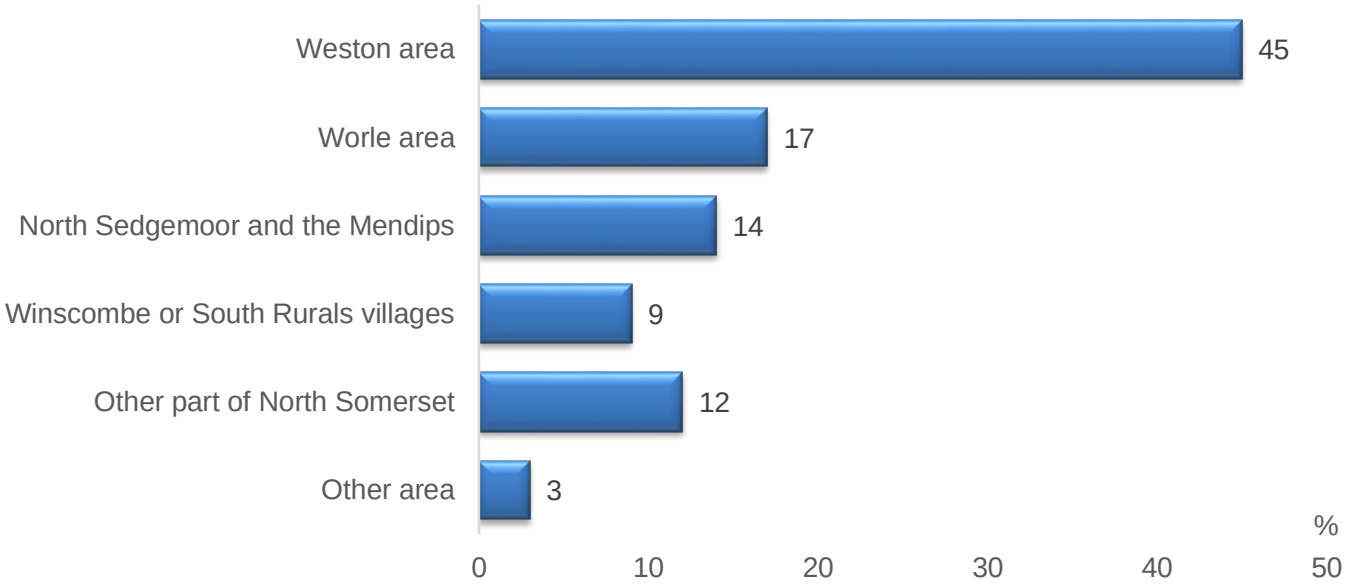
Notes from meetings listed on page 14 were also compiled and treated as notes from meetings rather than official organisational responses.

Individuals providing feedback

Most responses came from people responding as individuals (2,217 responses). When people completed a consultation feedback form or were interviewed door-to-door they were asked to provide some background details about themselves. This information was usually not provided when people responded in other ways, such as via letters or emails.

1,731 responses provided information about their geographic location. Figure 3 summarises the proportion of responses received from various areas.

Figure 3: Location where individuals responding to the consultation lived



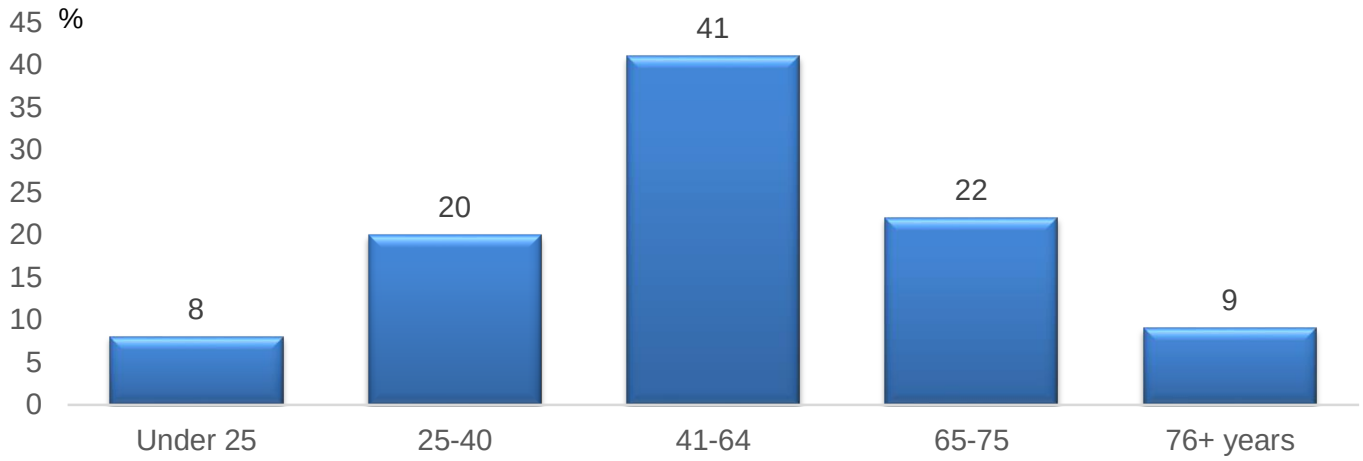
Note: Based on 1,731 responses that provided a geographic location.

2,109 responses provided information about their gender. 40% of these responses were from men, 60% from women and fewer than 1% from people who defined themselves in another way.

2,061 responses provided information about their ethnic group. 2% of these responses were from people who identified as Asian or Asian British, 1% Black or Black British, 96% White, 1% mixed, and fewer than 1% other ethnic groups. The CCG stated that this is in line with the ethnic make-up of the area.

2,106 responses provided information about their age group. Figure 4 summarises the proportion of responses from individuals from each age group. The representative door-to-door sample used a quota approach to ensure that those responses represented the age groups in the area.

Figure 4: Age groups of individuals responding to the consultation



Note: Based on 2,106 responses from individuals. The door-to-door interviews with a representative sample used slightly different age classifications for initial interviews but the numbers have been grouped in approximation.

18% of all responses were from people who had a long-term physical or mental health condition (435 people).

11% of all responses said they cared for someone with a health condition (249 people).

6% of all responses were from someone who said they were disabled (151 people).

8% of all responses were from a parent or caregiver of an under five year old (186 responses) and 15% were from a parent or caregiver of a 5-16 year old (344 responses).

7% of those who took part in door-to-door interviews were from economically or socially deprived areas (220 responses). This information was not requested from other responses.

243 responses from individuals were from people who identified themselves as NHS staff (10% of all responses).

79% of those in the demographically representative sample said they had visited an NHS general practitioner (GP) in the past year, 54% had visited an NHS hospital in the past year and 24% had used NHS community services in the past year. This information was not requested from other responses.

Compiling themes

Compiling themes

The CCG passed on a log of all responses to an independent team to compile. The CCG anonymised the responses apart from organisational responses. The independent team read all of the feedback logged by the CCG and numerically coded each comment. The independent team then analysed the themes using a software package (the Statistical Package for the Social Sciences) and drew out quotes to illustrate common points made.

The CCG wanted to know whether those interviewed door-to-door had different views from other responses provided during the consultation. The CCG also wanted to know whether people from different age, gender or ethnic groups, those with young children and those from economically deprived areas had different views to others. The independent team compared the proportions of people from different groups who said they supported or did not support a particular proposal using statistical tests (Chi-squared test based on 95% level of confidence). In this report, anywhere a 'difference' between groups is mentioned, this refers to a statistically significant difference in the proportions who supported a proposal based on these tests. This means the difference is not likely to have happened by chance.

Things to bear in mind

The independent summary of themes aimed to compile commonly made points, not to describe the detail within the individual responses. The summary of themes was not designed to substitute for reading each of the responses individually. There are some things to bear in mind when interpreting the themes summary:

- The feedback presented represents people's **opinions**, rather than objective facts. Views from a wide range of people were included and not every person who provided feedback will agree with all of the points raised.

- The themes summary summarises what people and organisations that provided feedback said. It does not aim to generalise to represent the opinions of all people in Weston, Worle and the surrounding areas. The CCG took steps to gain feedback from a demographically representative sample as well as anyone who wanted to contribute. In this report the proportion of responses that mentioned each theme was included to illustrate how commonly points were mentioned, but this does not represent the proportion of the population who may hold a certain view.

- Not all responses are 'equal' in terms of the number of people represented and the level of detail included. One 'response' did not necessarily equate to one person. Pieces of feedback varied in size and scale, with some comprising a short tweet from an individual, others a letter representing an entire organisation and others being notes from meetings with many participants, for example. The theme summary did not weight the responses in any way because all feedback was important to the CCG.

- People who provided more than one piece of feedback were counted multiple times.

- The consultation was not designed to be a referendum or 'vote' but rather to understand the reasons for people's views so the CCG could consider these when planning.

Overarching themes

Understanding reasons

In the consultation document and at consultation meetings the CCG set out four reasons why the CCG believed health services needed to change. These are summarised in Figure 5.

Figure 5: Reasons for change set out in the Healthy Weston consultation

Note: This is a copy of a presentation slide used by the CCG at consultation meetings.

The CCG asked whether people understood the reasons that the CCG said change was required. The question in the consultation feedback form was as follows, and people were asked a similar question at consultation events:

> *"Weston Hospital has dedicated staff and many good services. The NHS thinks that some things need to change to keep the hospital strong because 1) services need to be able to meet the health needs of the population, including the elderly and people with long-term conditions, 2) everyone should have access to the same good care, 3) it is important to be able to have enough staff to provide safe care consistently and 4) it is important to use resources wisely.*
>
> *Do you understand why the NHS thinks that things cannot stay the same at Weston Hospital?"*

845 responses provided feedback about this. 46% said yes (they understood why the NHS thinks that things cannot stay the same), 34% said somewhat and 20% said no.

There was no difference in whether responses said they understood the case for change based on people's geographic location, age, gender, ethnicity, whether they had a long-term physical or mental health condition or disability, cared for someone with a long-term condition or had an under five year old child.

Responses from NHS staff were more likely to say they understood the NHS's stated reasons for change compared to other responses (67% of NHS staff said yes compared to 46% of all responses).

In qualitative feedback, people attending meetings or responding in writing sometimes stated that whilst they understood the stated reasons for change and the pressures that health and care services were under, they did not believe that the proposals for change addressed the reasons put forward or were in line with the case for change. For instance, one stated reason for change was population demographics. Responses commented that population growth and the increasing number of older people and those with long-term conditions was a reason to keep services as is or expand them, not to reduce access to A&E, critical care or emergency surgery at Weston General Hospital, as the proposals were perceived to suggest.

The CCG did not ask the demographically representative sample who took part in door-to-door interviews whether they understood the proposed reasons for change. They were asked whether they had heard of proposed changes to services at Weston General Hospital. 68% responded that they had, 30% had not and 2% were unsure.

