

Healthier **Together**



Improving health and care in Bristol,
North Somerset and South Gloucestershire



HEALTHY WESTON

Healthy Weston: Data to support the Case for Change for services provided at Weston General Hospital

FINAL VERSION



Introduction

Context and purpose

- This document draws together data which supports the case for change to ensure a vibrant and dynamic future for WGH as part of a sustainable integrated local health and care system that meets local people's needs in the long term. While primarily produced for a 'professional' audience, it will be a public document and a separate public facing summary will also be produced for wider use
- The Commissioning Context for North Somerset published in October 2017 set out the intent to work in close collaboration with local providers, key stakeholders, service users and the public to co-design a model of care focusing on primary care (General Practice) working at scale & providing strong system leadership; stronger, more integrated community services and a stronger, more focused hospital in Weston. It recognised the long standing issues and the need to secure a clinically and financially sustainable model of care
- Through the co-design work with health and social care colleagues, the public, patients and partners from the voluntary, community and social enterprise sector opportunities for change to better meet the needs of the local population were considered. In parallel, Weston Area Health Trust and University Hospitals Bristol Trust commissioned specific work to inform their intent to explore a merger. This showed that improving efficiency and market share alone would not lead to a sustainable future for WGH

What is included?

The document is focusing on the case for change for services for the Weston Area population, drawing on:

- Data on population and population health, which is generally at a Local Authority level e.g. North Somerset
- Primary and community care service data
- Hospital service data
- Information captured through patient and public insight and feedback

Wherever possible it has used the **most recent data** from publicly available sources (e.g. NHS Digital) or from local sources where available at the point in time in preparing this document. This is not consistently of the exact same time period– e.g. national activity data is from 2016/17 while local data is from 2017/18.

Comparisons are made against **England national average / quartiles / deciles** and against **peer group** CCGs / local populations with similar characteristics (e.g. Somerset, BaNES), or neighbouring Trusts with similar population flows (e.g. UHB, NBT, T&S)

What is not included?

- Data supporting a case for change across the **entire BNSSG or STP area** – the focus is on the sustainability of services for the wider Weston Area population only
- **Detailed recommendations for service transformation** – these will be developed as part of the Healthy Weston Programme with input from clinicians, patients and other stakeholders
- Evidence base and case for **best practice**
- Any **patient identifiable data** or non-anonymised information

Executive Summary

Why we need to change

1.

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

2.

Variations in care and access in primary and community care: There are differences in the way care is currently provided, with some patients finding access more difficult than others

3.

Meeting national clinical quality standards: Some services at Weston General Hospital don't have sufficient volumes of certain cases and there is a shortage of specialist staff

4.

Getting value for money: We must live within our financial means and make sure we use our available resources most effectively to meet local needs

- **Local population and their health and care needs**
 - Acute care
 - Out of hospital: Primary care
 - Out of hospital: Community, mental health and social care
 - Out of hospital: Ambulance services
 - Financial position

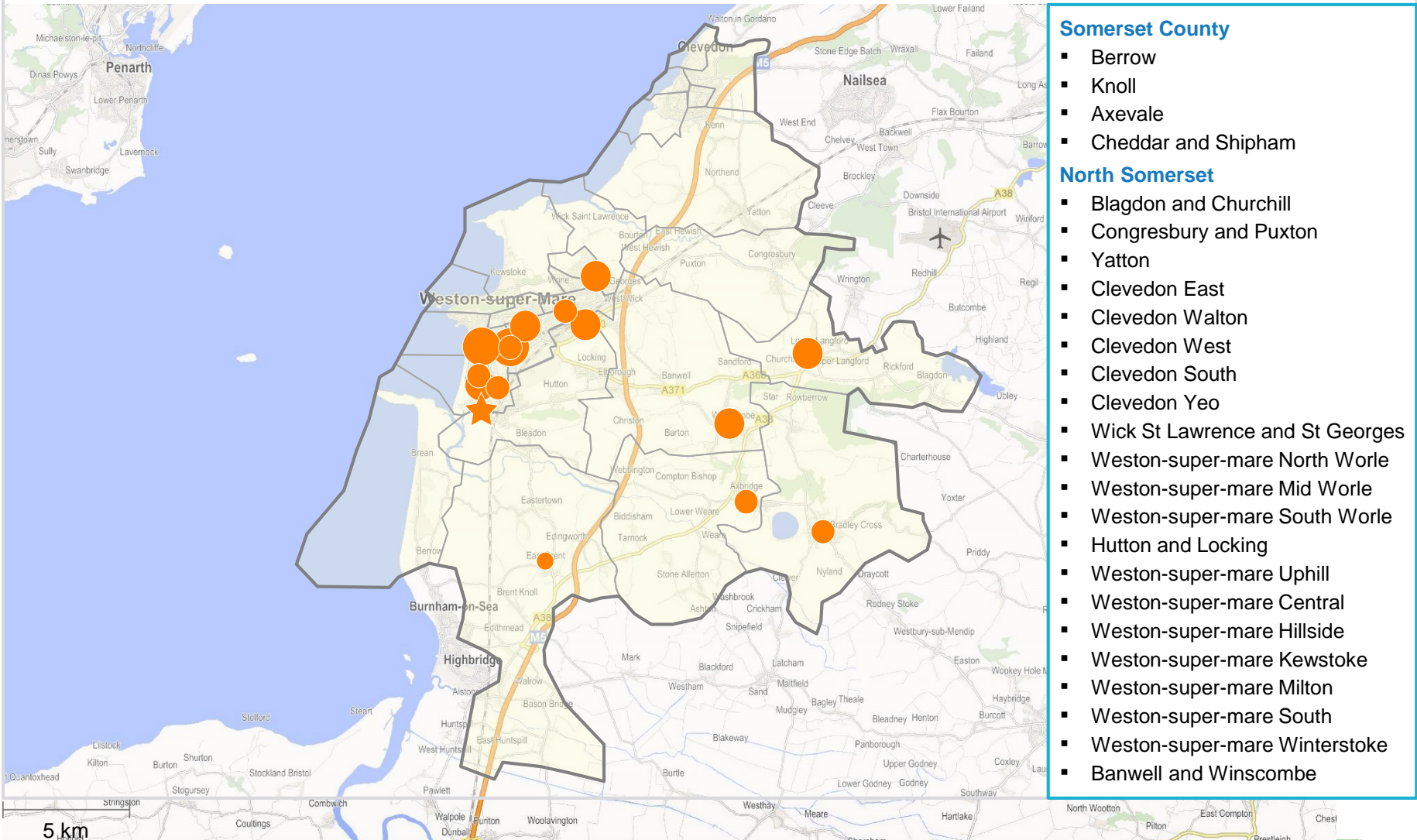
The current catchment population of WAHT is ~ 150,000, as determined by registered population of referring practices for A&E

GP practice weighted pop'n



Proposed catchment

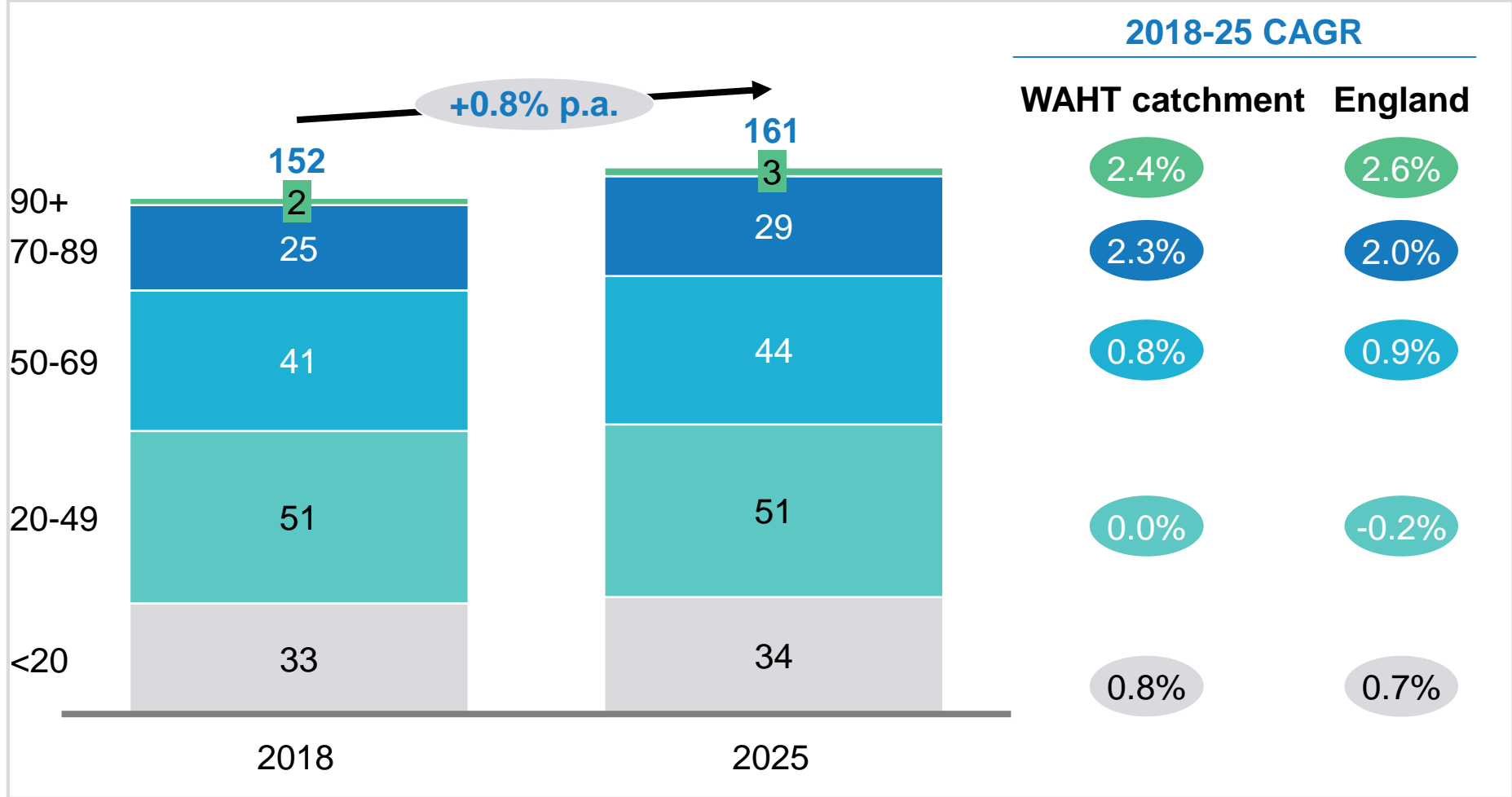
The catchment area, based on the primary A&E that local GPs refer to, consists of 4 Somerset wards and 21 North Somerset wards



- Somerset County**
- Berrow
 - Knoll
 - Axevale
 - Cheddar and Shipham
- North Somerset**
- Blagdon and Churchill
 - Congresbury and Puxton
 - Yatton
 - Clevedon East
 - Clevedon Walton
 - Clevedon West
 - Clevedon South
 - Clevedon Yeo
 - Wick St Lawrence and St Georges
 - Weston-super-mare North Worle
 - Weston-super-mare Mid Worle
 - Weston-super-mare South Worle
 - Hutton and Locking
 - Weston-super-mare Uphill
 - Weston-super-mare Central
 - Weston-super-mare Hillside
 - Weston-super-mare Kewstoke
 - Weston-super-mare Milton
 - Weston-super-mare South
 - Weston-super-mare Winterstoke
 - Banwell and Winscombe

The population across the catchment area is set to increase by ~ 0.8% p.a. by 2025 with higher increases in the over 70's

Population projection by age, area in scope, '000



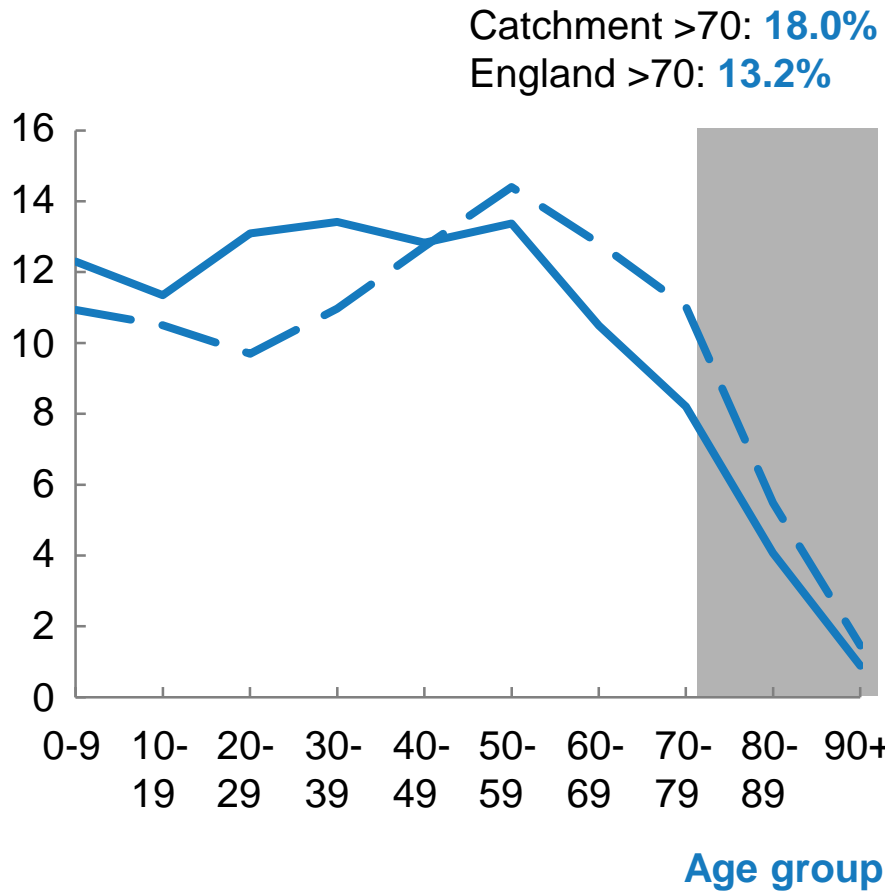
Source: ONS 2016-based Sub National Population Projections; catchment are defined as the following wards: Blagdon & Churchill, Congresbury & Puxton, Yatton, Clevedon East, Clevedon Walton, Clevedon West, Clevedon South, Clevedon Yeo, Wick St Lawrence & St Georges, Weston-super-mare North Worle, Weston-super-mare Mid Worle, Weston-super-mare South Worle, Hutton & Locking, Weston-super-mare Uphill, Weston-super-mare Central, Weston-super-mare Hillside, Weston-super-mare Kewstoke, Weston-super-mare Milton, Weston-super-mare Winterstoke, Banwell & Winscombe, Berrow, Knoll, Axevale, Cheddar and Shipham

The population served by WAHT is older than the England average with 20% >70yrs by 2025

■ 70+ years — England — — Catchment

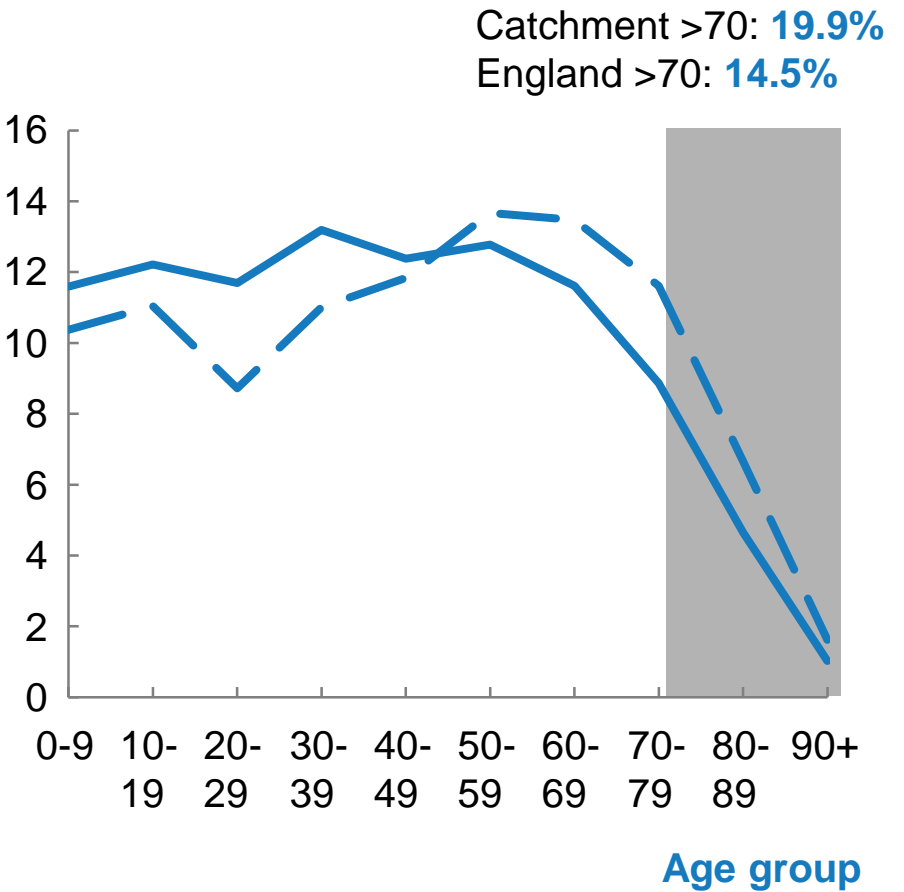
Age distribution of population, 2018

%



Projected age distribution of population, 2025

%

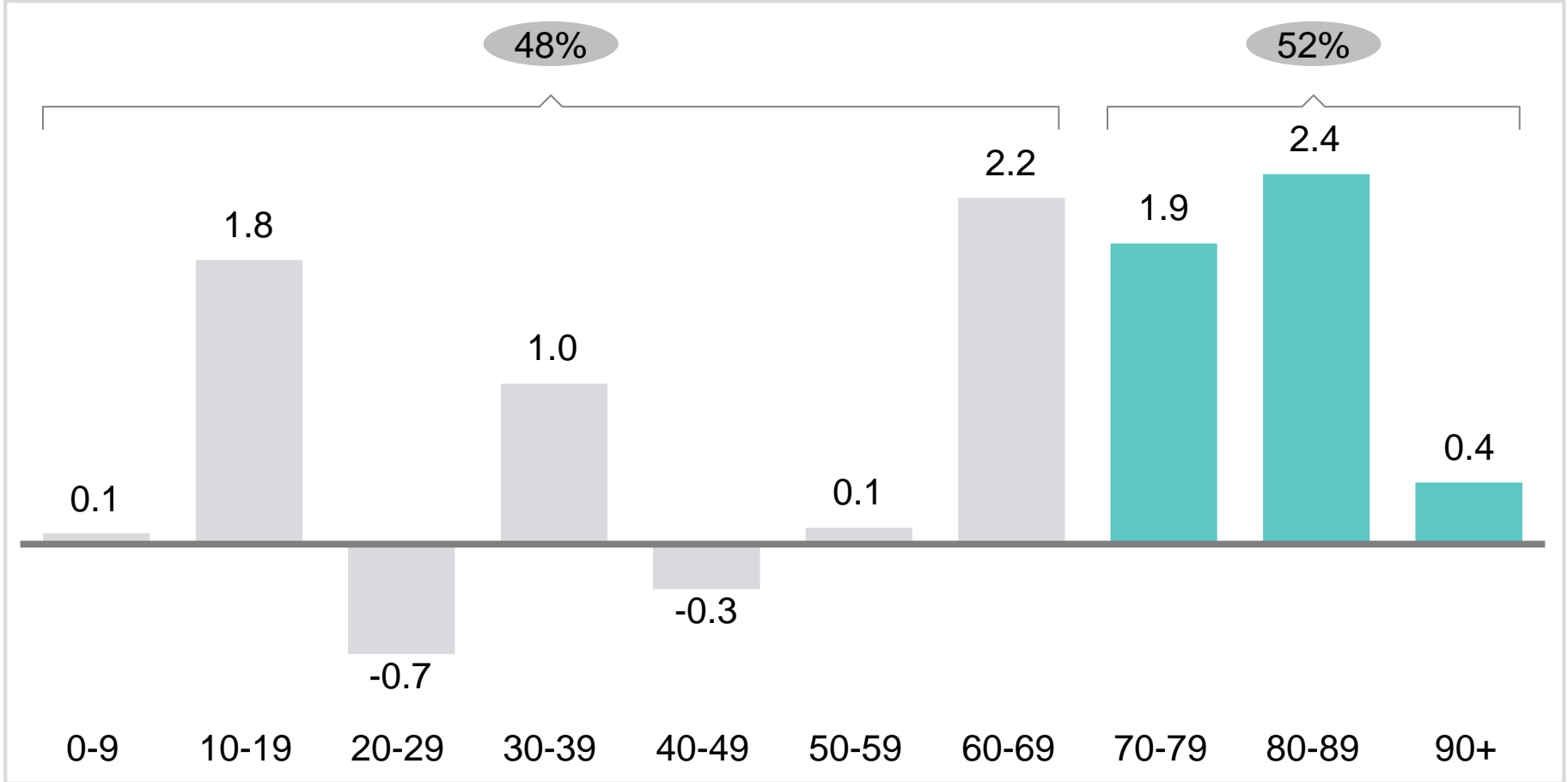


Source: ONS 2016-based Sub National Population Projections; catchment are defined as the following wards: Blagdon & Churchill, Congresbury & Puxton, Yatton, Clevedon East, Clevedon Walton, Clevedon West, Clevedon South, Clevedon Yeo, Wick St Lawrence & St Georges, Weston-super-mare North Worle, Weston-super-mare Mid Worle, Weston-super-mare South Worle, Hutton & Locking, Weston-super-mare Uphill, Weston-super-mare Central, Weston-super-mare Hillside, Weston-super-mare Kewstoke, Weston-super-mare Milton, Weston-super-mare Winterstoke, Banwell & Winscombe, Berrow, Knoll, Axevale, Cheddar and Shipham

Over half of the total population increase between 2018 and 2025 will be in the over 70's

● Share of '18-'25 abs. growth
 ■ Over 70s

Change in population, 2018 to 2025 by age bands
 %



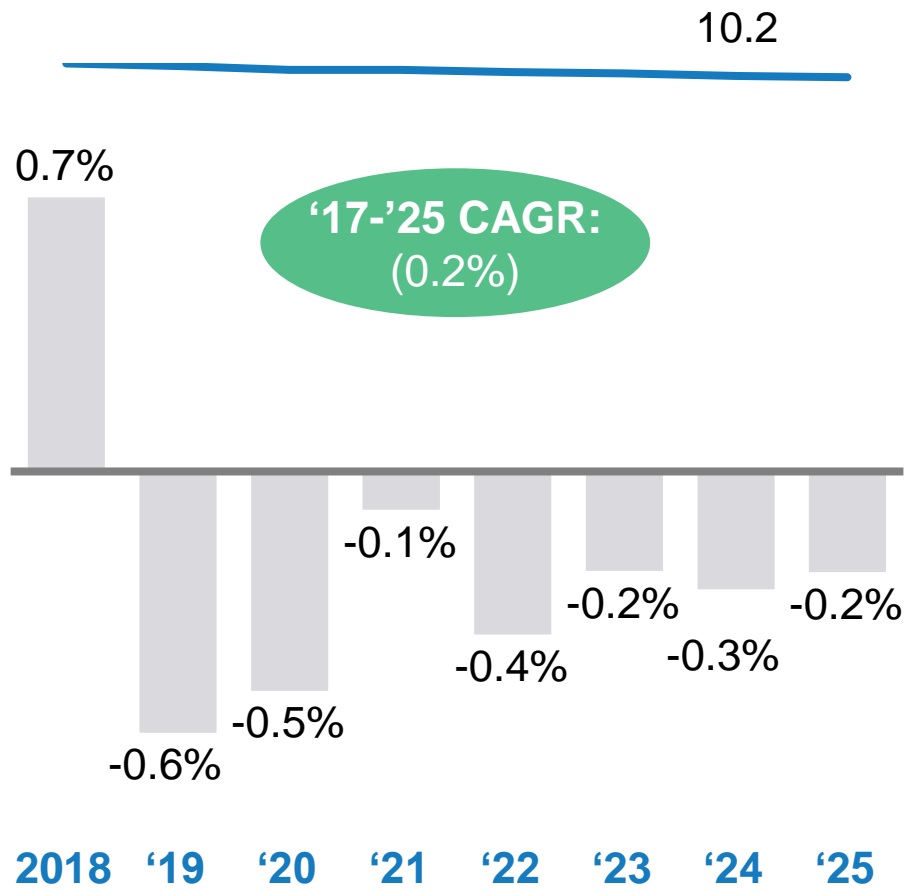
Source: ONS 2016-based Sub National Population Projections; catchment are defined as the following wards: Blagdon & Churchill, Congresbury & Puxton, Yatton, Clevedon East, Clevedon Walton, Clevedon West, Clevedon South, Clevedon Yeo, Wick St Lawrence & St Georges, Weston-super-mare North Worle, Weston-super-mare Mid Worle, Weston-super-mare South Worle, Hutton & Locking, Weston-super-mare Uphill, Weston-super-mare Central, Weston-super-mare Hillside, Weston-super-mare Kewstoke, Weston-super-mare Milton, Weston-super-mare Winterstoke, Banwell & Winscombe, Berrow, Knoll, Axevale, Cheddar and Shipham

The birth rate is expected to decline 0.2% p.a. until 2025 in both North Somerset and Sedgemoor

— Birth rate per 1,000
 ■ Annual % change

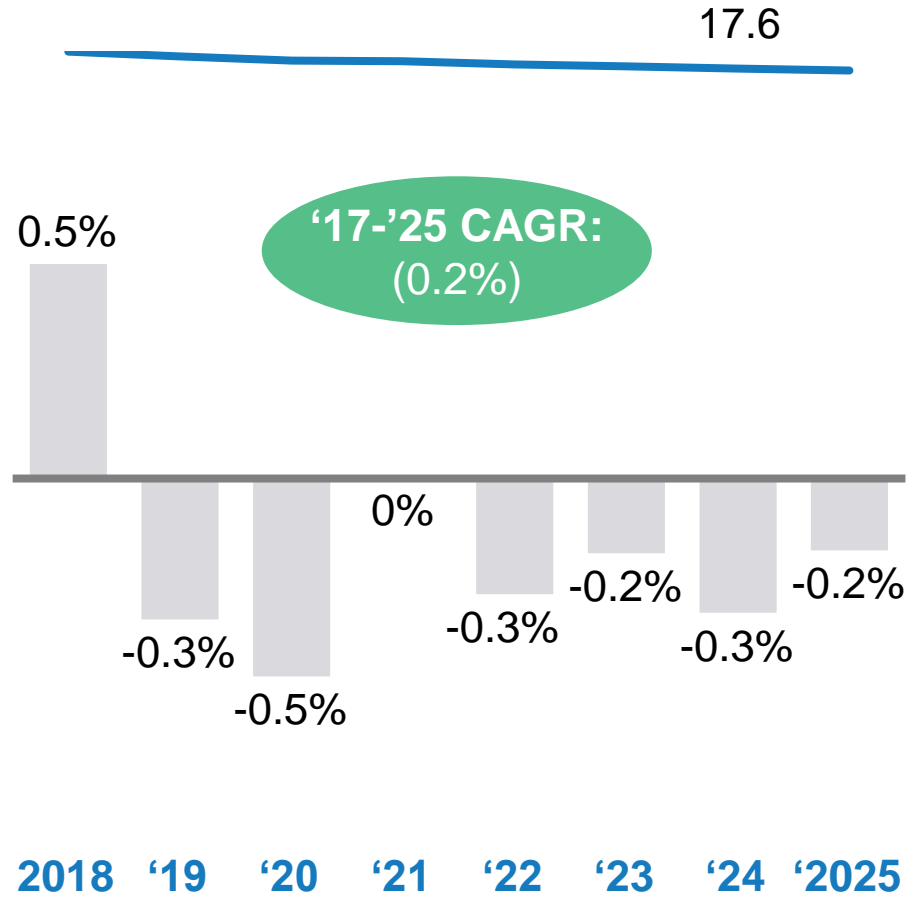
North Somerset birth rate evolution

Births per 1,000 inhabitants; annual % change in birth rate



Sedgemoor birth rate evolution

Births per 1,000 inhabitants; annual % change in birth rate



SOURCE: ONS 2016-based Sub National Population Projections

New housing developments in North Somerset are expected to create an additional 25,000 dwellings by 2036

North Somerset 2006-36 development plans

Number of dwellings

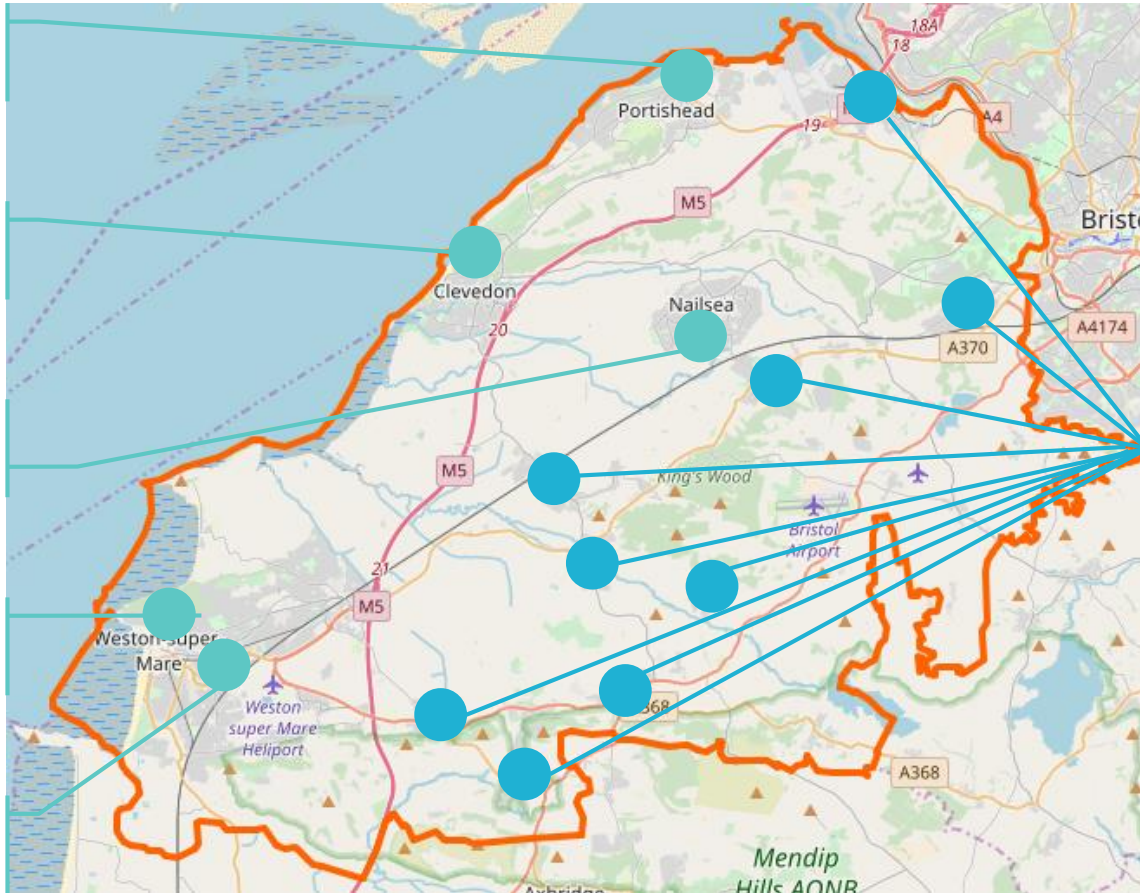
Portishead:
3,300

Clevedon:
700

Nailsea:
3,675

Weston Urban:
6,300

Weston Villages:
6,500



Service villages:
7,375

Other:
4,285

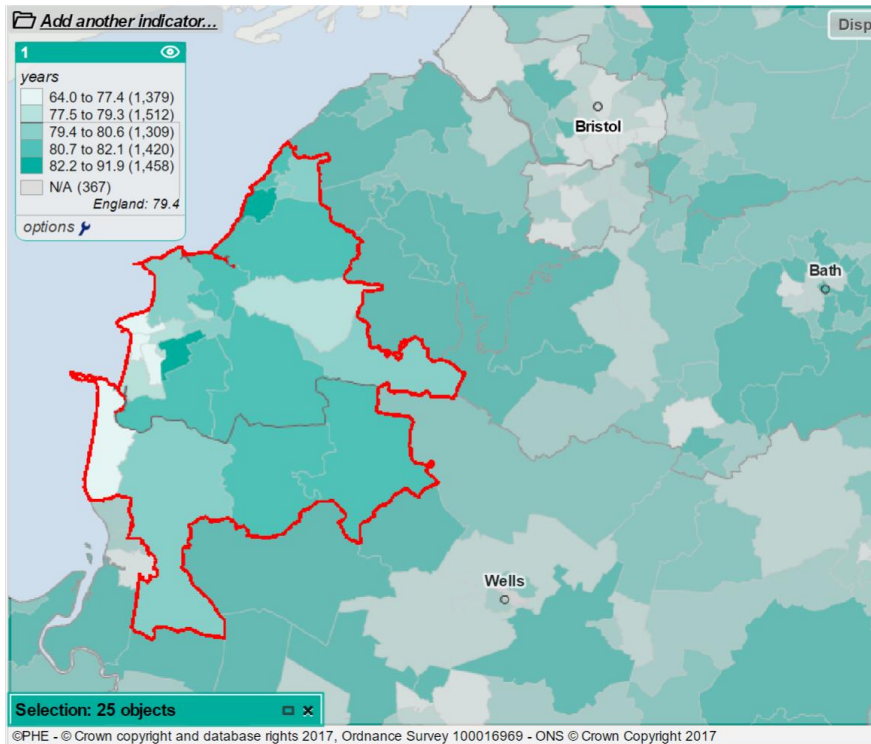
Total: 32,135
Already built: 7,053

To be built: 25,082

Life expectancy in the WAHT catchment population is broadly in line with the England average, but varies by ward