Priority areas

Responses stated topics for the CCG to consider regardless of which proposal was being discussed. The priority areas that responses wanted the CCG to take into account when making decisions about next steps were:

- **High demand** for hospital services due to population demographics
  - Population size
  - Predicted level of future population growth
  - Age profile of population including elderly people and children
  - Rural location of some of the population
  - Number of holiday makers that visit the area
  - Equity of services available in similar sized areas such as Bath

- **Travel issues**
  - Potential negative impact on patient wellbeing and outcomes if travelling elsewhere
  - Inconvenience and stress for patients if travelling to another hospital
  - Inconvenience and stress for family and visitors if travelling elsewhere
  - Expense of travel
  - Concerns about the practicality and cost of returning home from another hospital
  - Environmental impact of additional travel
  - Lack of public transport

- **Capacity** of infrastructure and other services to cope with the proposals
  - Potential lack of capacity of the ambulance service
  - Ambulances not being available when needed as busy travelling to other hospitals
  - Lack of capacity of other hospitals
  - Lack of capacity of public transport and other transport options

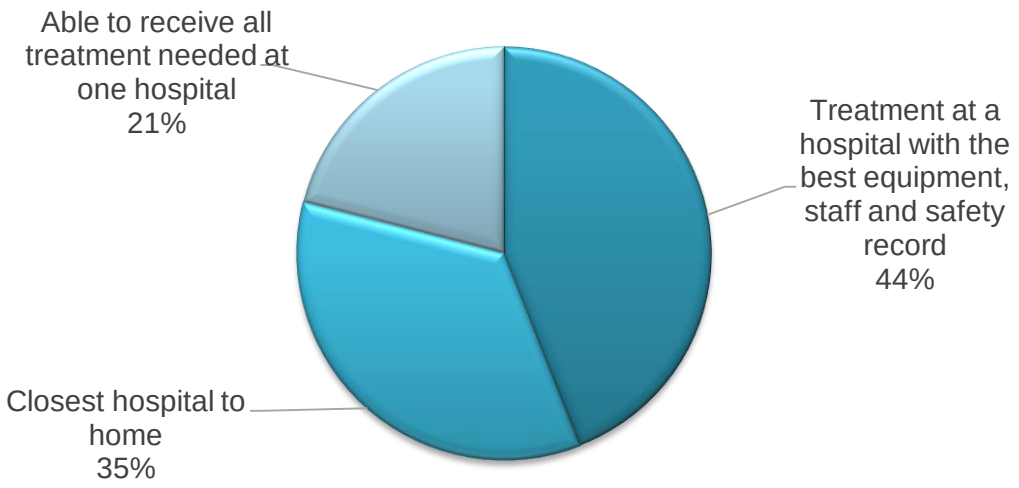
- Capacity of **primary care** to support the proposals
  - Concerns about lack of GPs available to implement the proposals
  - Difficulty accessing GPs for routine care which means people may rely more on urgent and emergency care
  - Concern that proposals may divert GP attention to urgent and emergency care rather than providing appointments at general practices
  - Concern that new ways of working may result in less continuity of care or more difficulty accessing a GP

- **Accuracy and feasibility**
  - Limited confidence in the evidence and statistics upon which modelling and proposals may be based
  - Concerns about the accuracy of travel time estimates, population numbers and catchment numbers for Weston General Hospital
  - Concern about the accuracy of statements about the availability of personnel to support the proposed changes

The demographically representative sample who took part in door-to-door interviews were asked to prioritise whether it was more important to them to have treatment at a hospital with the best facilities or which was closest to where they lived. This was relevant to all of the proposals about urgent and emergency care upon which the CCG was consulting.

44% of those interviewed said that it was their highest priority to have emergency treatment at a hospital with the best equipment, staff and safety record. 35% said that it was their highest priority to have emergency treatment at the closest hospital to where they lived. 21% said it was the highest priority to be able to receive all the emergency treatment they needed at one hospital rather than being transferred between sites. There were no differences in people's priorities based on their age, gender or ethnicity.

Figure 6: Top priority for accessing emergency care



Note: Based on 990 responses from people selected as a demographically representative sample to take part in door-to-door interviews. Participants were asked to select their highest priority from three pre-defined options.

A&E and urgent care

A&E opening hours

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

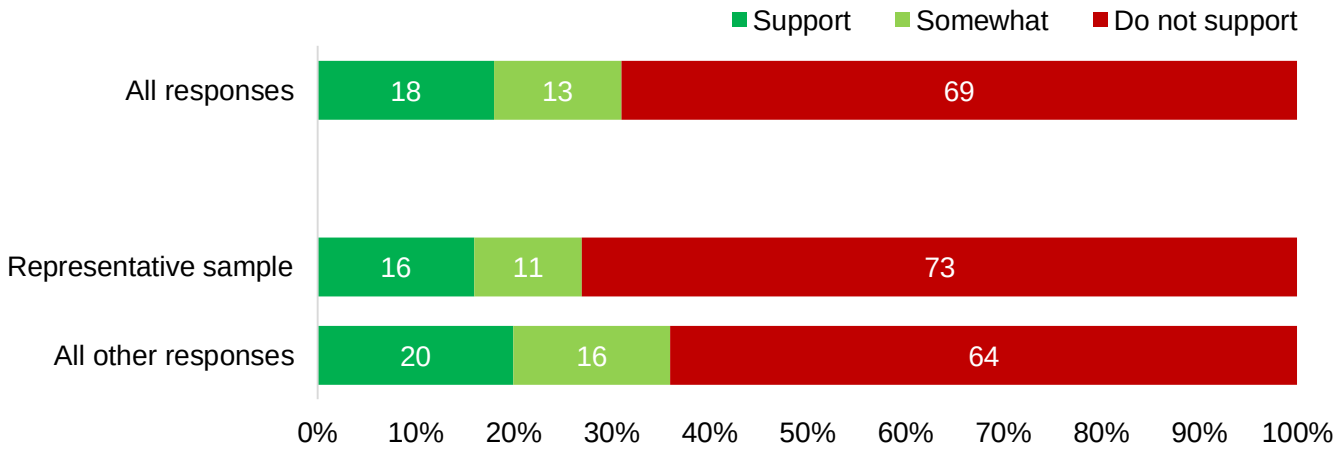
> *"There would continue to be urgent and emergency care provided locally 24-hours a day, seven days a week, but the services would be organised in a different way.*
>
> *We are proposing to:*
>
> - *Make the current temporary changes to A&E opening hours permanent. A&E at Weston Hospital would be open 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."*

This section describes the extent of support for each of these elements in turn.

2,086 responses stated whether they supported "having the A&E department open 8am to 10pm, seven days a week, as it has been temporarily since July 2017" This is the wording used in the consultation feedback form and the door-to-door interviews with a representative sample of the population. Other responses also commented on this proposal.

Figure 7 shows the level of support for this proposal.

Figure 7: Level of support for proposal about A&E opening hours



Note: 2,086 responses provided a view about A&E hours.

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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 (27% supported fully or somewhat compared to 36% of other responses).

People who identified themselves as carers were also less likely to support this proposal (12% of carers versus 18% of responses overall, based on 243 responses that identified themselves as carers). People who identified themselves as disabled were also less likely to support this proposal (9% of those with a disability versus 18% of responses overall, based on 140 responses that identified themselves as disabled).

People who identified themselves as NHS staff were more likely to support this proposal than others (32% of those who said they were NHS staff compared to 18% of responses overall).

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

Areas of support

1,149 responses made 1,652 comments about the reasons why they did or did not support this proposal or any areas of concern. Responses could provide multiple reasons for their view.

The main reasons given for supporting this proposal were:

- the proposal was perceived to be in line with what the hospital could cope with, including the staffing available (5% of responses that made a comment about this proposal said this)
- the proposal was stated to be a compromise allowing most people to have local care (as long as direct admissions were possible) (5%)
- the approach was perceived to be working well or efficiently during a temporary overnight closure in place since mid-2017 (3%)
- the proposed hours were stated to be appropriate for when most people needed care (2%)
- it was perceived that the quality of care may be higher at other hospitals overnight (1%)

Those that supported this proposal generally provided similar reasons to each other, saying that the temporary overnight closure of A&E had shown that this was feasible and that there may be positive outcomes for the quality of care or use of resources.[1]

> *"It has not created a large increase in people attending Bristol or Taunton and has made people more conscious of whether they need A&E now or can wait for a minor injury unit to be open."* (Female carer from Worle, aged 41-64 years)

> *"Seems to be possible to provide safe levels of staffing for these hours and actually provide high quality of hospital care. Outcomes for neck of femur, critical care and colorectal surgery have significantly improved since the reduced opening hours and increased levels of staffing during the reduced hours. Whilst there have been some unsatisfactory repatriations, these are very small numbers."* (Female NHS staff member from Winscombe or South Rurals Villages, aged 41-64 years)

1 Quotes are used throughout this report to illustrate common themes, not to suggest 'facts'.

In its formal response to the consultation, Weston Area Health Trust, the organisation that runs Weston General Hospital, stated:

> *"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."*

Areas of concern

Whether they supported the proposal or not, responses could express areas of concern. The main areas of concern with this proposal were:

- the demand for A&E in Weston was perceived to be large and growing. Responses stated that Weston's population was large and likely to grow in future, with an influx of holiday makers and many older people (32% of responses that made a comment about this proposal said this)
- there may be issues with travel and access to other hospitals with A&E departments (20%)
- patient safety may be at risk if people have to travel to another hospital in an emergency (17%)
- emergencies happen outside the proposed opening hours (17%)
- it may be difficult for families, the elderly and those without cars to travel to and get home from another hospital (10%)
- there may be a negative impact on other services such as the ambulance service and police. This may result in no ambulances being available when needed because they are transporting people to other hospitals (8%)
- the proposal was perceived to puts more pressure on other hospitals which may not be able to cope (5%)
- having to travel elsewhere may be more stressful for people and take away the peace of mind of having a local A&E (2%)
- people may refuse overnight help as they do not want to travel (2%)
- the proposal may reduce staff recruitment and retention (2%)
- there may be issues with the figures used to justify this proposal or a lack of accurate information about the impacts (2%)

1% or fewer responses that commented about this proposal provided one of the following reasons for their view:

- there may be a negative environmental impact from more driving to other hospitals
- concern this is first step in total closure or a downgrade of Weston General Hospital
- concern that the overnight closure was meant to be temporary only
- perception that there were now enough staff available so the A&E department should not need to close overnight
- questions about the rationale behind the proposal, including being political or to reduce costs
- lack of understanding about why Weston cannot be the same as other hospitals in areas of similar size

The most common concern was that the proposed A&E opening hours would not be sufficient to meet current and future demand. One third of responses that commented about this proposal expressed this concern (32%).

> *"Weston now has a large population and not having the A&E open 24 hours puts its residents at risk. Bristol is a long way to go with a seriously ill person and puts additional pressure on the Bristol hospitals. As a mother of a child I find it scary."* (Woman interviewed as part of demographically representative sample)

> *"We think it is very short sighted of the CCG to want to downgrade our hospital to a cottage hospital, with the amount of new homes that are being built in and around Weston, we really need a bigger and better, much larger hospital to cope! Elderly people are horrified at the thought of being sent to Bristol or even Taunton as these hospitals are under pressure already."* (Locking Senior Club)

> *"Weston is a large and growing town. We have events and tourism that increase the size of the population. We need a team to take charge of alcohol related emergencies and somewhere for them to go within the hospital but not A&E as they can be loud and disruptive. There should always be an option for someone to be seen in Weston. It is frightening for elderly people to wake up in Bristol and dangerous for people who have sustained an injury which needs treatment but not admission to hospital to be sent home from the Bristol Royal Infirmary or Taunton at 3am."* (Woman from Weston, aged 65-75 years)

Around one in five responses suggested that a delay in arriving at an A&E at another hospital might put patient safety at risk or reduce health outcomes (17%).