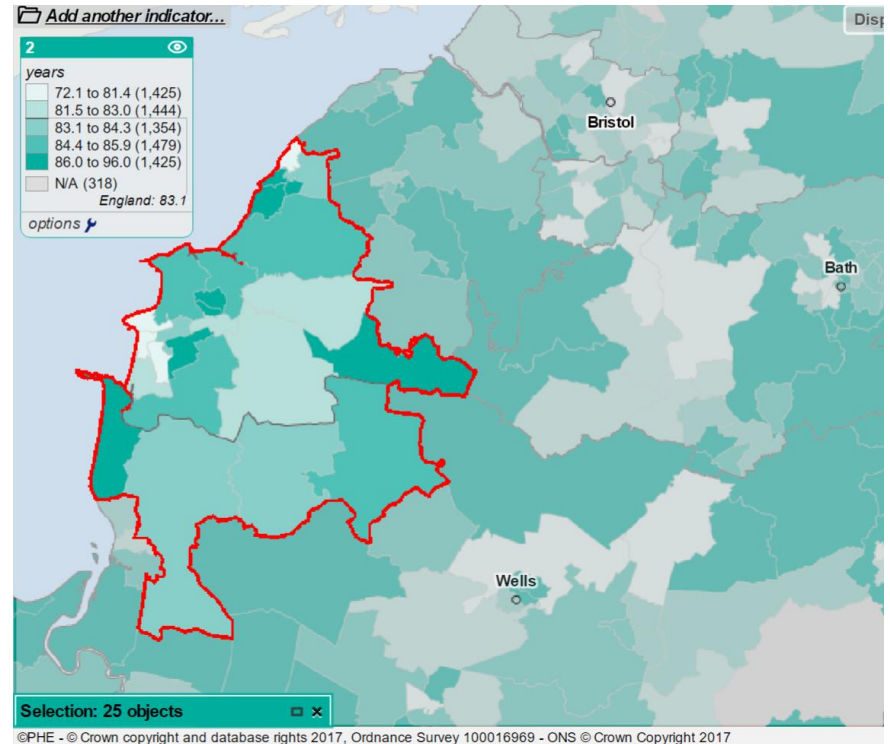
Life expectancy at birth for males, 2011-15
(lighter colour is associated with lower life expectancy)

Catchment area life expectancy: 79.9 years
(England average 79.4)



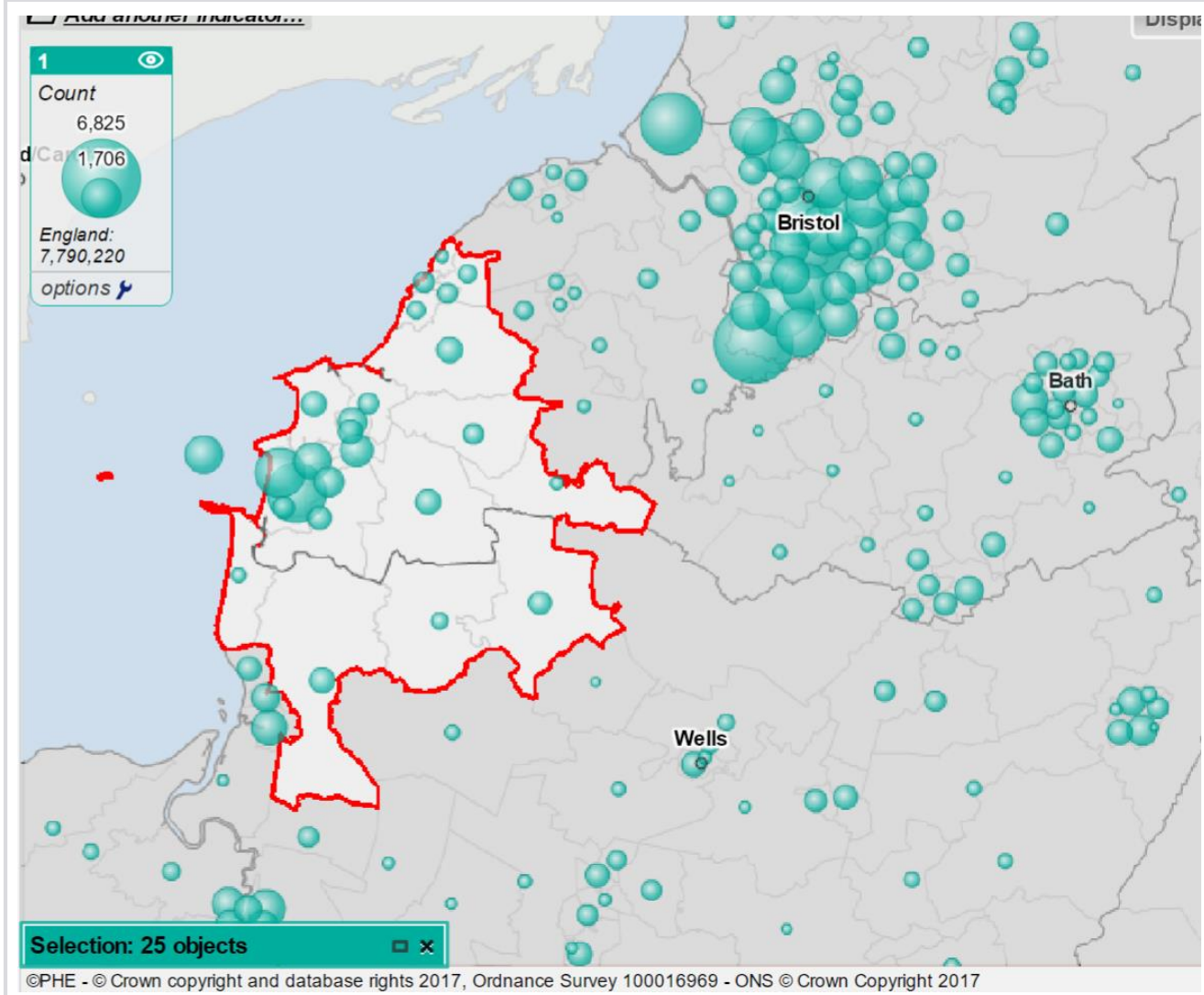
Life expectancy at birth in females, 2011-15
(lighter colour is associated with lower life expectancy)

Catchment area life expectancy: 84.2 years
(England average 83.1)



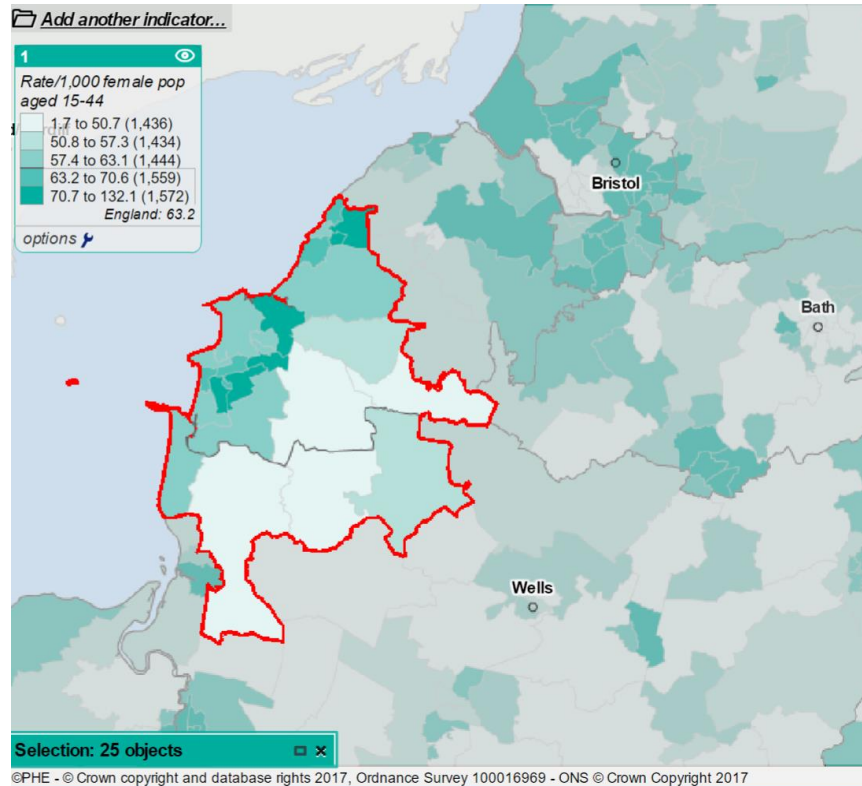
Pockets of deprivation exist, particularly around Weston-super-Mare town. There is also significant deprivation in Bristol

Income deprivation (larger bubbles are associated with higher deprivation)

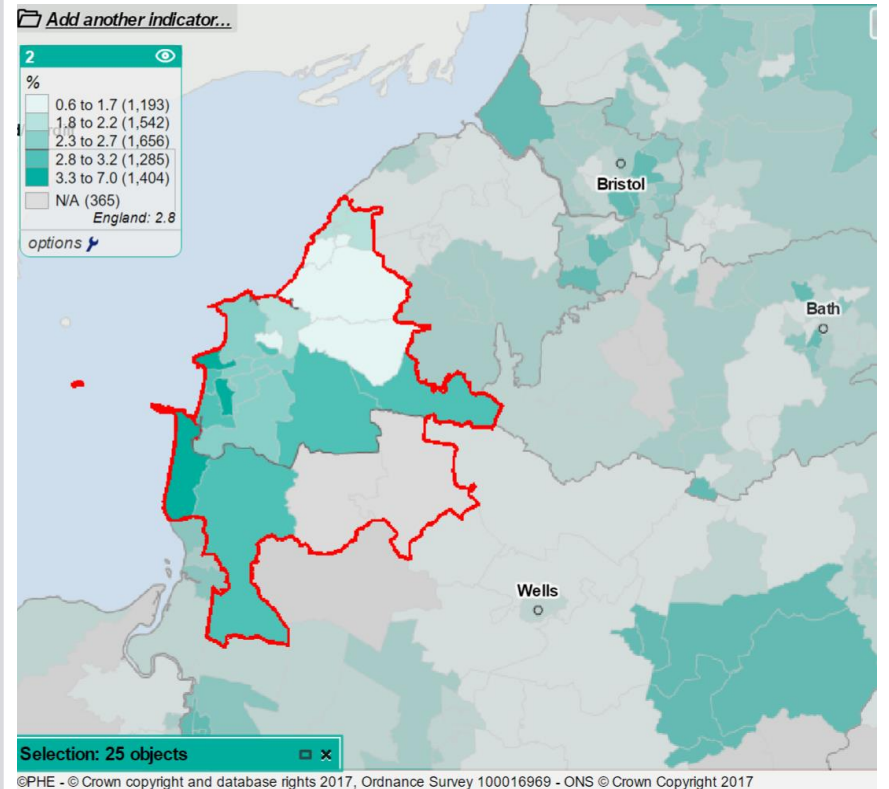


There is limited overlap between those areas with high fertility rates and those with low birth weight term babies

Fertility rate (darker areas indicate higher fertility rate per 1,000 female population)

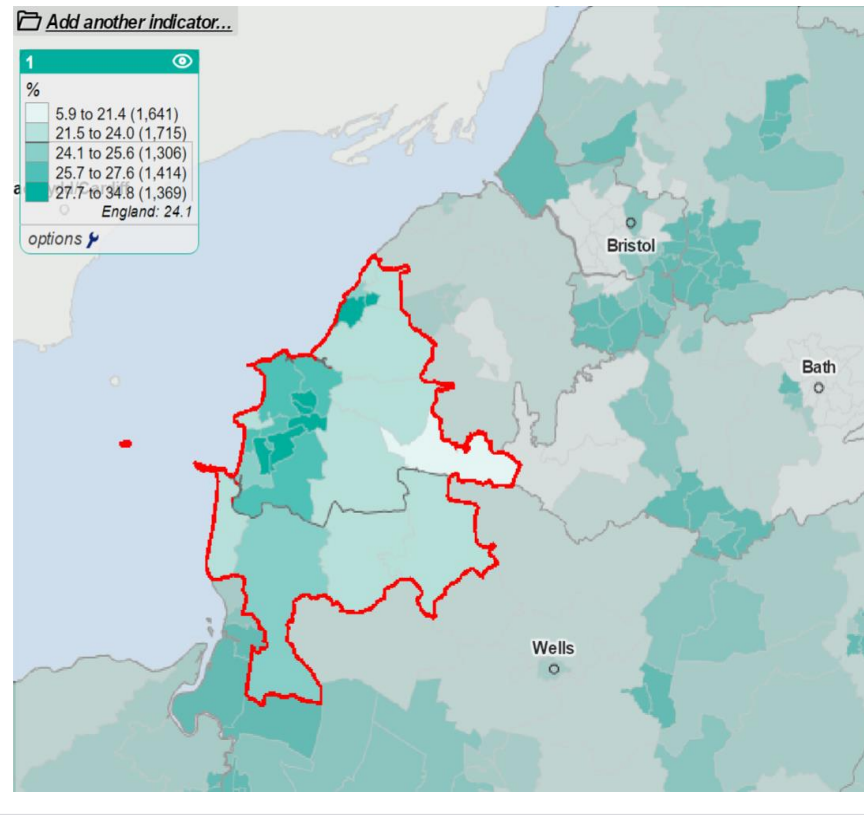


Low birth weight of term babies (darker areas indicate higher %)

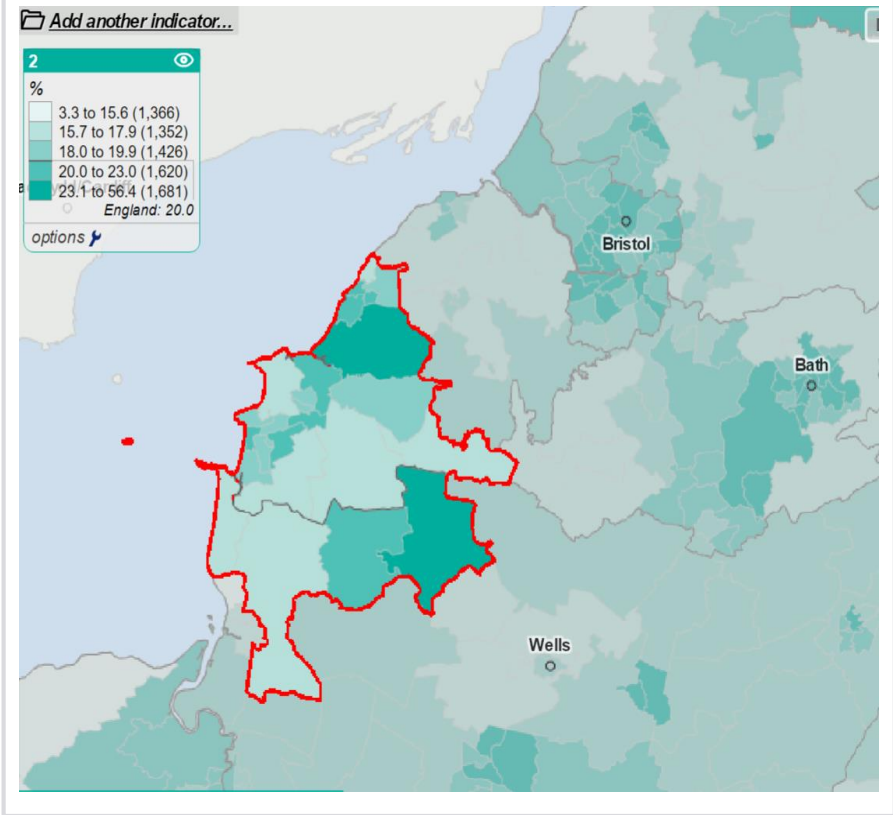


Obesity and binge-drinking are particularly prevalent around Winterstoke and South Worle

Obese adults (darker areas indicate a higher %)



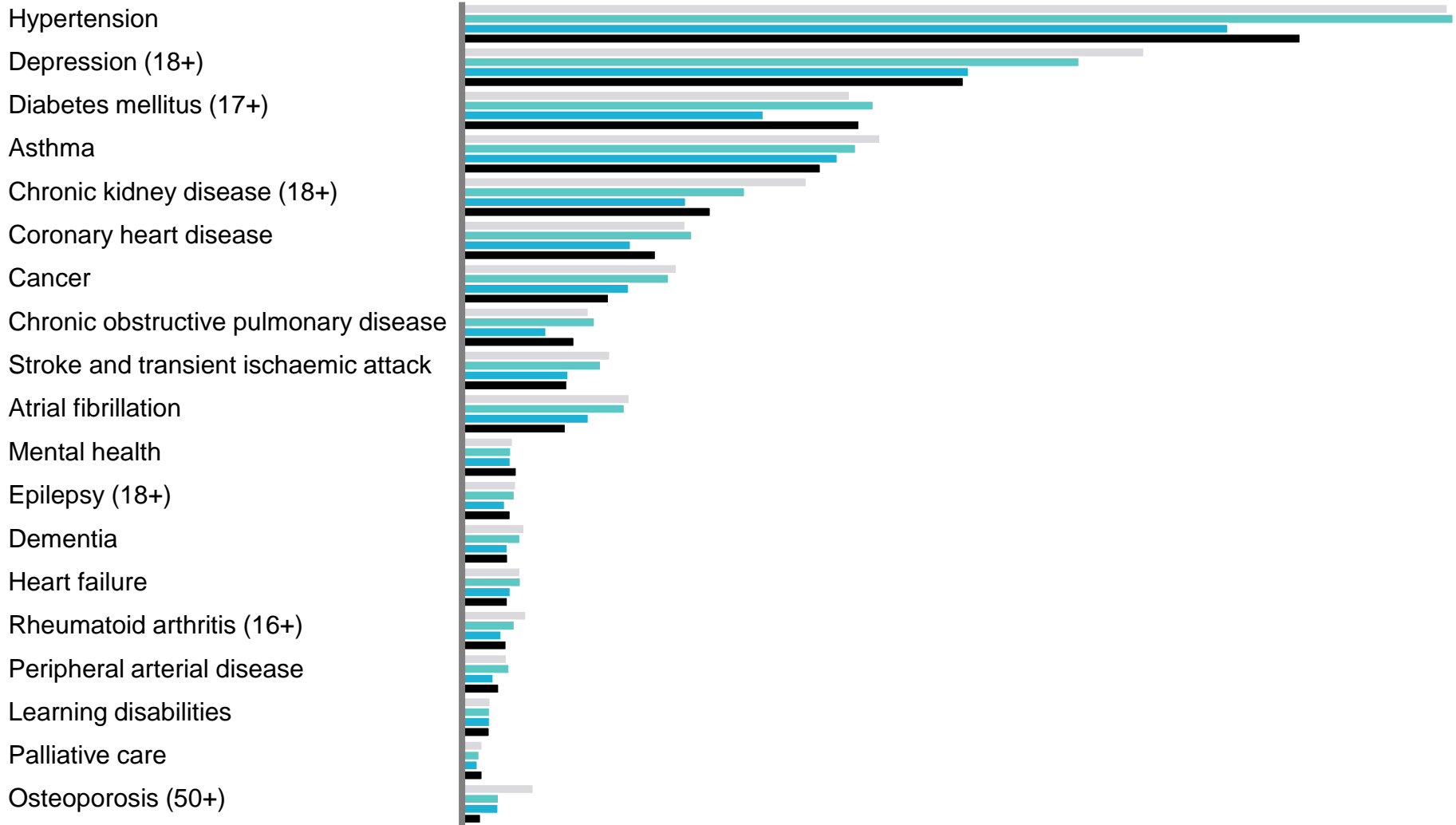
Binge drinking adults (darker areas indicate higher %)



Prevalence of diseases in North Somerset is broadly similar to peer CCGs and England average

■ NS ■ Somerset ■ BaNES ■ England Average

Prevalence of diseases – NS, Somerset and BaNES vs. England average, % of population¹, 2016/17



¹ Percentage of age-specific group for Diabetes (ages 17), Depression (18+), Learning Disabilities (ages 18+)

Projected trends in disease prevalence over time—North Somerset

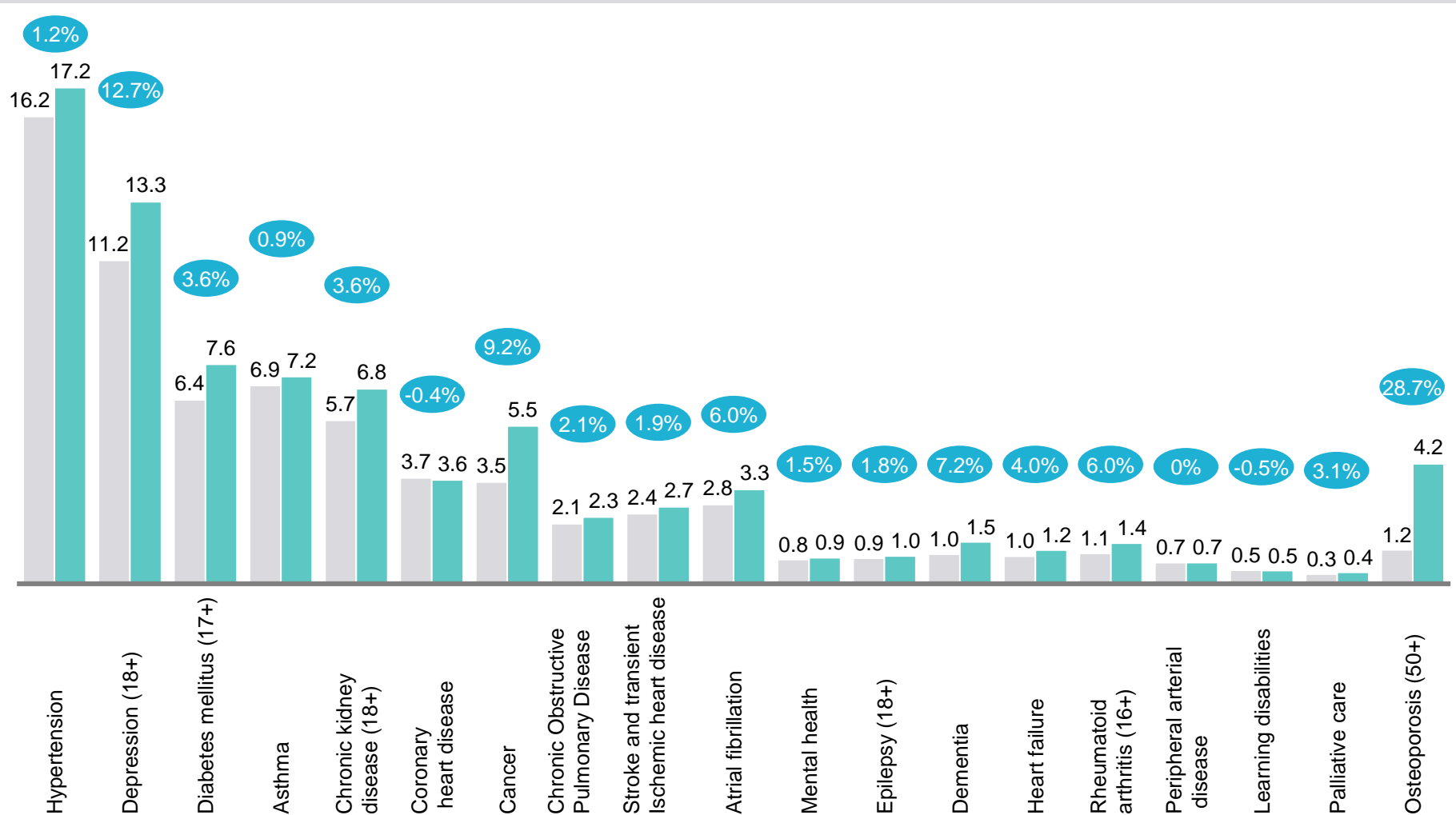
x% CAGR, based on historical growth over 5 years (from 2012/13 - 2016/17)



2016/17 2021/22

Prevalence of disease and projection based on historical trends

Percent, 2016/17 – 2021/22



Projected trends in disease prevalence over time—Somerset

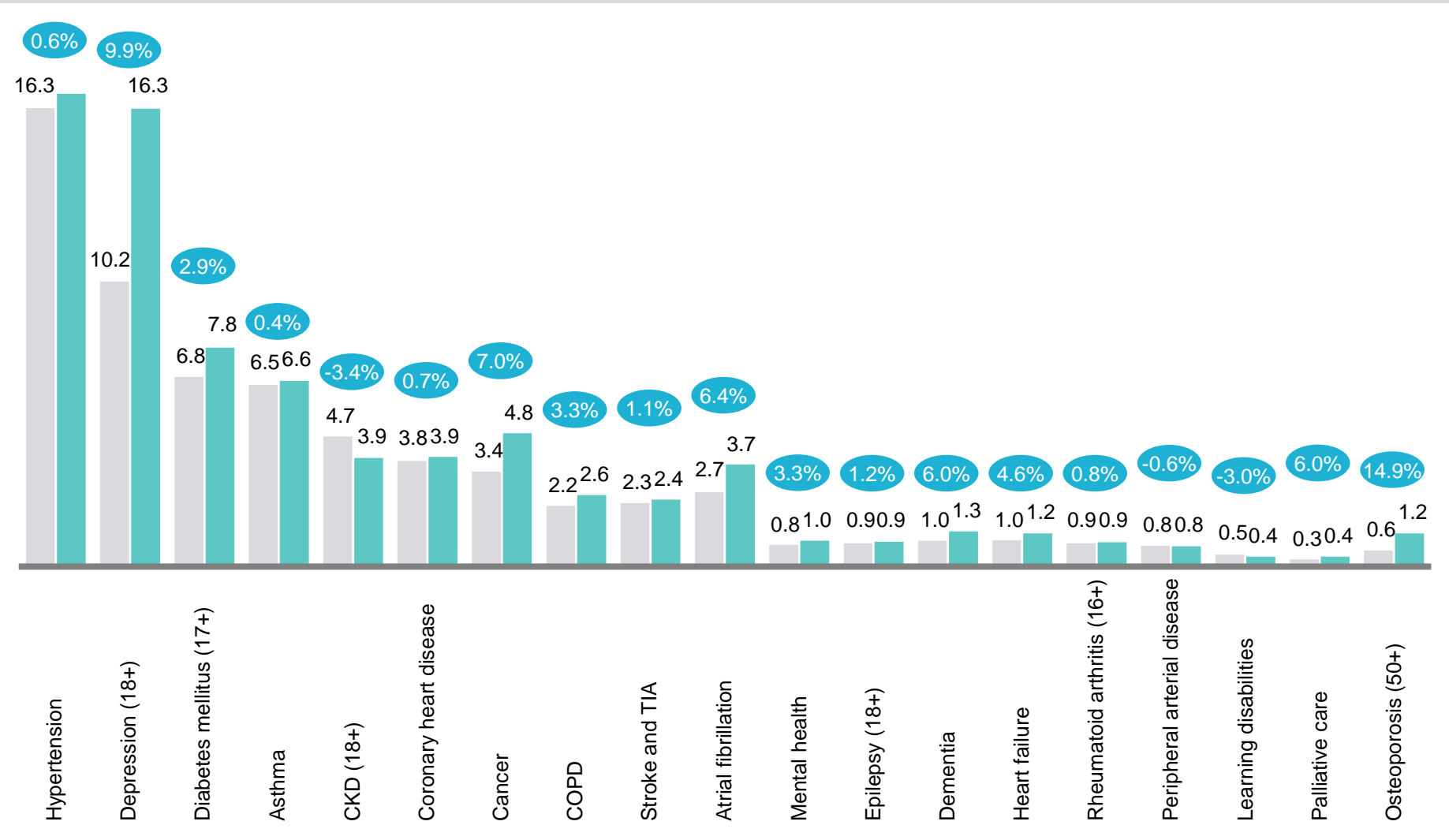
x% CAGR, based on historical growth over 5 years (from 2012/13 - 2016/17)



2016/17 2021/22

Prevalence of disease and projection based on historical trends

Percent, 2016/17 – 2021/22



Projected trends in disease prevalence over time—Bath & North East Somerset

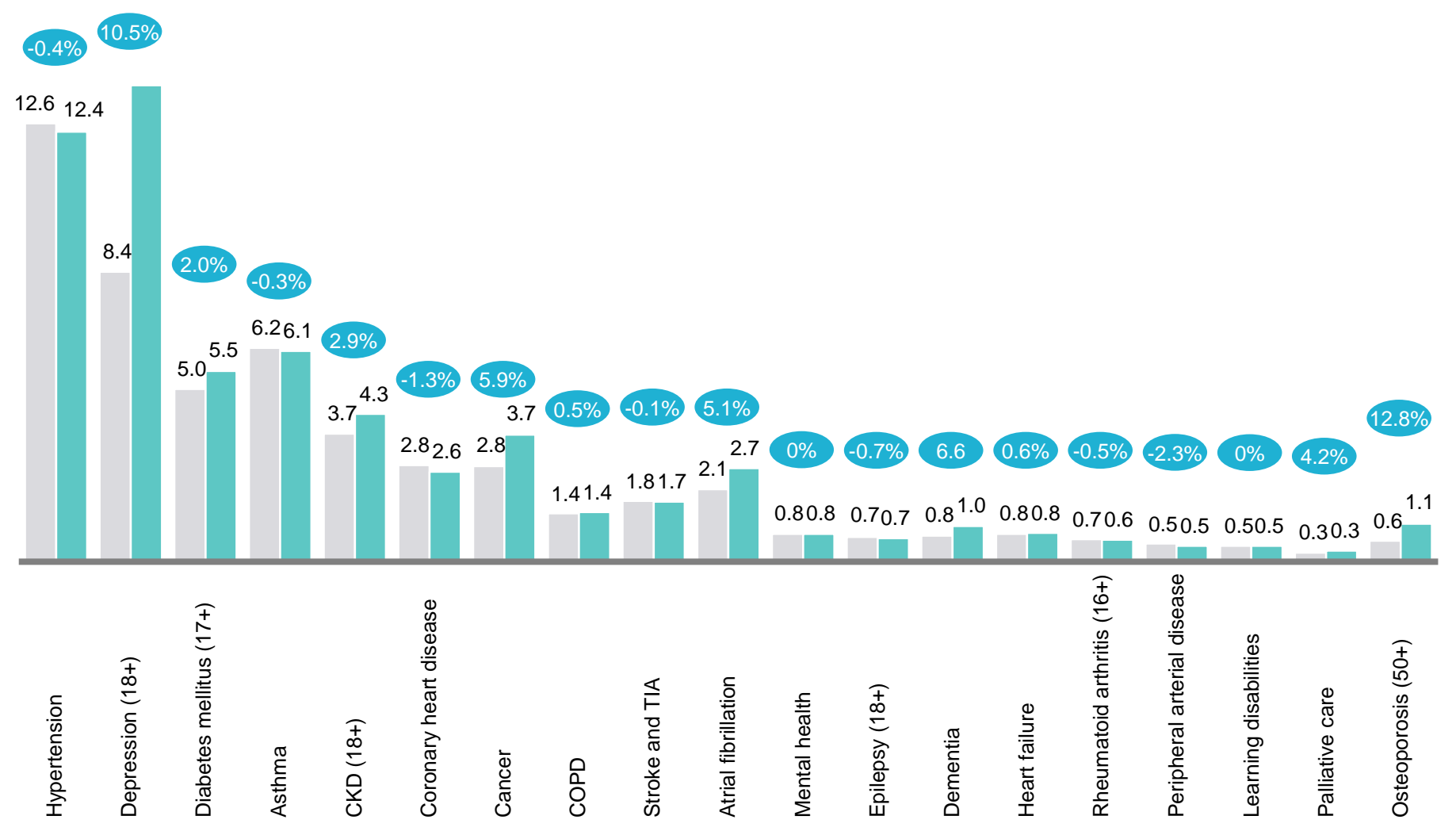
x% CAGR, based on historical growth over 5 years (from 2012/13 - 2016/17)