> *"If someone becomes critically ill during the hours Weston Hospital is closed, there will be a delay of approximately 45 minutes to an hour of travel time while they are transferred to a hospital at Bristol or Taunton. I find this totally unacceptable. Treatment given within the first hour of these events gives the most chance of recovery and survival. Moving emergency care to hospitals an hour drive away will result in fatalities."* (Woman from Worle, aged 41-64 years)

> *"A 2007 Sheffield University study is the most important piece of UK research on the relationship between journey length and mortality. This large scale study looked at survival rates for patients with life threatening conditions, relating this to the straight-line distance between home and hospital. For patients travelling up to 10 km, the overall mortality rate was 5.8%. For those travelling 11 to 20 km, 7.7% died. For people travelling 21 km or more, 8.8% died. The 'absolute risk' of death increased by around 1% for each additional 10 km travelled, but relative risk shows the pattern more clearly. Overall, people who travelled more than 20 km to access treatment were 50% more likely to die than those living close to the hospital. Those with acute respiratory conditions fared even worse, and were around twice as likely to die if they had to travel the longer distance to access A&E."* (Save Weston A&E and Protect Our NHS North Somerset)

A small proportion of responses (2% that commented about this) gave examples of how they or people they know had delayed seeking care because they did not want to go to an A&E at another hospital overnight.

"I recently broke my foot and as it was after 10.00pm, waited until A&E opened the following morning rather than travel to Bristol or Taunton late at night. I would have been treated immediately had it been open and in far less pain." (Female carer aged 65-75 contributing as part of the Healthier Together Citizen's Panel)

"I have looked after a patient whose wife left him on the floor all night covered in a blanket because she thought a long lie was better than calling an ambulance where he would be taken out of Weston and she would not be able to go and visit. Our population is growing with more houses being built, the hospital needs to be bigger not reducing services." (Female NHS staff member from Worle, aged 25-40 years)

Other responses suggested that the proposal might negatively affect services such as the police and ambulance services (8%).

"This is a huge strain on the ambulance service, as patients that should be seen and treated at Weston are being taken much further to Bristol or Taunton. This makes the vehicle unavailable for much longer, adds pressure to the already busy Bristol/Taunton A&E departments and means people in North Somerset have to wait longer for an ambulance to travel back here to attend them." (Female NHS staff member from Weston, aged 41-64 years)

"As Police officers it causes us to have to transport to Bristol/Taunton, losing valuable officer time and also putting officers at risk by acting like ambulances to further hospitals while not being medically trained to look after them properly in Police transport. Reduces the amount of ambulances available due to the time travelling when patient is just around the corner from Weston General Hospital." (Man from Weston, aged 41-64 years)

"Due to the closure of the hospital any person that is arrested by police that needs medical treatment now needs to go to Southmead, Bristol Royal Infirmary or Musgrove. This means officers need to spend more time travelling to these places and means there are less officers available in North Somerset to keep people safe. It also means that there are less ambulances available in North Somerset because they are having to travel to the hospitals mentioned above and the risk of the ambulance being diverted elsewhere increases. Since the changes were introduced the amount of time it takes for an ambulance to arrive seems to have increased." (Details not provided)

Other responses commented that it might not be feasible to implement this proposal in terms of staffing or transport (5%). This included responses from some healthcare professionals.

"The shift pattern that is required to support such opening hours is largely detrimental to the emergency department team, and is difficult to staff using substantive staff. I suggest more staff will leave if this becomes a permanent move." (Female NHS staff member from Worle, aged 41-64 years)

"Some of my patients and friends have been taken to Bristol because they were waiting for an ambulance that did not arrive until the A&E had closed for the night. Not one has felt they received the best care in Bristol because they were not known there and they all felt they were 'shipped back' as soon as possible. One was repatriated back to a ward arriving at 02.00hrs as there was a delay in the ambulance transport. Other patients have spoken of having to get a taxi back home to Weston from Bristol, it is expensive and stressful. For this to work there needs to be much more consideration given to transport particularly for the older patients who may have no fit younger relatives living nearby." (Female NHS staff member and carer from Weston, aged 41-64 years)

A small number of responses (less than 2% of those that commented about this proposal) suggested alternatives that the CCG could consider. Alternatives are discussed in more detail in a later section of this report, but in brief the alternatives suggested were:

- 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
- triage service or enhanced 111 service
- extending A&E opening hours to midnight

"Whilst we understand the issues associated with recruitment and retention of A&E staff, we do not see evidence of attempts to alleviate this situation by combining Weston General Hospital A&E into 'pool-type' staffing arrangements with the other hospitals which currently pick up the additional workload associated with the erstwhile temporary closure of A&E at night." (Winscombe and Banwell Family Practice Patient Participation Group)

"Needs to be open 24 hours or at least later into the night e.g. midnight. 10pm is too early to shut A&E - elderly folk are still falling on the way to bed. Shops/restaurants/cinemas close around 11pm so still more pedestrians and traffic on the road. Sports fixtures run till almost 10pm so breaks and injuries still happening until this point. Especially in the summer it's not dark till 10pm so more people are around potentially at risk to traffic or injury." (Woman from Weston, aged 41-64 years)

GPs working in A&E

1,946 responses stated whether they supported “having GPs work alongside hospital staff in the A&E to treat patients who need urgent care but do not need to be seen by a specialist doctor.” (This was the wording used in the consultation questionnaire and the door-to-door interviews with a representative sample).

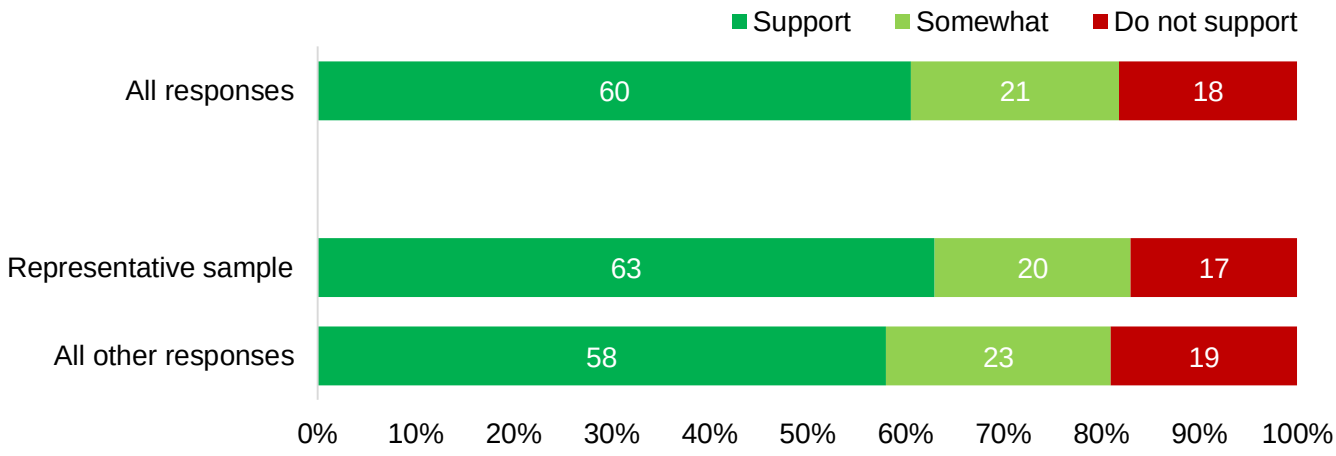
Figure 8 sets out the level of support for this proposal across all the different types of responses received.

The demographically representative sample had similar views to those that responded to the consultation in other ways. There was not difference in views based on people’s age, gender, ethnicity, geographic location or other characteristics.

On average, parents of a child aged under five years were more likely than others to support this approach (71% of parents versus 60% of responses overall, based on 166 responses from parents of an under five year old).

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

Figure 8: Level of support for GPs working in the A&E team



Note: 1,946 responses commented about GPs as part of the A&E team.

Areas of support

1,372 responses made 1,744 comments about the reasons why they did or did not support this proposal or any areas of concern. Responses could provide multiple reasons for their view.

The main reasons given for supporting this proposal were:

- having more doctors in A&E might lead to prompter and more efficient care (17% of responses that gave a reason for their view about this proposal)
- it was perceived that this might reduce pressure on specialist doctors so they were free to see more complex patients (15%)
- people do not always need to see a specialist so it was stated that having GPs in A&E would support assessment and help people get the right level of care (6%)
- GPs and hospital doctors were perceived to be working together and sharing information (4%)
- GPs know their patients' needs and history so the quality of care provided might improve (4%)
- this would be an alternative way to see a GP as it was stated to be difficult to access GPs in primary care (3%)
- GPs were perceived to have the necessary skills, qualifications and manner to provide good quality care in A&E (2%)
- this might reduce pressure on A&E and other NHS services (2%)
- this might increase GP skills and knowledge (1%)
- this might encourage more GPs to come to the area for different working opportunities (<1%)

About one out of five responses that commented about this approach said that having GPs working in A&E had the potential to reduce waiting times (17%).

> *"It will free up more specialised doctors to treat and see patients who have more severe or urgent needs. It will also decrease waiting times for those patients who have attended A&E as people will be seen and treated quicker by a range of professionals that are suitable for their needs."* (Female NHS staff member from another part of North Somerset, aged under 25 years)

> *"Currently, the wait time is excessive, especially for the many elderly and frail patients, I would hope that more immediate access to a GP would minimise A&E wait times."* (Male carer aged 65-75 years, area not stated)

> *"This is a good idea to lessen the load for A&E doctors and to see the MANY patients that attend A&E because they cannot get GP appointments, as long as they are not replacing A&E doctors."* (Female NHS staff member from Weston, aged 41-64 years)

A small number of responses said that this proposal might improve the recruitment, retention and upskilling of GPs (1%).

> *"I was worried that this would exacerbate the shortage of GPs but I went to a consultation event and it was explained that GPs would welcome this variation in their work, and this could solve the problem rather than add to it."* (Woman from Weston, aged 65-75 years)

Areas of concern

Whether they supported the proposal or not, responses could express issues of concern. The main areas of concern with this proposal were:

- it was perceived that there might not be enough GPs for this to be feasible (17% of responses that made a comment about this proposal said this)
- this might divert GPs away from working at their surgeries which may result in longer waiting times to see a GP (16%)
- GPs might not have the skills or qualifications to provide safe A&E care (12%)
- GPs may not have the time as they were perceived to be over-worked (11%)
- it was perceived that more people might attend A&E to access a GP because it was difficult to get GP appointments (3%)
- it was thought that this might be a way of downgrading the A&E or hospital or would not be a good substitute for a 24 hour A&E (3%)
- the approach was stated to have tried before unsuccessfully (2%)
- concern that this might not work in practice (2%)
- concern that this would add another layer of assessment before seeing a specialist (1%)

Around one in five responses that commented about this approach were concerned that it was not feasible as there were not enough GPs available (17%).

> *"Recruitment of GPs is difficult, local surgeries are stretched to breaking point. This plan is shifting the problem from hospital to community. GPs are not emergency specialists and may be slower to react and put appropriate treatments in to place than emergency practitioners."* (Female NHS staff member from Weston, aged 41-64 years)

Responses were also concerned that if GPs worked in A&E they might be less available to see patients in primary care (16%). A number of responses stated that if it were easier to get a primary care appointment promptly, people might not use A&E as much.