2016/17 2021/22

Prevalence of disease and projection based on historical trends

Percent (absolute), 2016/17 – 2021/22

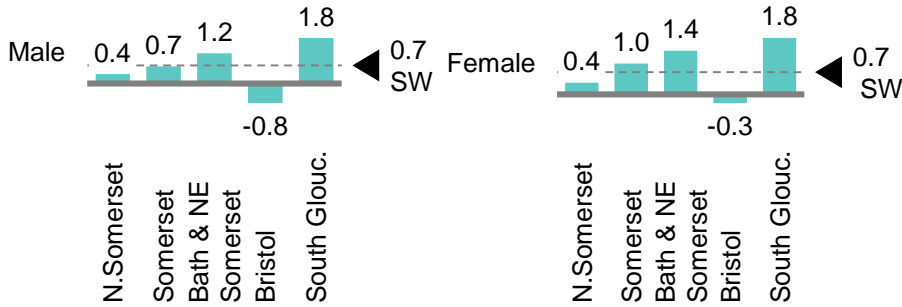


Regional performance varies across mortality, life expectancy, preventable deaths indicators

Better than National avg

Worse than National avg

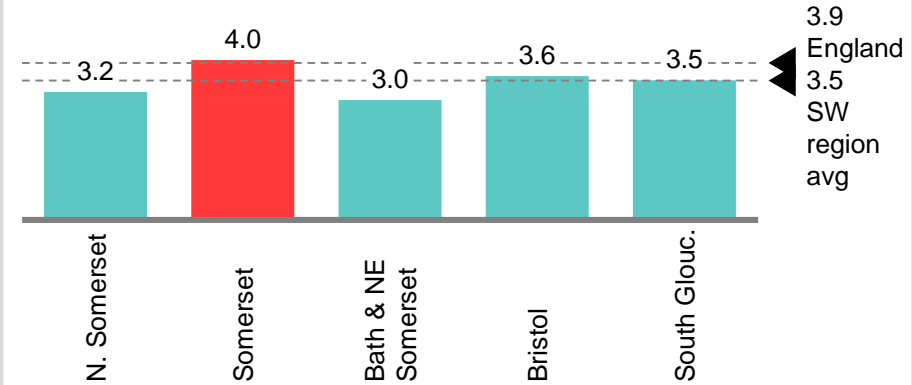
Gap in life expectancy at birth between each local authority and England as a whole



- A positive figure shows that the area has a higher life expectancy than England
- 0.7 is the avg gap for male and female for South West region

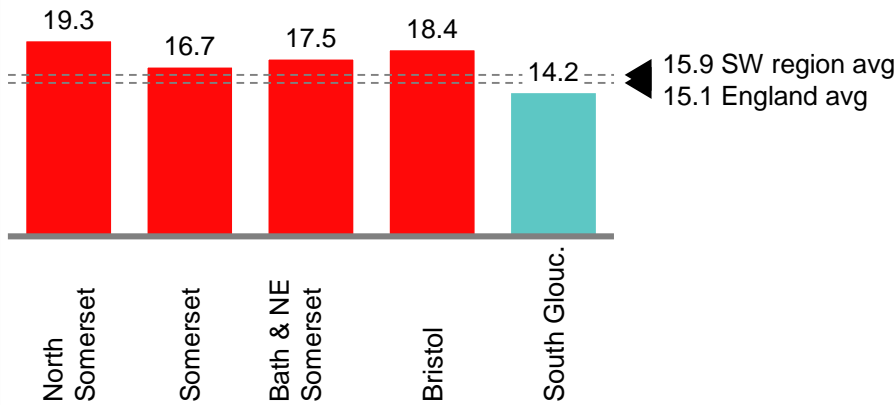
Infant mortality

Rate of deaths in infants aged under 1 year per 1,000 live births



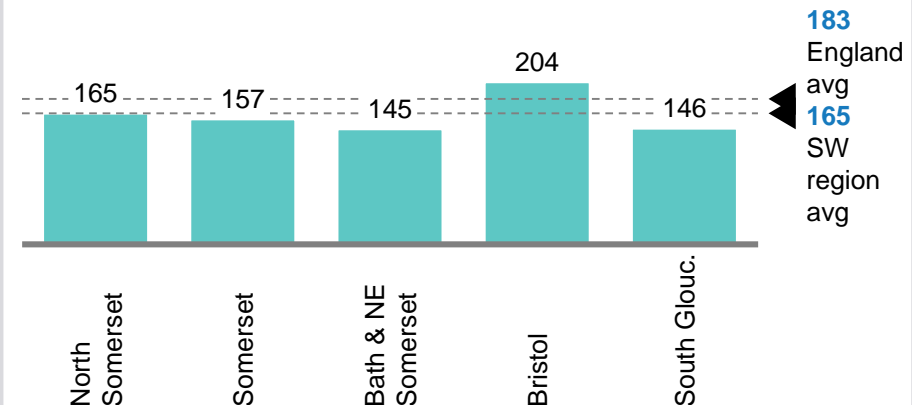
Excess winter deaths

Index, single year, all ages



Mortality rate from all preventable causes

Age-standardised rate per 100,000 population

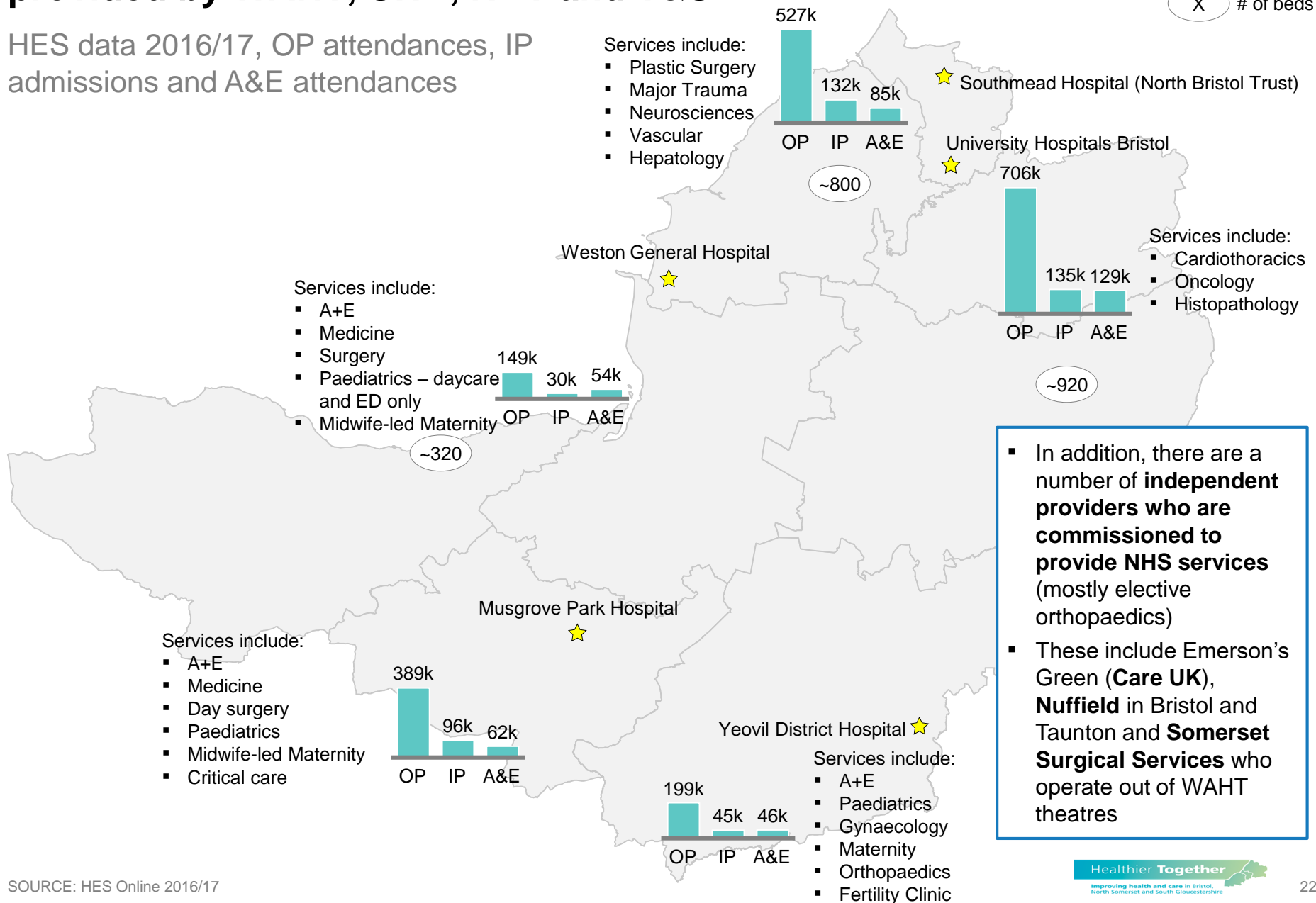


- Local population and their health and care needs
- **Acute care**
- Out of hospital: Primary care
- Out of hospital: Community, mental health and social care
- Out of hospital: Ambulance services
- Financial position

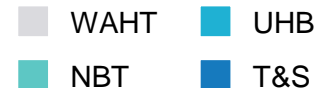
Acute hospital care for the Weston catchment population is provided by WAHT, UHB, NBT and T&S

HES data 2016/17, OP attendances, IP admissions and A&E attendances

X # of beds



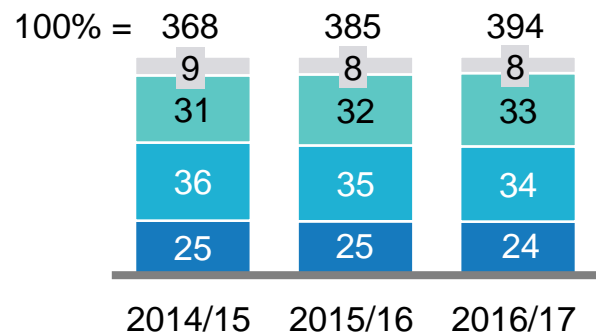
Share of acute activity by Trust



Yearly activity by trust

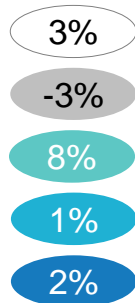
Total Inpatient Admissions

% (100% in 'k)



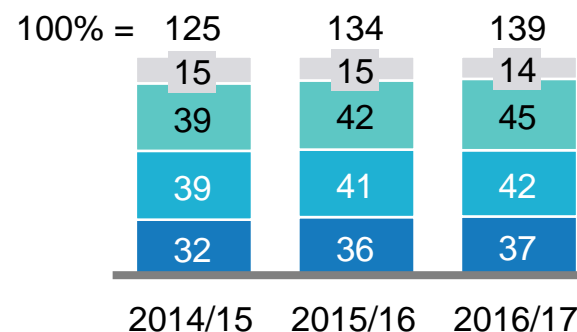
Activity Growth

% CAGR



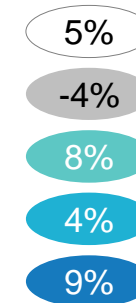
Emergency Inpatient Admissions

% (100% in 'k)



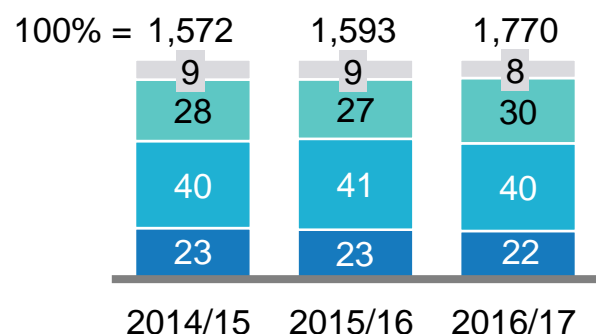
Activity Growth

% CAGR



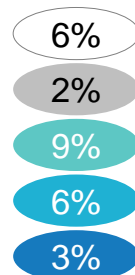
Outpatient Attendances

% (100% in 'k)



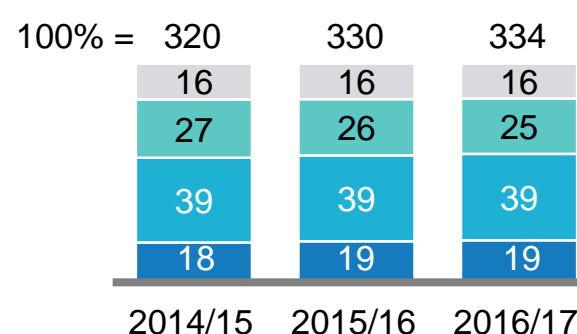
Activity Growth

% CAGR



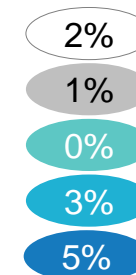
A&E Attendances

% (100% in 'k)



Activity Growth

% CAGR

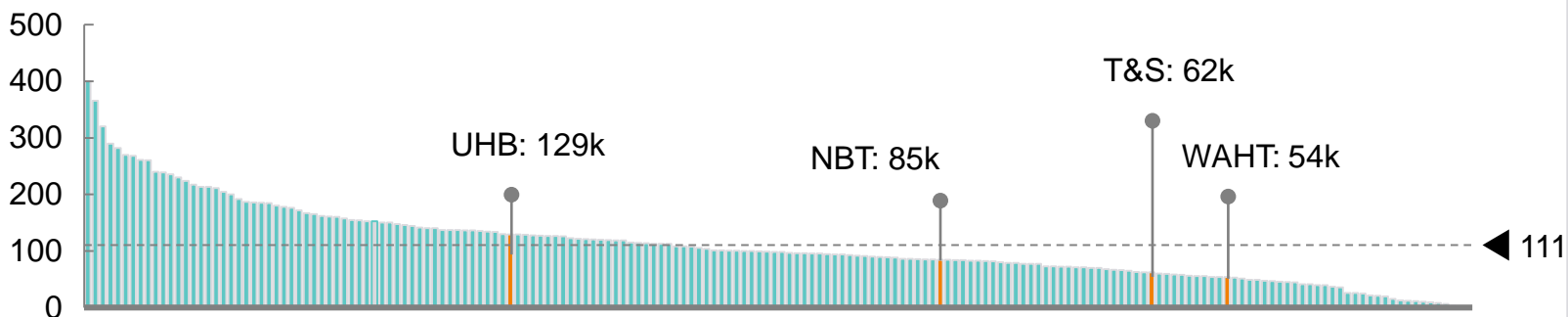


Acute A&E and paediatric activity by Trust

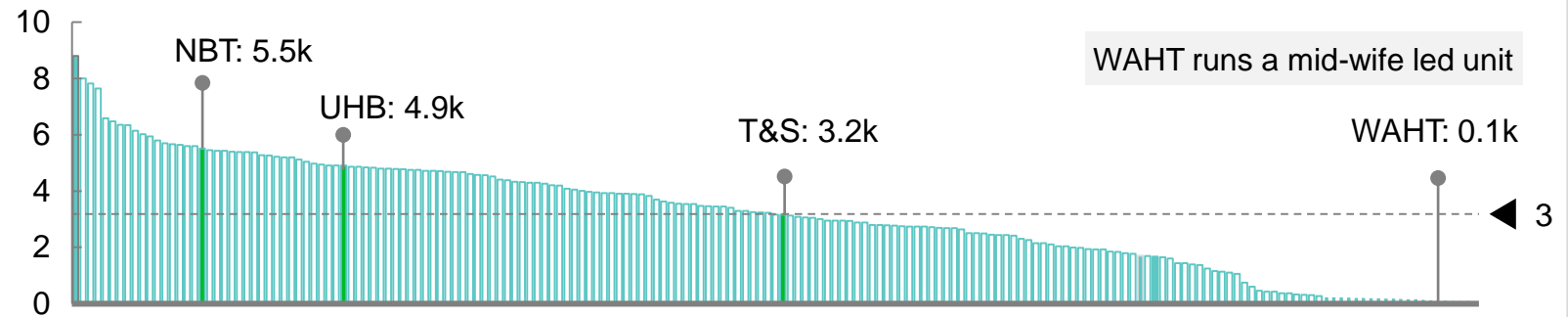
Activity level by site across England 16/17, '000s