> *"The GPs are having enough stress trying to cover their clinics and home visits as it is. To take them away from that, to travel to Weston General Hospital to cover shifts in A&E will only further increase their already stretched and stressful workload. Traveling from the rural practices and getting through Weston takes time, especially in the summer months. Their day does not stop when the surgery sessions are completed. Their initial responsibility is to the community within which they work and will be further eroded and their ability to meet the needs of their practice patients will suffer. Also patients who need acute care need to be attended by doctors who constantly deliver that type of care and who are fully conversant with the staffs/department/hospital practice, emergency and otherwise. Not someone who just pops in now and again for a shift and is therefore dependent on already busy staff to guide them through the routines and procedures."* (Female carer from another part of North Somerset, aged 65-75 years)

> *"It's already hard enough for people to get a normal appointment at their GP surgery without stretching the GPs across to the hospital. If more people could get an urgent appointment at their surgery it could avoid many hospital trips in the first place."* (Woman from Worle, aged 41-64 years)

About one in ten responses that commented about this approach were worried that GPs might not have the skills and experience to work in A&E effectively and safely (12%).

> *"Are conditions going to be missed, are GPs going to need additional costly training, how do they maintain these skills? These proposals include GPs already admitting patients directly to wards, now they will also be in A&E. It is already a 4-6 week wait for a routine GP appointment (face to face) and some routine problems still require a GP not a paramedic / nurse practitioner who have a role to play but patients should not then suffer and have to wait even longer to see their GP routinely. These longer waits for face to face appointments increase the reasons why people go to A&E in the first place so therefore creates a vicious cycle."* (Male NHS staff member from Worle, aged 25-40 years)

Other responses suggested that having an additional layer of triage or assessment might delay people getting the care they needed in an emergency (1%).

> *"Patients with critical health needs do not need another layer of assessment by a GP and other medics prior to an expert assessment and treatment being offered. People must be allowed to make a judgement about what constitutes an emergency and get attention in the quickest possible time."* (Emailed response, characteristics unknown)

A small number of responses suggested as an alternative having specialist nurses (advanced nurse practitioners or other hospital staff in A&E rather than GPs (2%).

Direct admissions to wards

Another part of the CCG's proposal involved enabling GPs and paramedics to directly admit more people to wards at Weston General Hospital for urgent care.

1,782 responses stated whether they supported "having GPs admit more people who need urgent and emergency care directly to a hospital bed, which would be available 24 hours a day." (This was the wording used in the consultation feedback form and the door-to-door interviews with a representative sample).

Figure 9 shows the level of support for this approach across all types of responses.

The demographically representative sample was more likely to support this than those that responded to the consultation in another way (72% of the representative sample supported this compared to 54% of all others).

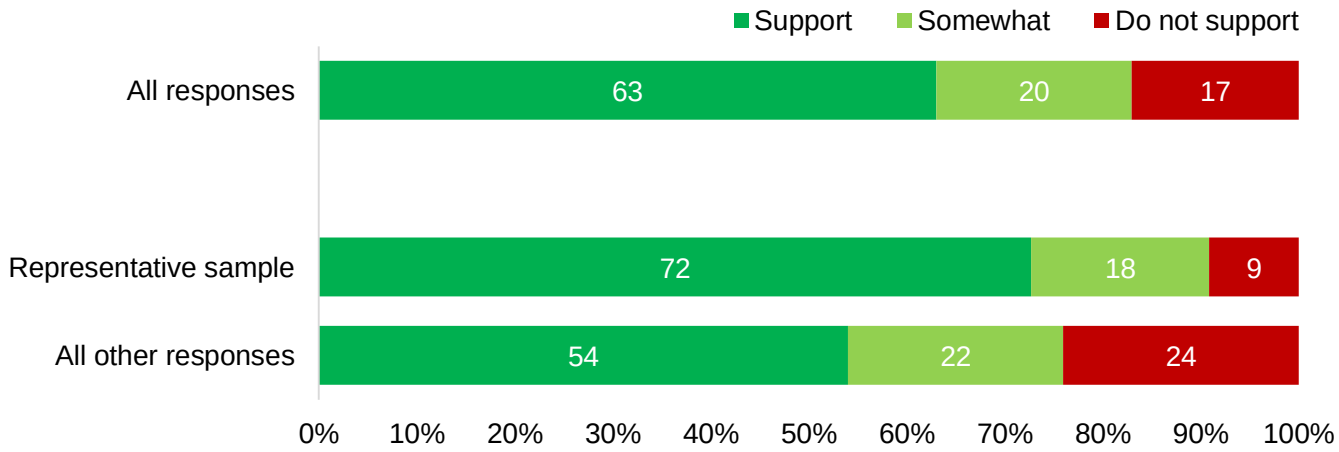
There were no differences in the overall trends based on where people lived or their gender, ethnicity or whether they had a long-term physical or mental health condition or disability.

Those who were carers were less likely to support this approach (56% of carers versus 63% of all responses).

Parents of an under five year old were more likely to support this than the overall average (74% versus 63% of all 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.

Figure 9: Level of support for direct admissions to A&E



Note: 1,782 responses stated whether they supported improving direct admissions.

Areas of support

1,265 responses made 1,611 comments about the reasons why they did or did not support this approach or any areas of concern. Responses could provide multiple reasons for their view.

The main reasons given for supporting this approach were:

- it was perceived that people would receive prompter access to care without having to wait in A&E (23% of responses that made a comment about this proposal said this)
- the proposal was said to be logical (7%)
- the proposal might reduce pressure on other services such as A&E and ambulances (6%)
- it was felt that GPs would know their patients' needs and be qualified to decide when people need to be admitted (6%)
- people could receive care closer to home and not need to travel to an A&E elsewhere (4%)
- there might be improved access to care (4%)
- the proposal might save lives and speed recovery (3%)
- may result in better patient experience due to less waiting (3%)
- people might be reassured and less anxious because they would know that care would be available in an emergency (1%)

About one quarter of responses that commented about this approach thought it could be beneficial due to prompter access to care (23%).

> *"If GPs were able to admit directly to a hospital bed then it would reduce the impact on the A&E department as the patient would not need to be triaged and therefore allowing people who need this service better access. It would also mean that the patient is admitted quicker getting treatment sooner."* (Woman from Weston, aged 41-64 years)

Other responses suggested that GPs would know their patients' needs and so be in a good position to assess when an admission to hospital was required (6%).

> *"GPs know their patients well and are well placed to decide when they require hospital treatment. This system would prevent a lot of tedious hanging around for the patient waiting to be admitted."* (Woman from Winscombe or South Rurals Villages, aged 65-75 years)

Areas of concern

Whether they supported the proposal or not, responses could express areas of concern. A number of responses that said they supported this approach in principle raised concerns about whether it would work well in practice.

The main areas of concern with this approach were:

- concern that there might not be enough beds or staff available at Weston General Hospital (14% of responses that made a comment about this proposal said this)
- a perception it is difficult to access a GP 24 hours a day or that there are not enough GPs for this to be feasible (13%)
- this was perceived to be a poor substitute for a 24 hour a day A&E (11%)
- this might not be safe as GPs are not specialists and may not be qualified to make these decisions or may need further training (7%)
- it was stated that the population is large, growing and includes a large proportion of elderly people so a full A&E service is needed (6%)
- GPs might admit more people to hospital beds than needed, just in case (5%)
- the proposal may not be realistic in practice (3%)
- GP admissions might reduce the hospital beds available for other patients or have a detrimental impact on patients already on wards (2%)
- lack of understanding about what direct admissions are or how they would work (2%)
- might result in delays to admissions or treatment (2%)
- might have a negative effect on other GP services because GPs may be busy with this (1%)
- GPs might not know what beds are available (1%)

More than one in ten responses that commented about this approach were concerned that there would not be enough capacity at Weston General Hospital for GPs to directly admit people to wards (14%).

> *"My concerns would be around bed availability, which we all know is a huge challenge across the NHS in all Trusts, not just at Weston. If there wasn't a bed available when the GP wanted to admit someone directly to the ward, what would happen to them then?"* (Woman from another part of North Somerset, aged 25 to 40 years)

About the same proportion were concerned about the number of available GPs or access to GPs to directly admit people to wards in an emergency (13%).

> *"I do not believe we have enough suitably qualified GPs at present to facilitate the proposed further responsibilities you want to give GPs. Has anyone canvassed GPs to get their view on the proposed changes?"* (Man from Weston with a long-term condition, aged 65-75 years)

> *"This is fine if you can get to see a GP. No good for out of hours or for the lack of appointments at GP surgeries. It is no good if other services are removed to cater for it."* (Woman from Weston, aged 65-75 years)

Some responses were concerned that direct admissions to wards by GPs may be unsafe because GPs may not have the knowledge to make these decisions (7%) or because there may be delays in being assessed and treated once admitted to a ward (2%).

> *"Whilst It may be appropriate for some patients to be admitted directly to the wards, often seriously ill patients need assessment and treatment in A&E before going up to the wards, as they are simply too ill to go straight on to a general ward to be nursed and need to have their condition stabilised before going up to the ward. Therefore they need the skills and expertise of A&E trained staff."* (Female NHS staff member from Weston, aged 41-64 years)

> *"The CCG model of overnight care includes medical registrar/s overnight to deal with all acute medical admissions, including those 'undifferentiated' patients brought by ambulance. The consultant physicians believe that this is not an appropriate or safe level of staffing as such patients may have diagnoses beyond the training and experience of medical registrars. We feel it is essential that any patients admitted overnight should have the benefit of a proper assessment, diagnosis and treatment by doctors skilled in the appropriate areas. We therefore propose that in the absence of an overnight emergency department-trained registrar and appropriate specialist support, the undifferentiated ambulances should not be accepted after 8pm to ensure that all patients are properly assessed and diagnosed while specialist teams are still available."* (Feedback collected from hospital departments by the Health & Medical Advisory Committee, Weston General Hospital)

Others suggested this approach could be disruptive for those already on wards and that a special ward might need to be set aside for direct admissions (2%).

> *"I am concerned at the impact a direct admission to a hospital bed at night would have on patients already on the ward. If this were to happen there would need to be a dedicated 'direct admission ward' where patients are observed before being moved to the appropriate ward during day shift hours."* (Female NHS staff member from Weston, aged 41-64 years)

Critical care

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."

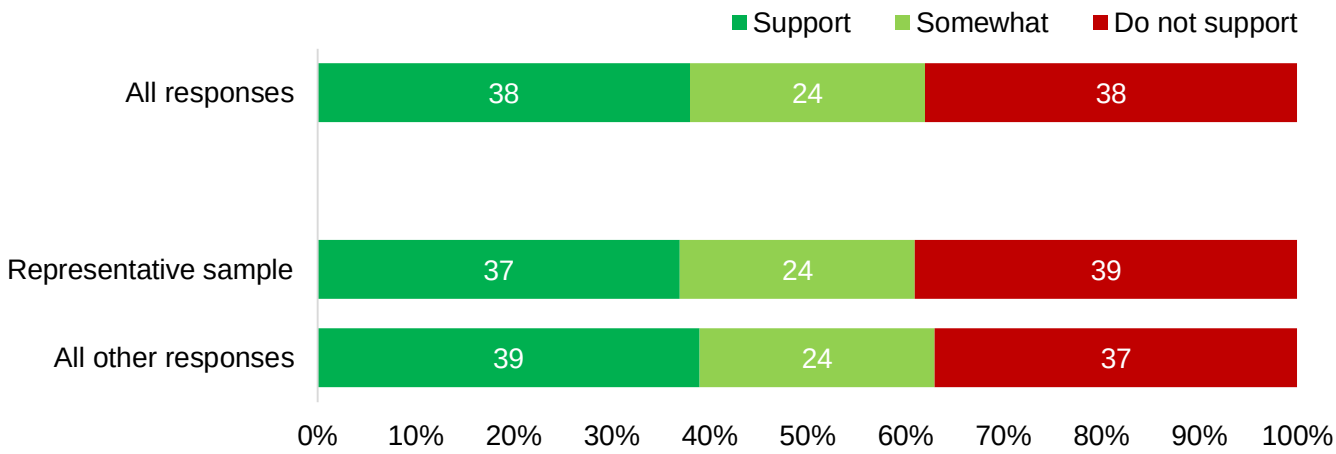
1,975 responses stated whether they agreed with the proposal to "provide critical care for very ill people in a high dependency unit at Weston Hospital, with the most seriously unwell people who need an intensive care unit being cared for in Bristol or Taunton." (This is the wording used in the consultation feedback form and the door-to-door interviews with a representative sample of the population).

Figure 10 shows the level of support across all types of responses.

The demographically representative sample had similar views to those who responded to the consultation in other ways.

Most people had similar opinions, regardless of their age, gender, ethnicity or where they lived. Parents of a child aged under five years were more likely to support this proposal than the overall average (47% of parents versus 38% of all responses that commented). People with a disability were less likely to support this proposal (29% based on 136 responses versus 38% of all responses).

Figure 10: Level of support for critical care proposal



Note: 1,975 responses stated whether they supported the proposal about critical care.

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 as set out in the consultation document. The reasons why are described overleaf.

Areas of support

1,373 responses made 1,711 comments about the reasons why they did or did not support this proposal or any areas of concern. Responses could provide multiple reasons for their view.

The main reasons given for supporting this proposal were:

- hospitals in Bristol/Taunton were thought to have more specialised equipment and facilities (16% of responses that made a comment about this proposal said this)
- this was stated to be an effective use of resources for the region, ensuring people with the most complex needs were treated in the right place (6%)
- this was perceived to provide better or safer care and improve patient outcomes (4%)
- this would allow most people to be treated locally in Weston (2%)
- the proposal might reduce pressure on Weston and other hospitals (2%)
- it was perceived that centralising specialist services helped to maintain staff skills (2%)
- it was stated that specialist centres were not too far away to access (1%)
- it was perceived positively that people could be moved to Bristol/Taunton if necessary and returned to Weston (1%)

"The table felt that they would prefer to be seen by the most appropriate hospital. One lady gave an example of being taken directly to Bristol and how this was a positive experience as due to the advanced equipment and skills as she was able to be diagnosed and treated during this episode." (Notes from public meeting)

"Makes sense to keep people with serious medical problems in a specialist unit with the relevant expertise to improve outcomes." (Woman with a long-term condition from another part of North Somerset, aged 41 to 64 years)

Areas of concern

Whether they supported the proposal or not, responses could express areas of concern. The main areas of concern with this proposal were:

- it was perceived to be difficult for families to visit those needing critical care, especially visitors who were elderly and those reliant on public transport (18% of responses that made a comment about this proposal said this)
- Bristol/Taunton may be too far or difficult for patients to travel to (17%)
- it might be unsafe for unwell patients to travel (13%)
- it was stated that facilities at Weston work well at present (11%)
- it was stated that there is a need for services in Weston as it has a large, growing and aging population (7%)
- this might affect other services at the hospital which rely on intensive care services, ultimately leading to a downgrading of the hospital (6%)
- there may not be enough ambulance capacity to transfer patients elsewhere (3%)
- there may not be enough capacity at other hospitals (3%)
- lack of clarity about the type of critical care, how patients would be selected and how the case by case element would work (3%)
- this might deskill local staff and have a negative impact on recruitment (3%)
- it was perceived to be better for patients to stay in one place rather than having multiple transfers (2%)
- it may be expensive to transfer people elsewhere (1%)
- the time based limit (12 hours) was perceived to be inappropriate (<1%)

About one in five responses that commented about this proposal said that this would have a negative impact on family members and friends wanting to visit loved ones in an intensive care unit in Bristol or Taunton (18%).

> *"We had a family member in an intensive care unit in Bristol Southmead Hospital and it was difficult for the family members to get up there from Weston: it took 1.5 hours. The last few days of our family member's life, who sadly died in Southmead, could have been much better if more family could visit him more easily."* (Man from Worle, aged 41-64 years)

> *"People who need critical care may have spouses who are elderly, without independent transport and can't get to be with their partner in critical care. Fine in principle but no thought about the bigger picture of how these people offer their physical support to patients who need the comfort and reassurance of their loved ones. Perhaps better public transport could be part of a joined up thought process in deciding the future of patients' physical and mental well-being."* (Woman aged 65-75 years, area unknown)

About one in ten responses were concerned that transferring patients requiring intensive care may be detrimental to a person's health and reduce the continuity of care (13%).

> *"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 North Somerset population in Bristol or Southmead… 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?"* (Cleeve Parish Council)

Almost one in ten responses that commented about this said that there was a need for a local intensive care unit because the population was growing and included a significant number of elderly people (7%).

"This is a huge catchment area with an elderly population. It's unfair that seriously unwell people have to be out of their community and away from family." (Female NHS staff member from Weston, aged 41-64 years)

"We need a proper service that can cater for our increased population and the local property development, not ferrying people out to further services causing more damage to the environment due to additional travel and loss of life due to the time required for travel. Our growing community deserves its own services." (Woman from Winscombe or South Rurals Villages, aged 41-64 years)

Some responses suggested that other hospitals did not have the capacity to cope with transfers from Weston General Hospital (3%).

"The number of beds needed elsewhere to admit patients who could not be cared for in Weston (those with a higher risk of deteriorating and needing level 3 care) is presently not available. Transferring deteriorating and critically unwell patients may lead to a higher mortality in these patients. It may impact the medical take, as staff may become more risk averse to admitting patients who may deteriorate, therefore putting inadvertent higher bed pressure on neighbouring trusts." (Female NHS staff member aged 41-64 years, area unknown)

About one in ten responses suggested that the proposal might affect other services available at the hospital (6%) and on staff skills (3%). A number of such responses were from NHS staff.

"Whilst the numbers of patients needing level 3 care are very small, there needs to be a failsafe mechanism to deal with them. The proposed model will remove the skilled staff necessary to assess, stabilise and transfer this small group of patients. There is no capacity in the suggested alternative locations to cater for these patients. The model is supposed to improve equality of access. This plan for level 3 care reduces absolute access for all groups of patients, increases dangers of transfer and transfers to units with poorer outcomes." (Female NHS staff member from Winscombe or South Rurals Villages, aged 41-64 years)

"If the intensive care unit is downgraded, it limits even further what services Weston General can offer. Also intensive care unit-level transfers are very time consuming and take at least two staff and much equipment, away from the hospital, on the transfer, for a considerable time. For example I was involved in such a transfer just last night. The time taken to prepare the patient for transfer, the journey to Bristol, handover to ITU and the journey back to Weston took over 3 hours. During this time the doctor and ITU nurse were away from Weston General, adding to the work load and pressure on the remaining staff." (Female NHS staff member from Weston, aged 41-64 years)

"This will lead to the downgrade of the hospital and lead to difficulty in recruiting junior doctors. Valuable time will be lost with patient safety compromised. Not all patients will have predicted deterioration and this will lead to substandard care. This will also downgrade the hospital as Health Education England will take away a number of posts and you would struggle to fill these posts." (Male NHS staff member from North Sedgemoor and the Mendips, aged 41-64 years)

Weston Area Health Trust, which runs Weston General Hospital stated:

> *"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."*

Some hospital departments independently shared similar views:

> *"The anaesthesia team had a broad range of views regarding the CCG proposals… There was unanimously no support for a total removal of level 3 facilities due to issues of then providing appropriate support to the emergency department, wards and surgery when necessary for deteriorating/cardiac arrest patients. The lack of level three status was also criticised for the effects it would have on recruitment of both medical and nursing staff."* (Feedback collected from hospital departments by the Health & Medical Advisory Committee, Weston General Hospital)

An alternative suggested by health professionals at Weston General Hospital was to remove the 12-hour time limit for expected transfer to another hospital for those requiring intensive care.

Meetings with staff groups to review the proposal suggested that it may not be practical to implement or that it may require additional staff and ambulance resources.

> *"The core requirement of critical care is to have the ability to resuscitate, intubate, stabilise and prepare a patient for transfer at all times. It was agreed that Weston would never have the staff capacity to both do transfers and maintain clinical cover at Weston, meaning that the transfer team would have to come from the receiving hospital or other external provider, to ensure that the Weston critical care team would be able to provide 24/7 cover at Weston hospital. It was agreed that a properly defined and organised transfer service would be integral to the model's success."* (Notes from critical care model review meeting with Weston General Hospital staff)

Emergency surgery

Emergency surgery

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

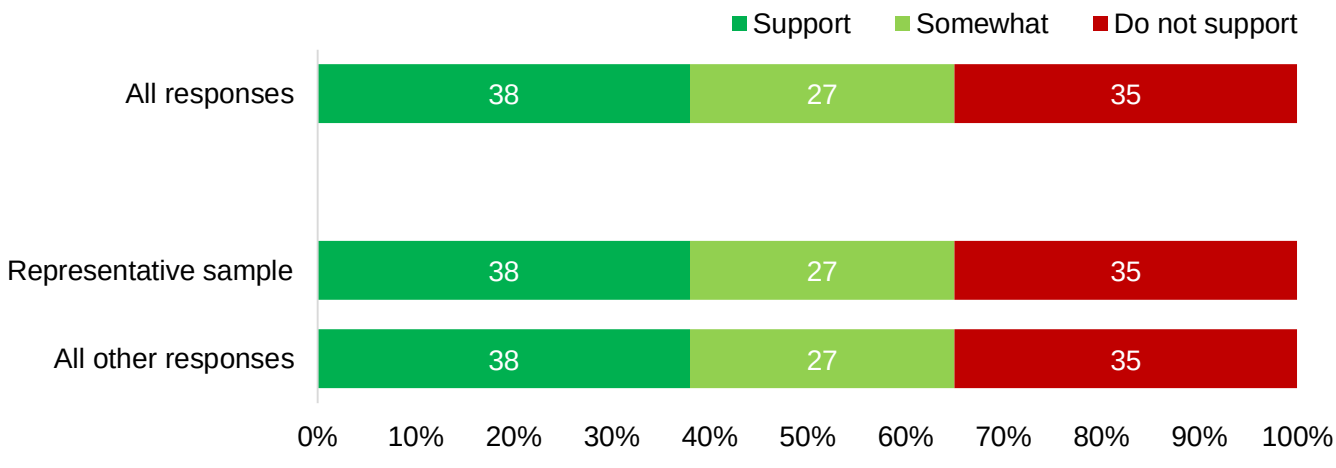
> *"Emergency surgery is currently available day and night.*
>
> *We are proposing to:*
>
> - *Provide emergency surgery in the day time only for patients whom doctors have assessed as suitable for up to Level 2 critical care on a high dependency unit following surgery.*
> - *Stabilise and then transfer 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. The consultation feedback form wording was 'providing emergency surgery where possible during the day at Weston Hospital. People who need immediate surgery overnight, or more complex cases, would have surgery in Bristol or Taunton before being returned to Weston Hospital for ongoing care, once they are well enough.'