----- Average

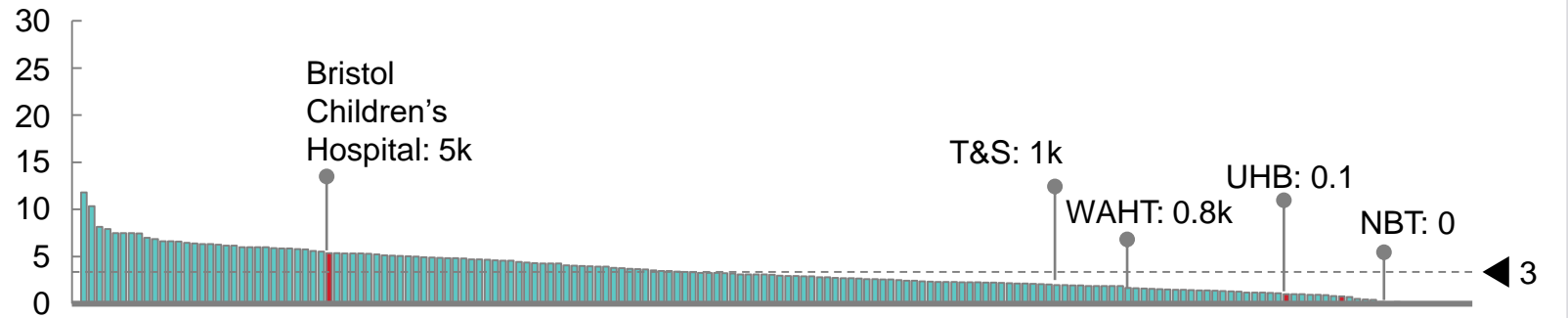
A&E attendances (trust)



Maternity deliveries¹



Emergency paediatric consults in short stay patients²

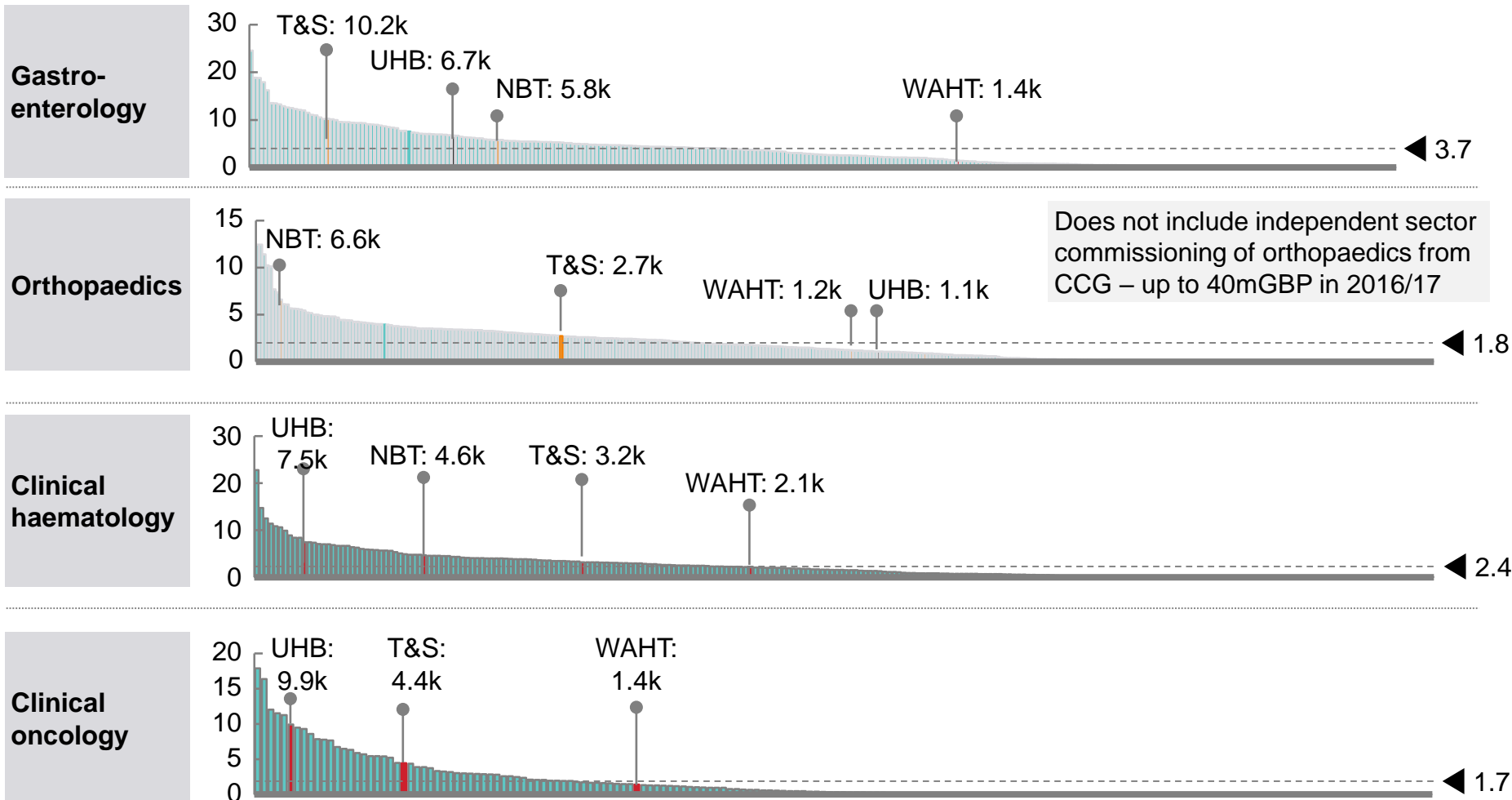


¹Excluding sites with <100 births per year. Defined by relevant HRG codes for births.
² Excluding sites with <25 consults

Elective activity by Trust

Elective activity level by site across England 16/7, '000s

----- Average

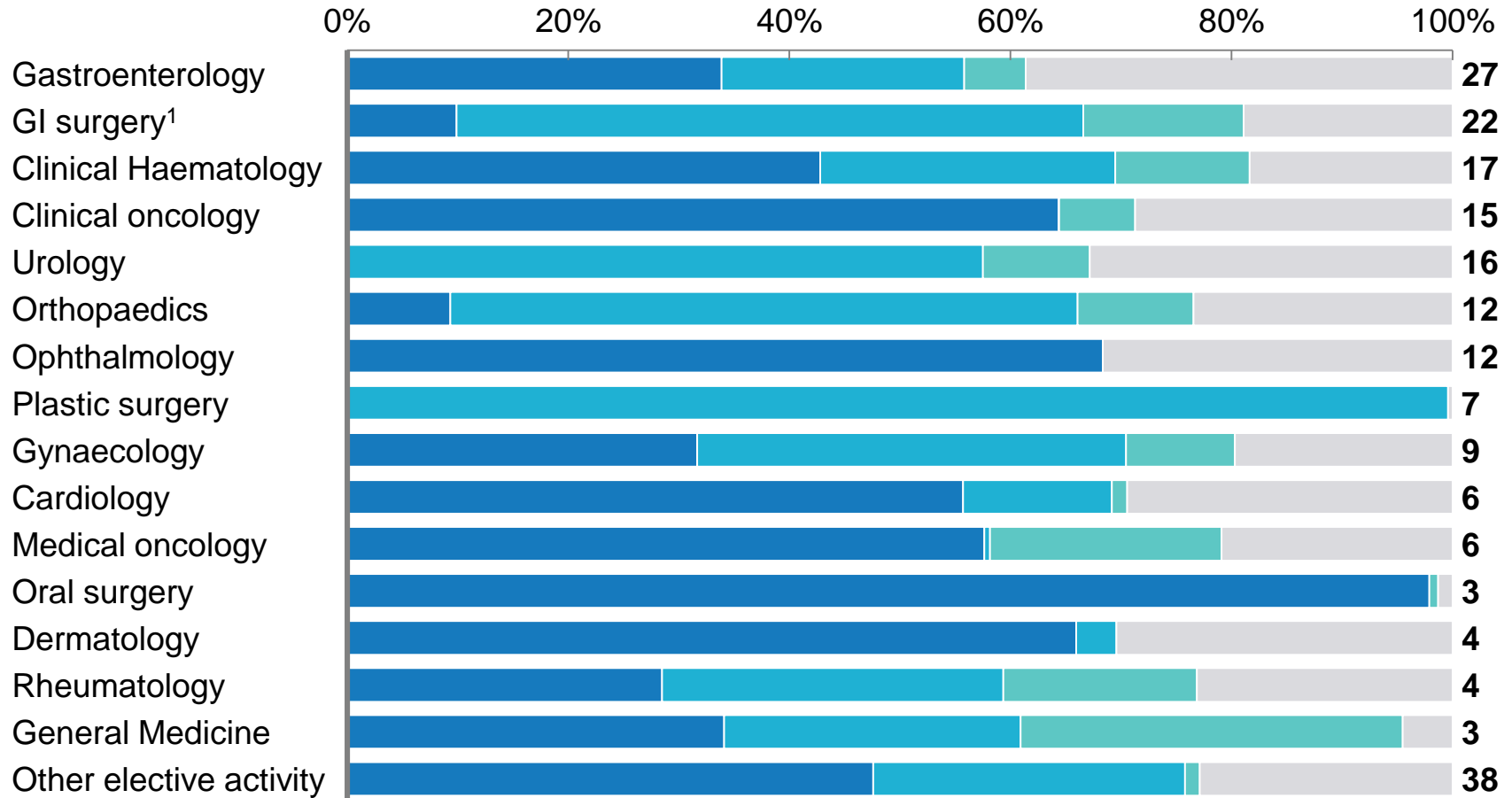


Elective activity share by Trust

UHB WAHT
NBT T&S



Breakdown of elective activity by trust for top specialties, % share, activity totals in '000s



Note: There are services completed at WAHT that are counted by other trusts (e.g., dermatology and ophthalmology).

¹ Includes general surgery, colorectal surgery, hepatobiliary and pancreatic surgery, and upper GI surgery treatment specialities

Overall inpatient activity has been increasing across the region

Yearly activity at local CCGs

Inpatient activity by CCG

North Somerset

70,379 72,968 +2% p.a. 73,970 75,413

NHS Somerset CCG

185,719 192,357 +3% p.a. 198,847 204,231

NHS Bath & North East Somerset CCG

53,554 53,750 +1% p.a. 55,351 54,551

2013/14

2014/15

2015/16

2016/17

2016/17 activity paid for at WAHT

Inpatient Hospital Admissions per year¹

| Treatment Speciality | # of admissions | % share of adm. | # of procedures ² | |
|-------------------------------------|--------------------------------|-------------------------------|------------------------------|-------|
| Surgical | General surgery | 3,017 | 10% | 2,094 |
| | Trauma & orthopaedics | 2,429 | 8% | 2,141 |
| | Urology | 1,758 | 6% | 1,595 |
| | Colorectal surgery | 1,680 | 6% | 1,626 |
| | Upper gastrointestinal surgery | 691 | 2% | 636 |
| | Accident & emergency | 385 | 1% | 138 |
| | Breast surgery | 173 | 1% | 171 |
| | Oral surgery | 27 | 0% | 27 |
| | Plastic surgery | 6 | 0% | 6 |
| | Other | 2 | 0% | 1 |
| | Medical | General medicine | 9,560 | 32% |
| Clinical haematology | | 2,128 | 7% | 2,085 |
| Gastroenterology | | 1,514 | 5% | 1,425 |
| Gynaecology | | 1,192 | 4% | 1,049 |
| Rheumatology | | 629 | 2% | 622 |
| Cardiology | | 116 | 0% | 95 |
| Stroke medicine | | 92 | 0% | 79 |
| Respiratory medicine | | 90 | 0% | 79 |
| Geriatric medicine | | 75 | 0% | 32 |
| Endocrinology | | 67 | 0% | 65 |
| Rehabilitation | | 26 | 0% | 25 |
| Anaesthetics | | 5 | 0% | 5 |
| Other | | 3 | 0% | 2 |
| Obstetrics | | Midwife Episodes ³ | 451 | 2% |
| Cancer | Radiology / Clinical Oncology | 1,058 | 4% | N/A |
| | Medical Oncology | 1,196 | 4% | N/A |
| Paediatrics (0 – 18y.o.) | Day Cases | 245 | 1% | N/A |
| | ELIP | 3 | 0% | N/A |
| | NEIP | 1,005 | 3% | N/A |
| Private | Private Patients | 203 | 1% | N/A |

Overall Admissions per year

| | |
|---|---------|
| Outpatient consultations | 148,658 |
| A&E Attendances | 53,242 |
| Inpatient admissions¹ | 29,625 |

¹ Including Inpatient Non-elective, Elective, Maternity, Paediatrics, Private patients; Excluding Regular Attenders and 'Other' (not recorded type) categories

² Intervention defined as OPCS coded procedure

³ Includes 151 births

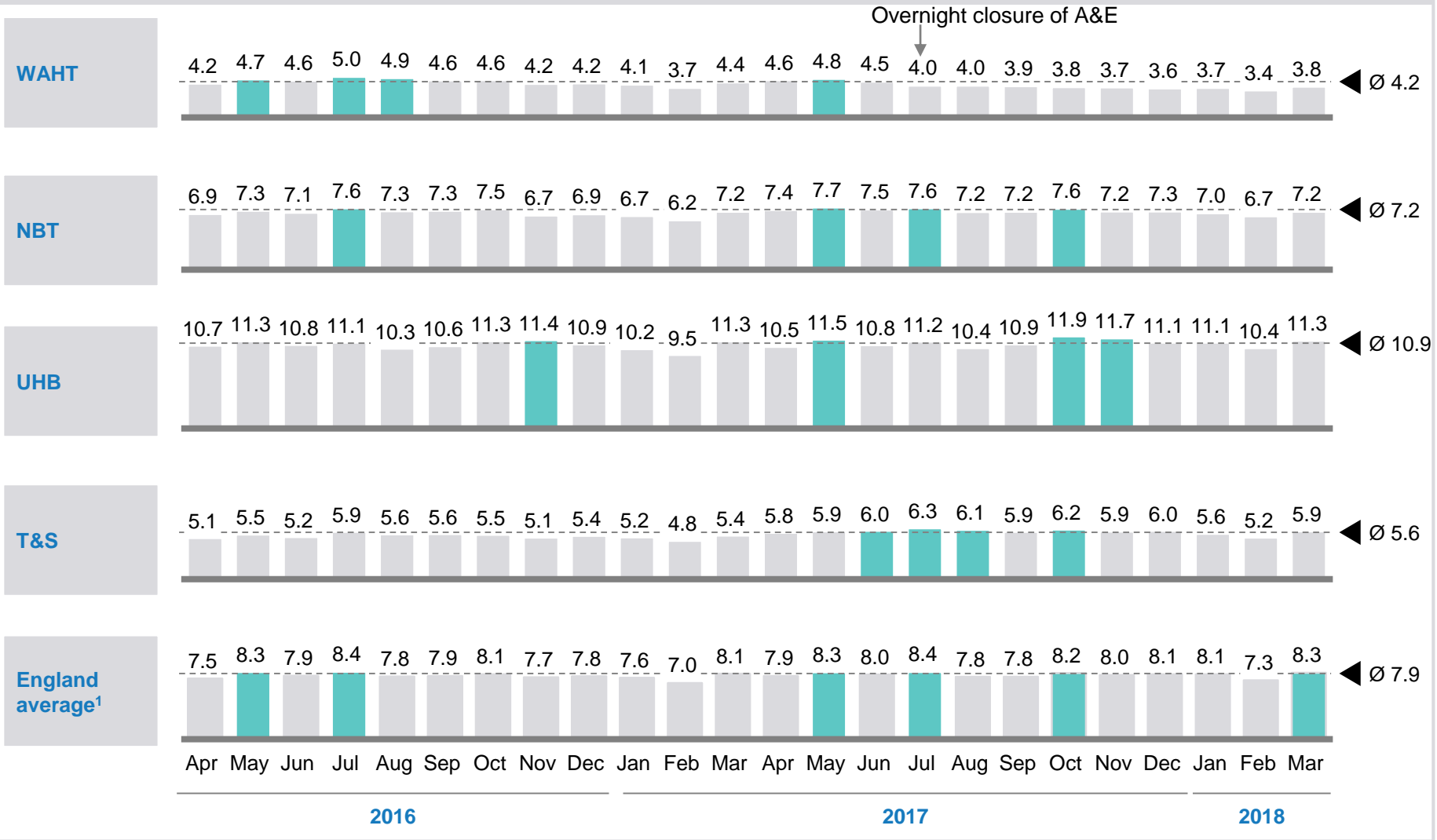
SOURCE: HES 2016/17 Inpatient and A&E datasets; HES Online 2016/17 for Outpatient data