Figure 11 shows the level of support for this proposal. The demographically representative sample had similar opinions to people and organisations that responded to the consultation in other ways. There were no differences in the trends in opinions based on people's age, gender, ethnicity or geographic area. Parents of an under five year old were more likely to support this proposal (46% of parents compared to 38% of responses overall, based on 165 responses from parents of an under five year old).

In its formal response to the consultation, Weston Area Health Trust, which runs Weston General Hospital, supported this proposal.

Figure 11: Level of support for emergency surgery proposal



Note: 1,930 responses stated whether they supported the emergency surgery proposal.

Areas of support

1,276 responses made 1,557 comments about the reasons why they did or did not support this proposal or any areas of concern. Responses could provide multiple reasons for their view.

The main reasons given for supporting this proposal were:

- perceived to be more specialised facilities, care and staff are available at hospitals in Bristol and Taunton (18% of responses that made a comment about this proposal said this)
- perception that Weston General Hospital did not have the capacity or facilities to provide all services (5%)
- it was stated that having centralised specialist centres was logical and worked well (5%)
- it was deemed positive that people could be transferred back to Weston after receiving specialist care (4%)
- this might be an efficient use of resources across the area (4%)
- this may be safer and result in better patient outcomes (2%)

"The neighbouring hospitals are bigger and more specialised so they would have round-the-clock staff that would be available for the emergency care that is needed." (Woman with a long-term condition, from another part of North Somerset, aged under 25 years)

"Larger hospitals are probably better staffed to take on surgery out of hours." (Woman from Weston with a disability, aged 41 to 64 years)

"Need to go to a specialist centre, but important to be brought back to Weston to recover." (Man from Weston, aged 41 to 64 years)

Areas of concern

Whether they supported the proposal or not, responses could express areas of concern. The main areas of concern with this proposal were:

- Bristol and Taunton were thought to be too far for patients to travel to (19% of responses that made a comment about this proposal said this)
- it could be unsafe moving unwell patients or there may not be time to travel in an emergency (14%)
- other hospitals were perceived to be too far for visitors and carers and costly to travel to (9%)
- lack of clarity about why it is possible to provide emergency surgery during the day but not at night (7%)
- feeling it would be better for patients to have continuity of care and be cared for in one place locally (6%)
- Weston's population and need for the service was perceived to be growing (6%)
- removing emergency surgery might affect other services at the hospital (6%)
- there might be a lack of capacity at other hospitals (4%)
- the ambulance service may not have capacity to transfer people (4%)
- this could lead to a deskilling of staff at Weston General Hospital (3%)
- it may be difficult to return to Weston with no transport and poor public transport (2%)
- communication between hospitals might be poor (1%)
- there might not be enough beds at Weston General Hospital so people may need to stay elsewhere (1%)

More than one in ten responses that commented about this proposal believed that it would be unsafe to transfer patients elsewhere for emergency surgery or result in poor coordination or quality of care (14%).

> *"For immediate surgery cases, to travel to Bristol or Taunton puts patients' lives at risk with the extended time in travelling to these other trusts especially if there are traffic delays in the M5 and local A roads which are common."* (Male carer from Worle, aged 41 to 64 years)

> *"Many in the group were concerned about the cost and time spent travelling to other hospitals. They were also concerned that patients' notes would not be transferred between sites which would cause more confusion."* (Notes from public meeting)

About one in ten responses that commented about this proposal were concerned about access for family members and friends wanting to visit those who underwent emergency surgery at a hospital in Bristol or Taunton (9%).

> *"Part of the savings you will make will be transferred as an additional cost to the patient and his/her family. All Taunton and Bristol hospitals are about 20-25 miles away and many patients are elderly. Most visiting relatives will also be elderly and, therefore, are more likely not to have cars and be subject to public transport. This is mainly only available during core daytime hours."* (Man from Winscombe or South Rurals Villages, aged 65-75 years)

> *"Elderly/frail people would struggle to get to Southmead by public transport, and would have difficulty navigating the hill up to the Bristol Royal Infirmary. Those with physical disabilities and using wheelchairs would also have difficulty."* (Notes about opinions expressed at a travel working group meeting)

Others thought that Weston and surrounding areas were large enough to warrant a specialist centre for emergency surgery overnight (6%).

> *"I understand the centre of excellence argument but surely Weston is growing and should be big enough to support specialist staff if not now, then in the very near future."* (Man interviewed as part of representative sample)

A small number of responses suggested as an alternative to this proposal that doctors from other hospitals could rotate to Weston at night or there could be an on call system for emergency surgery (1%).

Alternatives suggested

Alternatives suggested

The CCG invited people and organisations to put forward alternatives that would help to address the reasons that the CCG said that change is necessary. The CCG stated that any alternative proposals would be evaluated using the same criteria as had been used to assess the proposals disseminated for consultation.

The consultation feedback form asked 'If there are other changes that the NHS should consider or ways we could improve our proposals for healthcare in the Weston area, please let us know.' Other types of responses also suggested areas for development. 439 responses provided 529 comments about this. This section is divided into comments about alternatives to specific proposals and more general comments about areas for development.

Changes to the model proposed

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, enabling the A&E to remain open overnight (14% of 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 transfer 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 an alternative proposal developed by some consultants at Weston General Hospital (59 responses). The proportion of responses expressing support for this approach cannot be taken as an indication of overall support as it was not something that people were explicitly invited to comment about during the consultation.

The CCG provided information about the scope of this proposal for the independent theme compilation. In brief, the alternative proposal suggested:

- having A&E open 24 hours a day by 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 main reason that responses supported this proposal was that it was perceived to address staffing issues that would allow the A&E to be open 24 hours a day.

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 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.

A representative from NHS England and NHS Improvement reviewed the alternative proposal and, in response to the consultation, suggested that this may not in itself address staffing issues for the A&E department.

"The temporary overnight closure was put in place as a result of safety concerns and issues relating to the fragility of its staffing model. The alternative model does not show in what way the approach to staffing is any different from before the temporary overnight closure. The current staffing at Weston has a 34% vacancy rate at Registrar grade and a 25% vacancy rate at consultant level… To be an Emergency Department it must have appropriately trained emergency staff. Substituting emergency department staff with other staffing groups is acceptable as long as there is an emergency department trained clinician present. The public have an expectation that when they present to their emergency department they will be seen by a clinician who is able to manage their undifferentiated emergency presentation. Should there not be an Emergency Medicine trained clinician present then the service should be designated an urgent treatment centre… Any service providing walk in access must be able to safely manage unwell children. Without paediatric backup this service should be designated a paediatric minor injuries unit and an adult only emergency department. There is still huge risk of an unwell child being bought in when the emergency department trained staffing is so fragile."

Health Education England commented in its response to the consultation that it was committed to supporting medical education and training at Weston Area Health Trust whatever the service model, as long as the national medical education and training standards were met. Health Education England stated that if the A&E was open 24 hours a day it would want reassurance that training and supervision would not be impacted during the times that junior medical trainees were working within the department.

Other suggestions for improvement

In addition to alternatives or amendments to the CCG's proposals, responses also set out other suggestions for the CCG to consider. These were wider areas for development, not necessarily specifically related to the proposals for Weston General Hospital.

The suggestions for improvement included:

Staffing

- recruiting and training more staff and ensuring staff feel valued so they are retained (16% of responses that suggested an area for development)
- increasing coordination across sectors including social care, mental health and the voluntary sector (11%)
- reducing management staff in order to provide more funding for and focus on frontline clinical staff (7%)
- improving staff training and support and mentorship, including for nurses (2%)

Service focus

- increasing the focus on maternity care and children's services (5%)
- increasing specific services at Weston General Hospital such as oncology, radiology and hydrotherapy (3%)
- increasing beds and rehabilitation in the community to free up hospital beds (3%)
- turning Weston into a teaching hospital or specialist centre focusing on the needs of the elderly (2%)
- increasing planned surgery or having Weston General Hospital concentrate solely on planned surgery (1%)

Transport

- improving access to parking and reducing parking costs (3%)
- improving public transport (2%)
- improving transport between hospitals, such as providing a shuttle bus twice daily (1%)
- increasing ambulance service capacity (1%)

Other suggestions

- campaigning for increased funding (4%)
- focusing on prevention and health promotion, including using digital tools (4%)
- providing a directory of services so people know the different types of help available, including alternatives to A&E (1%)
- making more use of volunteers and the voluntary sector (1%)

Other developments

Other developments

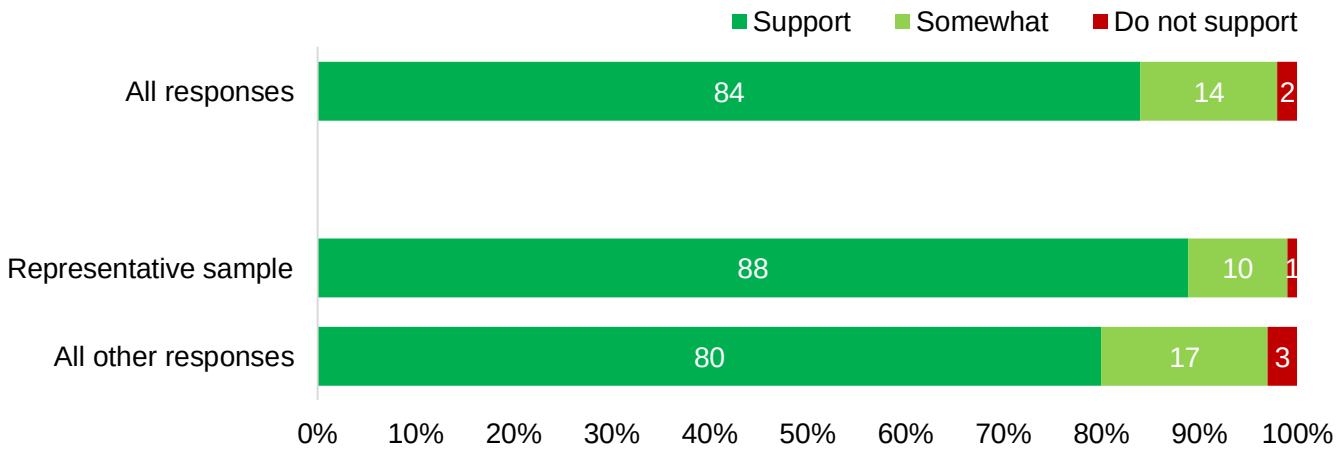
The changes proposed for Weston General Hospital are part of wider developments being considered within the Healthy Weston programme. The CCG invited people and organisations to comment on wider developments.

The consultation asked whether people supported *"developing a joined up (integrated) team focused on supporting frail older people, including community and hospital specialists and social care workers."*

1,835 responses stated whether they supported this. 84% of responses that commented about this said they supported this approach, 14% said somewhat and 2% did not (see Figure 12).

People had similar views regardless of their age, gender, ethnic group and geographic area. The representative sample interviewed door-to-door had similar views to those who responded to the consultation in other ways.

Figure 12: Level of support for joined up team supporting frail older people



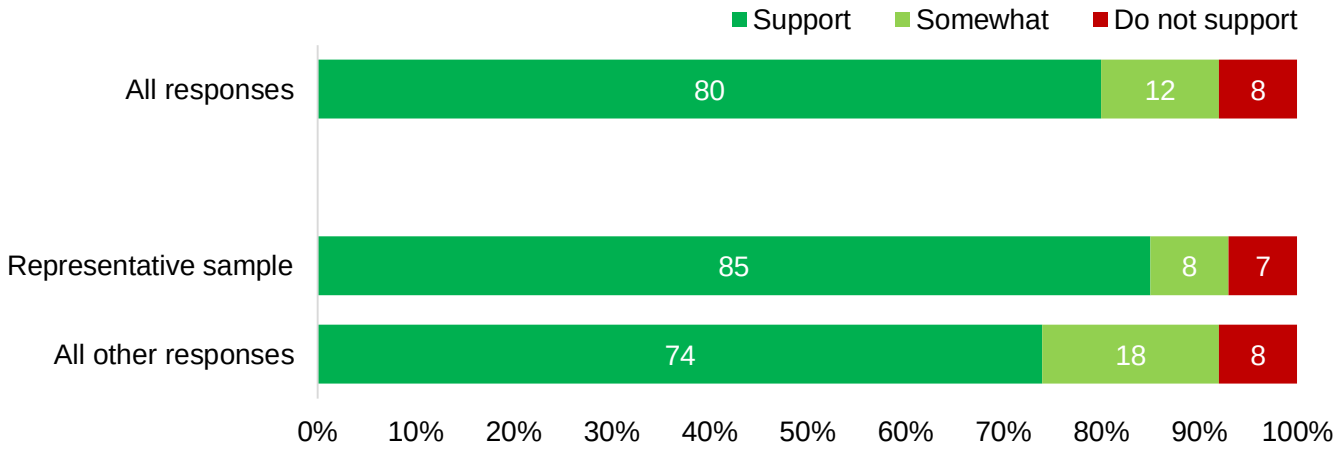
Note: 1,835 responses stated whether they supported this or not.

The consultation asked whether people supported *"providing urgent care for children at Weston Hospital from 8am to 10pm seven days a week. Currently it is 9am to 8pm five days a week."*

1,851 responses stated whether they supported this. 80% of responses that commented about this said they supported this approach, 12% said somewhat and 8% did not (see Figure 13).

People had similar views regardless of their age, gender, ethnic group and geographic area. The representative sample interviewed door-to-door had similar views to those who responded to the consultation in other ways.

Figure 13: Level of support for extended hours for children's urgent care



Note: 1,851 responses stated whether they supported this or not.

Responses that said they did not support this commented that they felt that opening hours for children's urgent care services should be extended even longer.

> *"To meet the needs of the local population, Weston needs to intensify the staffing offer between 15.00 and 22.00 when paediatrics sees most of cases Monday to Friday. Currently the Seashore Centre manages referrals from primary care very well but referrals stop at 17.00. At the weekend a more sustainable model of care would be to have a greater skills mix in emergency department rather than a standalone paediatric service. This could be delivered by training emergency department staff, both doctors and nurses to carry out more paediatric care."* (Notes from meeting with Weston General Hospital staff)

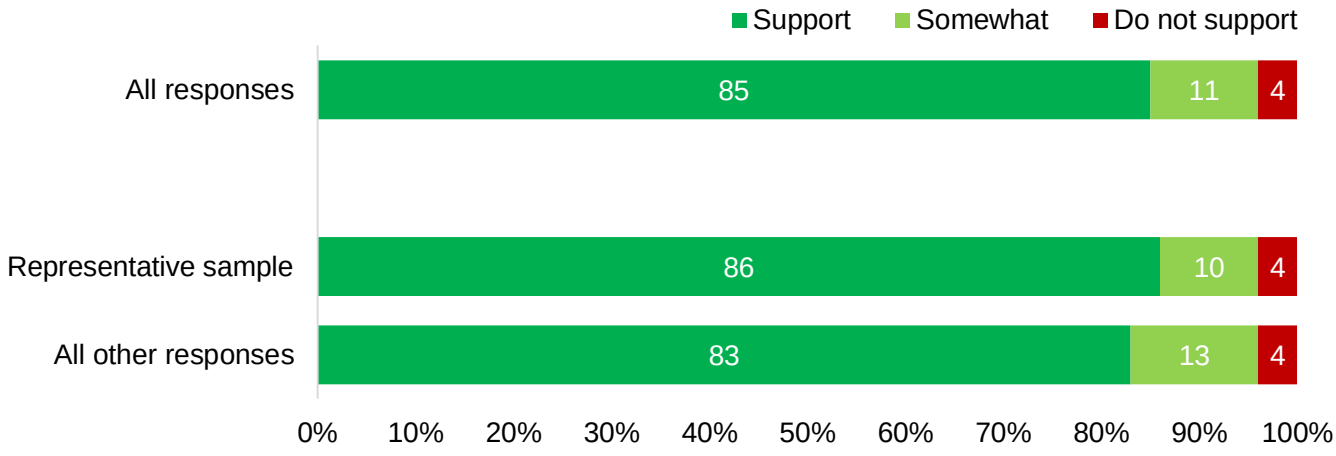
The consultation asked whether people supported *"having a new mental health crisis and recovery centre in the middle of Weston to support people with urgent mental health needs during evenings and weekends. This is in addition to current services."*

1,827 responses stated whether they supported this. 85% of responses that commented about this said they supported this approach, 11% said somewhat and 4% did not (see Figure 14).

People had similar views regardless of their age, gender, ethnic group and geographic area. The representative sample interviewed door-to-door had similar views to those who responded to the consultation in other ways.

Some suggested that the mental health crisis centre should cover all ages, not solely those aged 16 years and older. Others suggested that the opening hours should be extended.

Figure 14: Level of support for mental health crisis centre



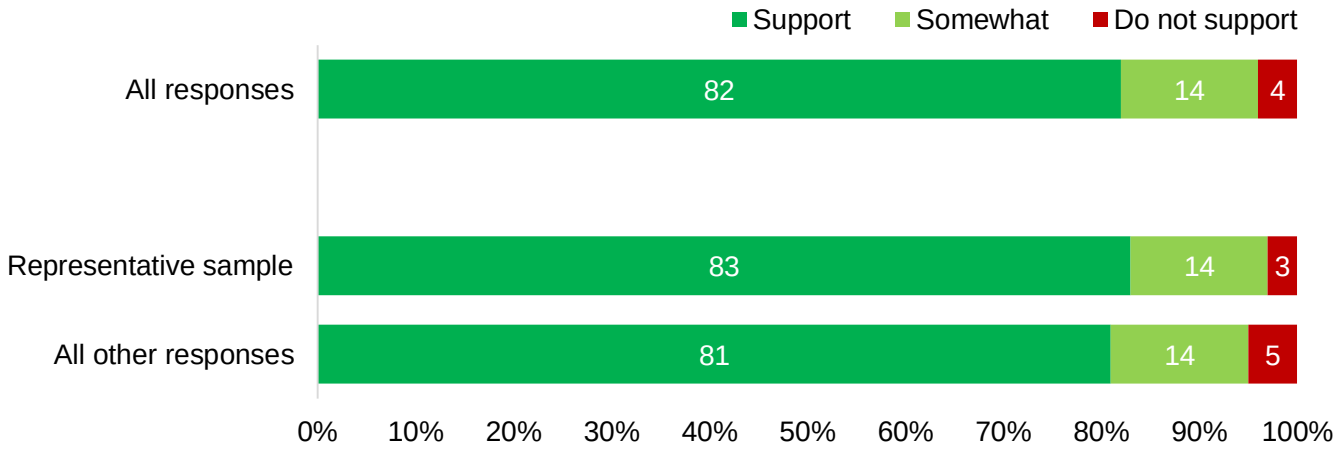
Note: 1.827 responses stated whether they supported this or not.

The consultation asked whether people supported *"having more planned operations at Weston Hospital. By 'planned' we mean surgery that is scheduled, not done in an emergency."*

1,820 responses stated whether they supported this. 82% of these responses said they supported this approach, 14% said somewhat and 4% did not (see Figure 15).

People had similar views regardless of their age, gender, ethnic group and geographic area. The representative sample interviewed door-to-door had similar views to those who responded to the consultation in other ways.

Figure 15: Level of support for more planned operations at Weston Hospital



Note: 1,820 responses stated whether they supported this or not.

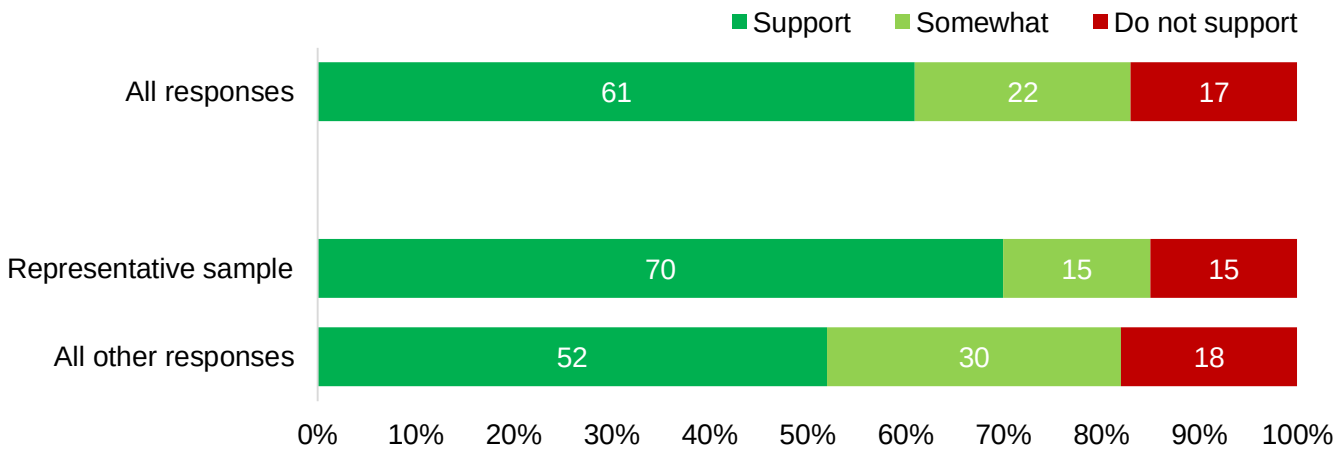
The consultation asked whether people supported *"having general practices working more closely together in larger groups."*

1,770 responses stated whether they supported this. 61% of these responses said they supported this approach, 22% said somewhat and 17% did not (see Figure 16).

The representative sample interviewed door-to-door were more likely to support this than those who responded to the consultation in other ways (70% of the representative sample versus 52% of others).

The older people were the less likely they were to support this approach. Carers were also less likely to support this than others (53% of 216 responses from carers versus 61% of all responses).

Figure 16: Level of support for general practices working in larger groups



Note: 1,770 responses stated whether they supported this or not.

Responses who did not support this said that they were concerned about having less continuity of care, greater travel to GP practices or reduced access to appointments if practices were responsible for greater numbers of people.

> *"Having larger groups of general practices can be useful but it is similar to making people travel to A&E, that is in many cases your local doctor becomes further both in distance and as an identifiable person. Make your decisions about people first, especially the 'small person'."* (Male carer from Weston, aged 65-75 years)

Longer term vision

The consultation documentation set out a longer term vision for health and care services in Weston, Worle and the surrounding areas, including for Weston General Hospital (see Figure 17).

Figure 17: Longer term vision for Weston General hospital

Note: This is a copy of a slide used at consultation meetings, provided by the CCG.

The consultation asked *"The NHS has a vision for the longer-term future of healthcare in the Weston area which includes even more joined up primary care, community-based care (physical, mental, social and voluntary sector services) and hospital based services. Is there anything you would like to say about the longer-term vision?"*

363 responses provided 421 comments about the longer term vision.