Historical evolution of A&E attendances

A&E attendances by month, 2016/17

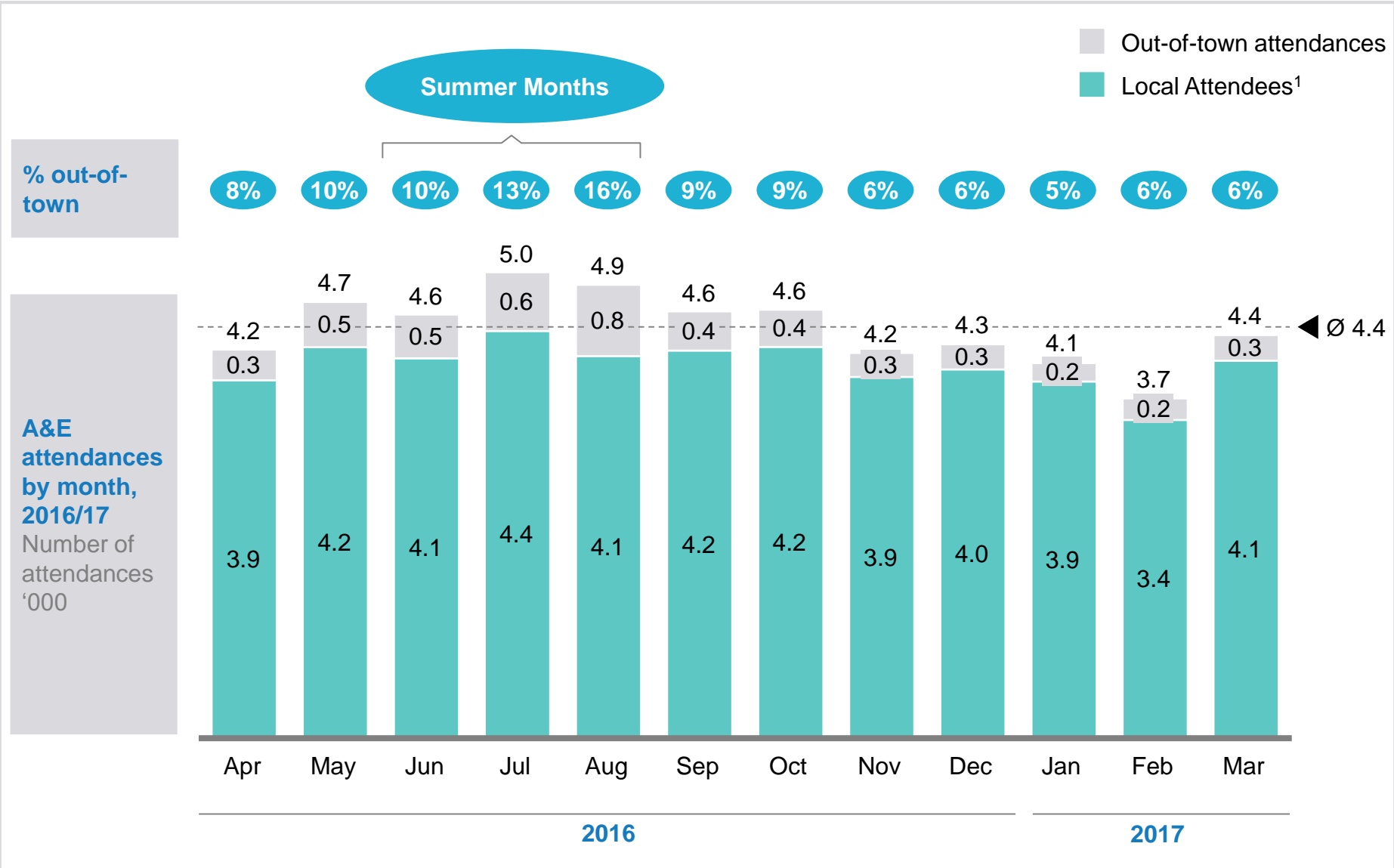
Number of attendances '000

Top 20% A&E attendances over period



1: Includes UCCs
Source: NHSE A&E Unify2 data collection - MSitAE

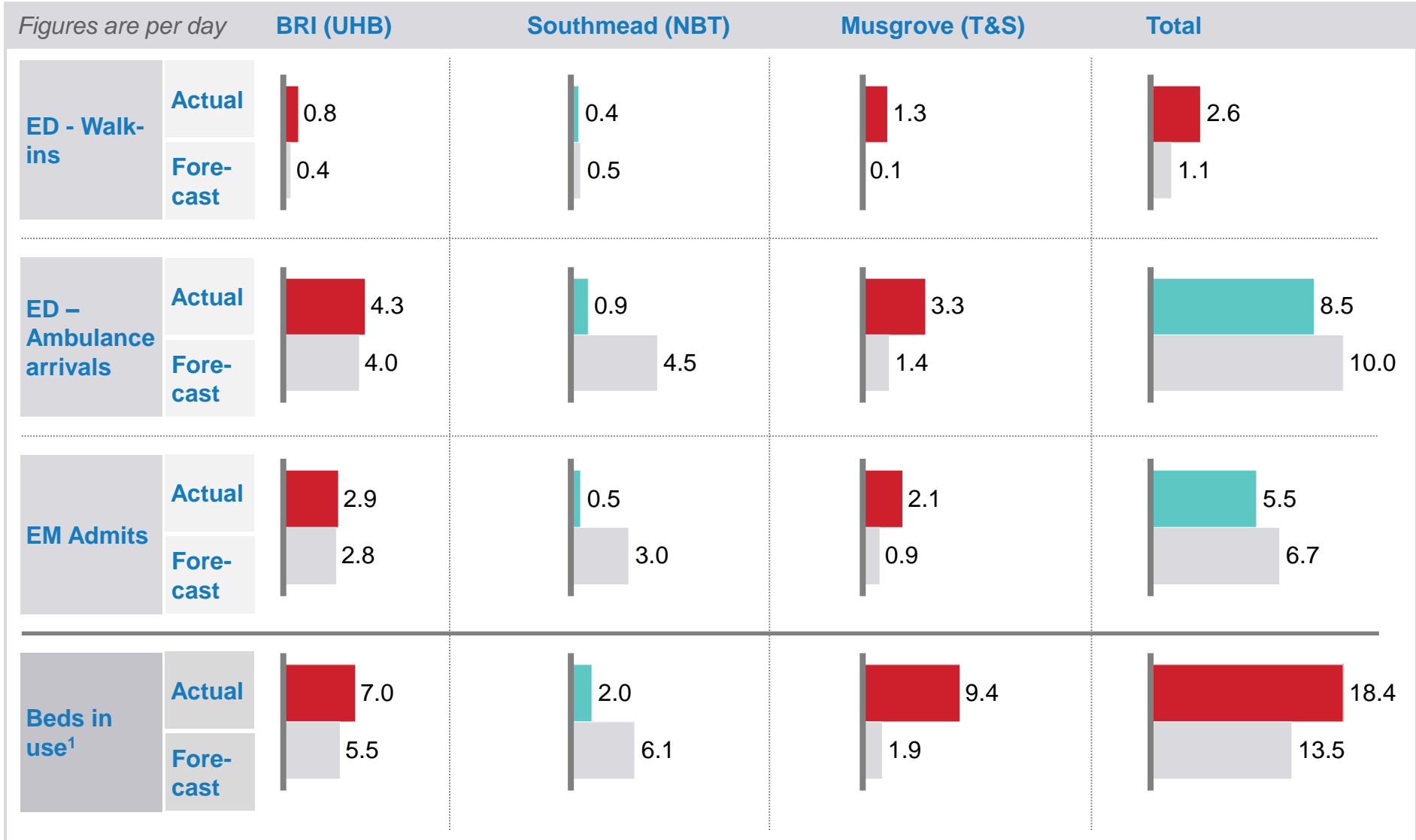
WAHT sees an increase in the proportion of out-of-town A&E attendances during summer months



1 Defined as residents of Bristol, North Somerset, and South Gloucestershire CCGs

Impact of temporary overnight closure of Weston A&E after 6 months

■ Impact greater than expected
 ■ Impact less than expected



HRG codes can be used to categorise A&E visits into major, normal and minor

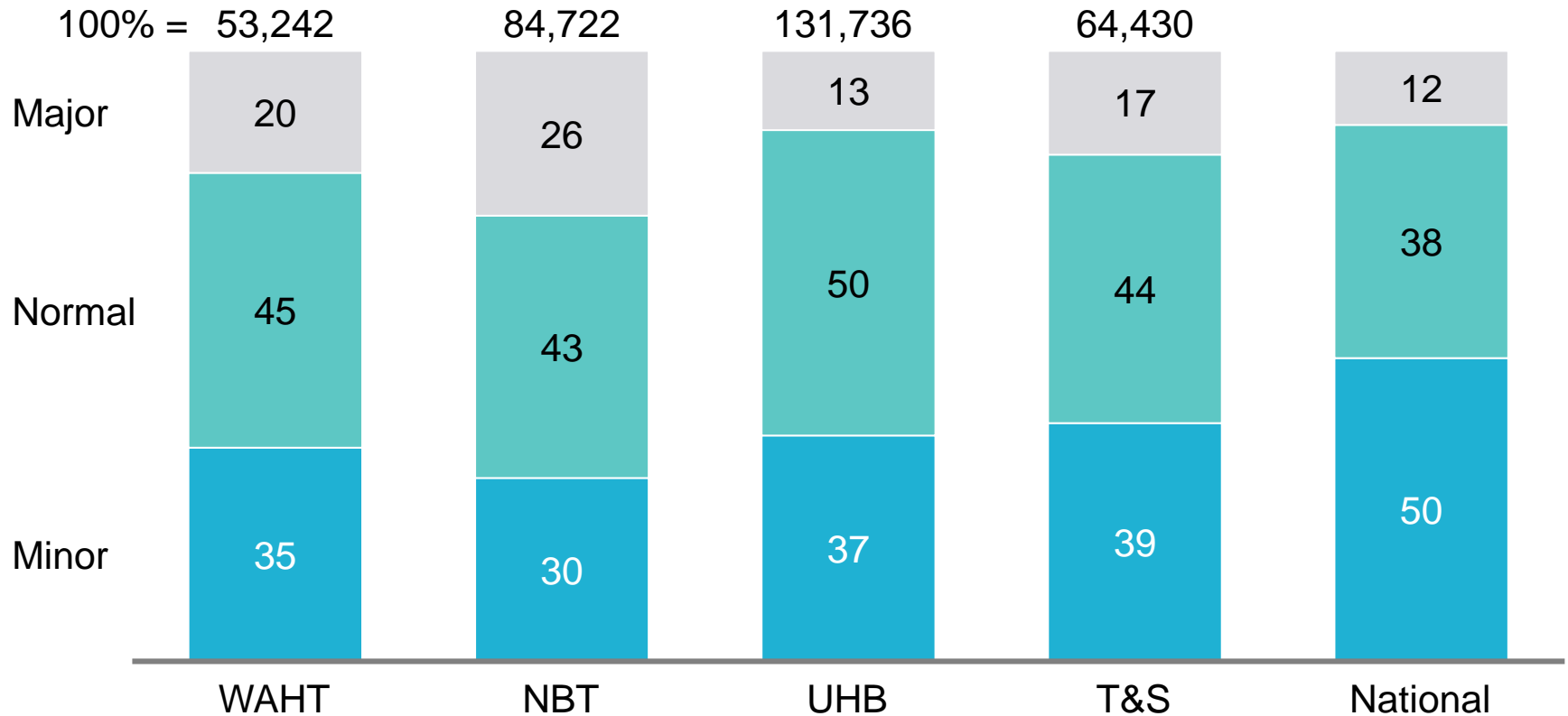
| Category | Typical investigation | Typical treatment |
|----------|--|--|
| 5 | | <ul style="list-style-type: none"> ▪ CPR ▪ Thrombolysis |
| 4 | | <ul style="list-style-type: none"> ▪ General anaesthetic ▪ Manipulation of limb fracture ▪ External pacing |
| 3 | <ul style="list-style-type: none"> ▪ Ultrasound ▪ MRI ▪ CT | <ul style="list-style-type: none"> ▪ Primary sutures ▪ Intramuscular injection ▪ Occupational therapy assessment |
| 2 | <ul style="list-style-type: none"> ▪ Plain X-ray ▪ Cross-match ▪ Bacteriology | <ul style="list-style-type: none"> ▪ Wound closure with steristrips ▪ Physio for falls prevention ▪ Local anaesthetic |
| 1 | <ul style="list-style-type: none"> ▪ ECG ▪ Biochemistry ▪ Urine dip | <ul style="list-style-type: none"> ▪ Remove sutures ▪ Eye drops ▪ Advice/guidance |

| Category combination | | |
|-----------------------|-------------------|--------|
| Typical investigation | Typical treatment | |
| Any | 5 | MAJOR |
| 3 | 1-4 | |
| 2 | 4 | |
| 2 | 1-3 | NORMAL |
| 1 | 3-4 | |
| 1 | 1-2 | MINOR |
| None | None | |