About one in ten of these responses was positive about the vision of more joined up working (12% of those that commented about the longer term vision).

> *"It would help patients to have all care services as one rather than many separate organisations."* (Woman with a long-term condition from Winscombe or South Rurals Villages, aged 25 to 40 years)

Other responses were concerned about how realistic the longer term vision was or the impacts it may have. The themes in responses here were as follows:

Concerns about practicality

- responses stated that the vision would require enough funding to work (14% of those that commented about the longer term vision)
- there were concerns that the vision was not realistic or practical to achieve (6%)
- it was stated that it was difficult to access GPs currently so a model relying more heavily on primary care may not be practical or sustainable (6%)
- it was suggested that this has been talked about before but not implemented (3%)

Concerns about continuity and scale

- there was concern that making services too large may reduce patient experience and access (9%)
- there was a desire for services to be local (3%)
- there was concern about continuity and building relationships as teams get bigger (1%)

Things that may require additional focus in the vision

- it was stated the vision needed to consider population numbers, age and growth (14%)
- the vision needed to consider public transport and access to services (6%)
- it was stated that there should be more focus on staff recruitment and retention (6%)
- more focus was suggested on increasing access to unscheduled care (5%)
- more community services needed in the vision, including community beds (3%)
- more focus suggested on mental health (3%)
- more focus was suggested on increasing opening hours for all services (2%)
- additional focus was suggested on prevention, health promotion and digital support (2%)
- additional focus was suggested on children's services (1%)

Further information required

- perceived lack of clarity about the longer term vision and what joined up care means (4%)
- it was stated that the vision needed further development with public input (1%)

Other comments

- there was concern that the vision was a way to save money and reduce services (8%)
- it was stated that the vision did not cover outlying villages well (1%)
- it was stated that the vision should expand Weston General Hospital (3%)

In its consultation response, Weston Area Health Trust, the organisation responsible for running Weston General Hospital, commented as follows:

> *"The Board have discussed the longer term ambition (which we consider as the original Model 27b) and conclude that as presented, it could be a threat to the provision of sustainable hospital services in Weston-super-Mare. Over the period of the Healthy Weston consultation we have seen a larger than normal outflow of staff who are uncertain of their future alongside patients reportedly unsure whether to attend Weston General Hospital in case it is closed – a perceived hollowing out of hospital services. We have serious concerns that a significant reduction in services will result in further health inequalities between the urban centre of Bristol and outlying areas of Bristol, North Somerset and South Gloucestershire."*

About one in five responses that commented about the longer term vision were concerned that the vision was not achievable due to a lack of funding (14%), staffing (6%) or infrastructure (6%).

> *"This is great in principle but surely not achievable as already it is impossible to recruit into GP surgeries, also not at the expense of emergency services."* (Female NHS staff member from Weston, aged 41-64 years)

> *"To be perfectly honest these are good ideas but I have heard them talked about for many years, especially the catch-phrase 'joined-up care'. But I have never seen it actually happen."* (Female carer from Weston, aged 76+ years)

> *"The community teams are currently stretched and cannot always take referrals from the hospital at present. Where is the money coming from to expand these services so they can contribute towards this more joined up service?"* (Female NHS staff member from Worle, aged 26-40 years)

About one in ten responses that commented about the longer term vision were concerned that the vision would result in a reduction in local services, in the community and in hospital (8%).

> *"The long term vision may be aspirational in design but the detail is underpinned by a reduction in services and by GP practice amalgamation under an apparent "bigger is better" principle. I strongly believe that this isn't what the local community wants."* (Man from Worle, aged 41-64 years)

Others wanted to ensure that any changes did not reduce the continuity of care.

> *"I have concerns of never being able to build a therapeutic relationship with GPs, nurses etc as the teams get bigger and patients become lost in the system. The paperwork involved in care has also become overbearing with targets not patients being a priority."* (Woman from Weston with a long-term condition, aged 41-64 years)

> *"Larger GP groups are having a detrimental effect on the care given at source, patients seeing a different practitioner every time they manage to get an appointment, and no relationships being built. Whilst things cannot remain the same, it seems that patient care is very low on the list of priorities."* (Female NHS staff member from Weston, aged 41-64 years)

Other comments

175 responses made 290 other comments about things for the CCG to take into consideration.

About one in ten responses that provided additional comments mentioned the high quality care received at Weston General Hospital or the dedicated staff (9%).

Other comments included:

- the large and growing population and tourists should be taken into account in the proposals (18%)
- a perceived need to strengthen infrastructure to support plans before implementing proposals, including public transport and ambulance service capacity (16%)
- a perceived need to account for the strain and costs of travel, not just travel times (14%)
- questioning the accuracy of the statistics or evidence on which predictions were made to support the proposals (13%)
- the perceived need for more information about the safety of options requiring travel (8%)
- more detail about how GPs and hospital staff will be recruited and retained (7%)
- the perceived need to account for some people having limited access to the internet when planning future services (5%)
- a suggestion to account for younger people in plans too, not just older people (3%)
- a suggestion that the consultation should focus on more than A&E (3%)

"*Look at the size of the ever growing town and population, along with the increasing temporary population in the holiday season. The CCG has already been accused of using an outdated statistical model for assessing the need for A&E, how can they be trusted to be making the correct assessments and proposals for Weston General Hospital? Weston General Hospital is difficult to access via public transport, and the parking for patients and visitors inadequate and extremely expensive."* (Woman from Weston, aged 41-64 years)

Some responses felt that the consultation had not demonstrated that the proposals were appropriate to proceed, with limited information about whether it was safe to travel to other hospitals in an emergency or whether there were enough hospital staff and GPs available to implement the proposals.

"The Healthy Weston consultation is currently not fit for purpose. Nowhere near enough hospital doctors, GPs and nurses are being recruited to ensure that the new model is ready to start in October 2019 and the proposed merger with University Hospitals Bristol Trust has now been put back by six months. Until this merger takes place we do not see how the recruitment issues will be resolved. The process should therefore be put on hold and proper public consultation should only start when the project is capable of being realised." (Save Weston A&E and Protect Our NHS North Somerset)

There were also comments about the consultation process itself. Some responses were positive about the consultation process or said they had felt reassured after attending consultation events (4% of responses that provided additional comments). Others were positive that clinicians had been involved in developing the CCG's proposals (1%).

On the other hand, some responses felt that the CCG had already made a decision to proceed with proposals and that the CCG would not act on consultation feedback (13%). Some were concerned that CCG decision-makers may not live in Weston or that the consultation and decision-making may not be clinically led (3%).

> *"Group was very concerned that the consultation process has not been thorough enough - "it feels like there has been no meaningful consultation"; Feel as though they are not being listened too and the consultants plan is being ignored. The impression the public are getting is that the decision has already been made. When the consultation started 2 years ago we asked questions that are still being asked now with no resolution .e.g. about whether there are enough ambulances. Feel that there has been 7 months of consultation talking with no budging from the Healthy Weston team. Feel that concerns have not been met."* (Notes from public meeting)
>
> *"The consultation seems to be a foregone conclusion in view of the secondary proposal under consideration to downgrade Weston hospital within the next two years. Are they consulting just to meet statutory requirements and tick a box, rather than taking on board the legitimate concerns of the people of North Somerset."* (Emailed response, characteristics unknown)
>
> *"There is a feeling that the decision makers, both in the CCG, the Trusts involved and the Clinical Senate, by and large, do not live in the area affected by the threat to Weston emergency department. How can we be certain that the hearts and minds of those with responsibility for deciding the future of Weston's emergency department really are being exercised for the benefit of the Weston population, not just for the greater good of the Bristol, North Somerset and South Gloucestershire health community?"* (Facebook post, characteristics unknown)

About one in ten responses that provided additional comments questioned the statistics, predictions or evidence upon which proposals were based (13%).

> *"We dispute the population statistics presented by the CCG. We believe that the greater part of North Somerset looks towards Weston General and that many GP practices within the county and the area refer patients there… We dispute the figures regarding the lack of nurses at the hospital and wish to understand why the staffing requirements for A&E increased between 2017 and 2019."* (Save Weston A&E and Protect Our NHS North Somerset)

Some believed that some elements of the consultation material were unclear or contradictory, especially related to the critical care proposal (5%).

Some responses said that the consultation should have been advertised more widely (6%) or engaged more with diverse groups and across wider areas (8%). Some said that the name 'Healthy Weston' was problematic as it meant that people in areas outside Weston that may be affected would not know the proposals were relevant to them (4%). Others said that the CCG should have done more to engage with health and care staff (4%).

> *"The Healthy Weston name has led to people from other areas being unaware of what it's about. It has excluded many people from being involved."* (Notes from pubic meeting)

5% of responses that provided additional comments felt that there may be 'consultation burnout' as the Healthy Weston programme appeared to have continued for an extended period with little progress.

> *"Participants have consultation fatigue and would like a decision to be made and for this to be enacted as soon as possible. The lack of decision is having a negative impact on the area / morale of staff and users as well as detracting from the ability to get on and do."* (Notes from pubic meeting)

About one in ten responses that provided additional comments wanted more information about an alternative proposal put forward by hospital consultants or wanted the CCG to consider this thoroughly (8%).

Summary


Our Healthy Weston vision
Preventing ill-health
Affordable and wise use of all resources
High quality, safe and sustainable services that meet local people's needs
More care closer to home
Reformed A&E, emergency surgery and critical care
Care for mental and physical health needs
Joined up working across all services

Summary

Levels of support for proposals

More than 3,000 people and organisations shared their views in the Healthy Weston consultation. Overall, about two thirds of responses supported the CCG's proposals related to critical care and emergency surgery to some extent, although there were concerns related to the safety and inconvenience of travel to other hospitals for patients and their loved ones.

About one third of responses supported the CCG's proposal related to A&E opening hours, with about two thirds supporting suggestions about having GPs working alongside A&E teams and more direct admissions to a hospital bed for urgent care. The main areas of concern about the proposal for A&E opening hours were that it may not take into account the potential level of need for an A&E overnight, and travel and safety issues if the A&E was not available overnight.

Differences between groups

Overall, the demographically representative sample of the population interviewed had similar opinions to those that responded to the consultation through meetings, the online survey and letters and emails. The representative sample was less supportive than other responses of the proposal about A&E opening hours. In meeting notes and feedback forms, some participants said that once they had attended a consultation event, they felt that they better understood the reasons that the CCG was proposing changes.

The trends in opinions were relatively similar regardless of people's age, gender, ethnicity or other characteristics. Parents of young children were more supportive of some proposals compared to other groups. Those living in economically disadvantaged areas were less likely than others to support the proposals about A&E hours, critical care and emergency surgery.

Next steps

NHS Bristol, North Somerset and South Gloucestershire CCG stated it will consider the feedback received during the consultation when planning next steps. The main themes that those who responded to the consultation wanted the CCG to consider were:

- ensuring that any change accounted for the large and growing population of the area, including the elderly, those living in rural areas, those who visited on holiday and the housing developments planned
- ensuring that any change addressed concerns about the distance to other hospitals. This included the impact that travelling whilst unwell could have on patient outcomes, anxiety and inconvenience for family members, limited public transport, difficulty returning home after discharge from a hospital elsewhere, travel costs and environmental impacts
- whether there were enough ambulances and capacity in other hospitals to implement the proposals
- whether there were enough GPs to support the proposals without affecting usual primary care
- whether the population numbers, travel times, ambulance capacity and other data relied on when developing proposals was accurate