Coding of ED attendances by category in 2016/17

A&E attendances by category for WGH vs nationally

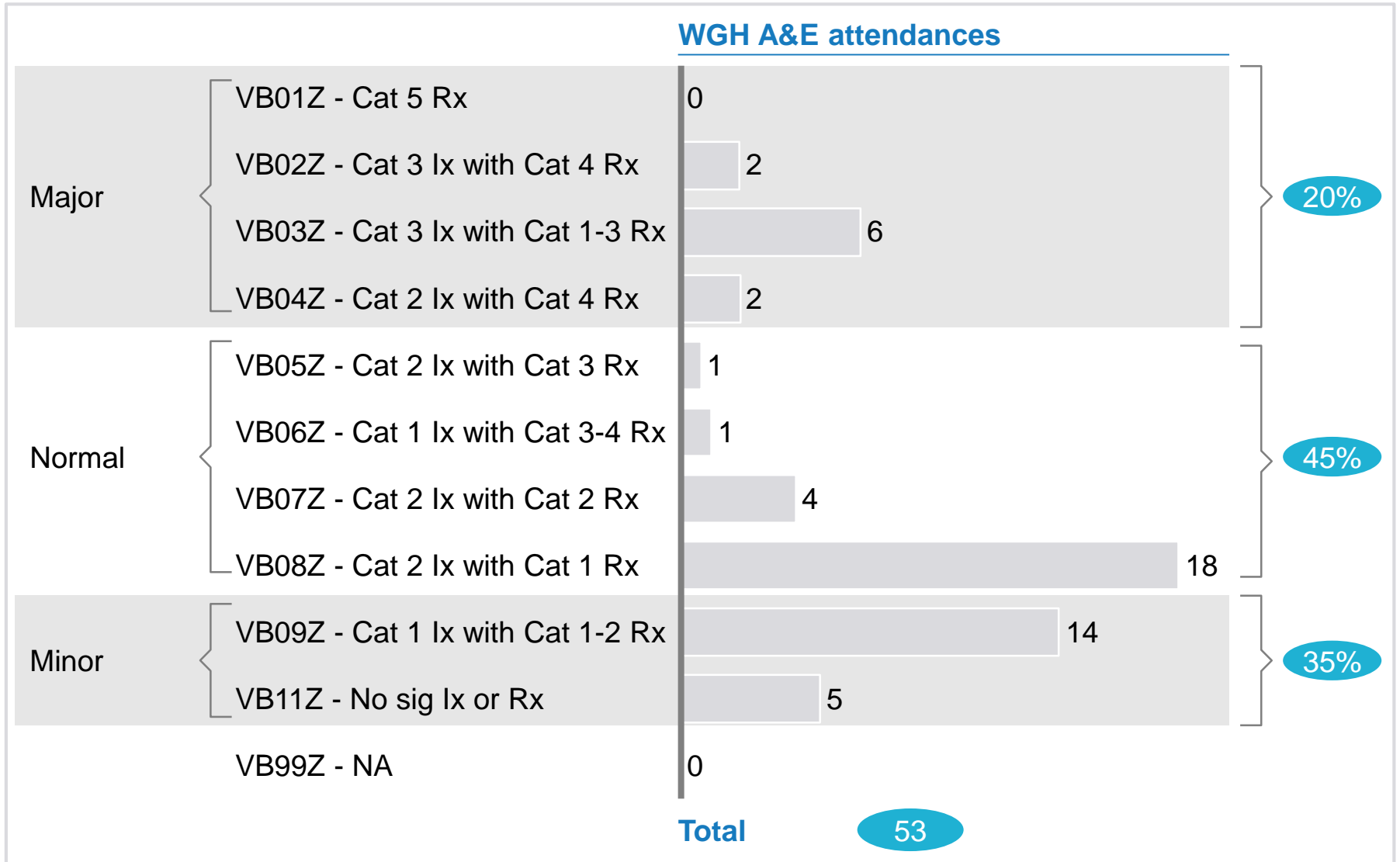
A&E attendances (% of total), 2016/17



Note: NBT is a major trauma centre

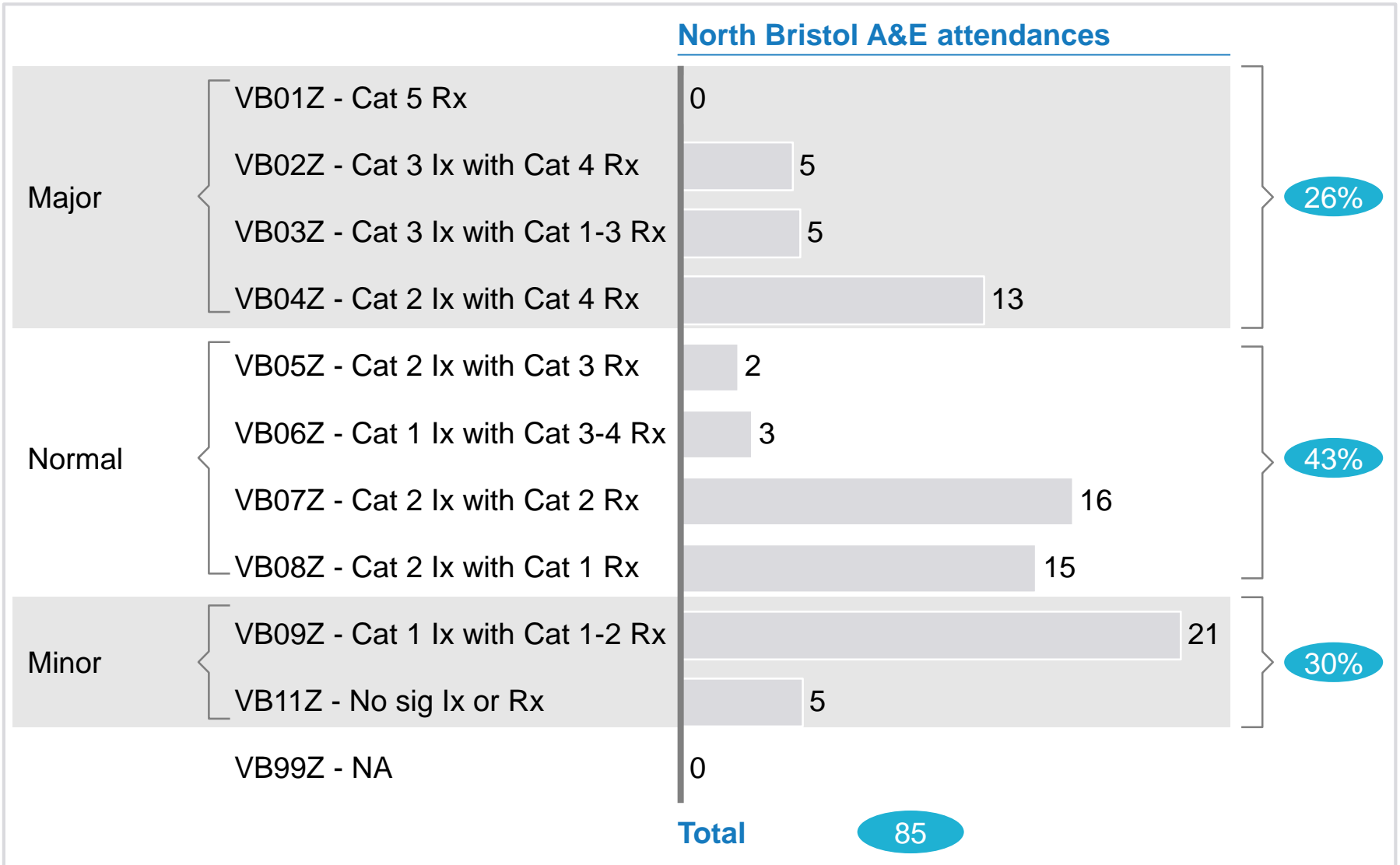
35 % of the ~53,000 ED attendances at WAHT in 2016/17 were coded as minors

Adult A&E attendances ('000), 2016/17



30 % of the ~85,000 ED attendances at NBT in 2016/17 were coded as minors

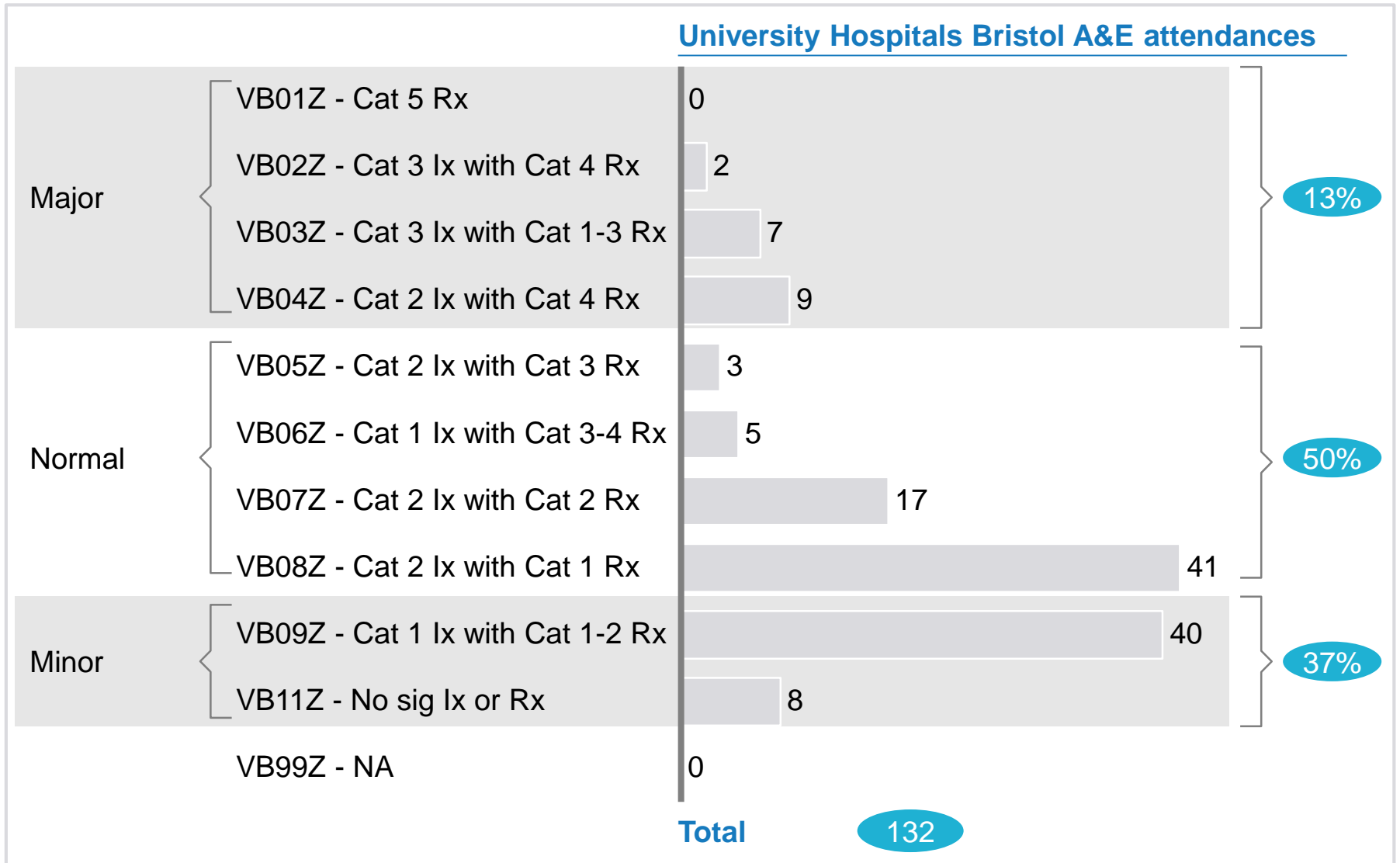
A&E attendances ('000), 2016/17



Note: NBT is a major trauma centre

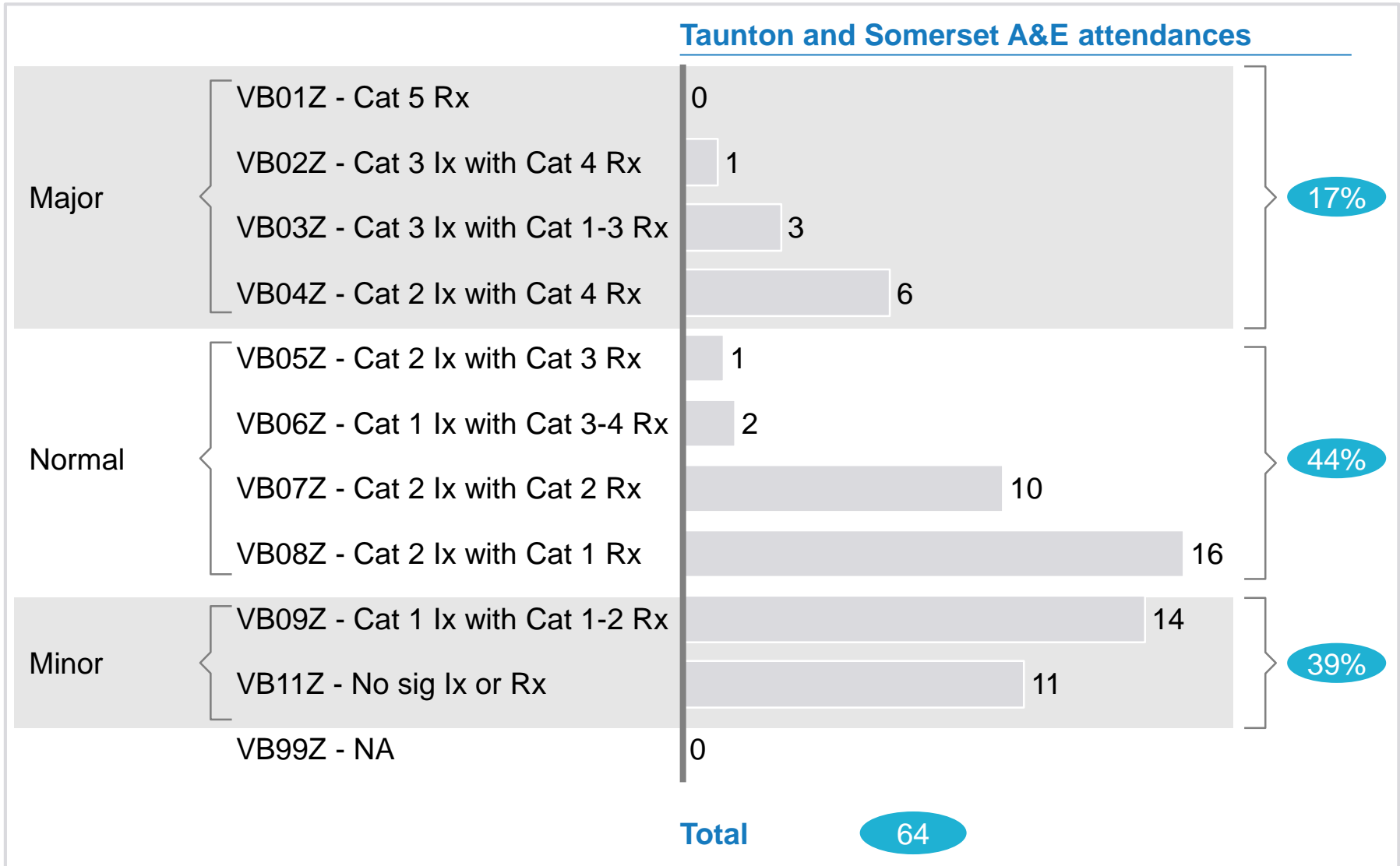
37 % of the ~132,000 ED attendances at UHB in 2016/17 were coded as minors

A&E attendances ('000), 2016/17























































39 % of the ~64,000 ED attendances at T&S in 2016/17 were coded as minors

A&E attendances ('000), 2016/17



Latest CQC reports for WAHT, UHB, NBT, and T&S

 Outstanding
  Good
  Requires improvement
  Inadequate

| WAHT Jun 2017 | UHB (specific services shown for main site), Dec 2016 | NBT (specific services shown for Southmead site), Nov 2017 | T&S (specific services shown for Musgrove Park site), Dec 2017 |
|---|--|--|--|
| Overview and CQC inspections | | | |
| Overall requires improvement | Overall outstanding | Overall requires improvement | Overall good |
| Safe  | Safe  | Safe  | Safe  |
| Effective  | Effective  | Effective  | Effective  |
| Caring  | Caring  | Caring  | Caring  |
| Responsive  | Responsive  | Responsive  | Responsive  |
| Well-led  | Well-led  | Well-led  | Well-led  |
| CQC inspections and ratings of specific services | | | |
| Medical care (including older people's care)  | Outpatients and diagnostic imaging  | Outpatients and diagnostic imaging  | Outpatients and diagnostic imaging  |
| Urgent and emergency services (A&E)  | Maternity and gynecology  | Maternity and gynecology  | Maternity and gynecology  |
| Surgery  | Medical care (including older people's care)  | Medical care (including older people's care)  | Medical care (including older people's care)  |
| Outpatients and diagnostic imaging ¹  | Urgent and emergency services (A&E)  | Urgent and emergency services (A&E)  | Urgent and emergency services (A&E)  |
| Intensive/critical care  | Surgery  | Surgery  | Surgery  |
| Maternity & gynaecology ¹  | Intensive/critical care  | Intensive/critical care  | Intensive/critical care  |
| Services for children and young people ¹  | Services for children and young people  | Services for children and young people  | Services for children and young people  |
| End of life care ¹  | End of life care  | End of life care  | End of life care  |

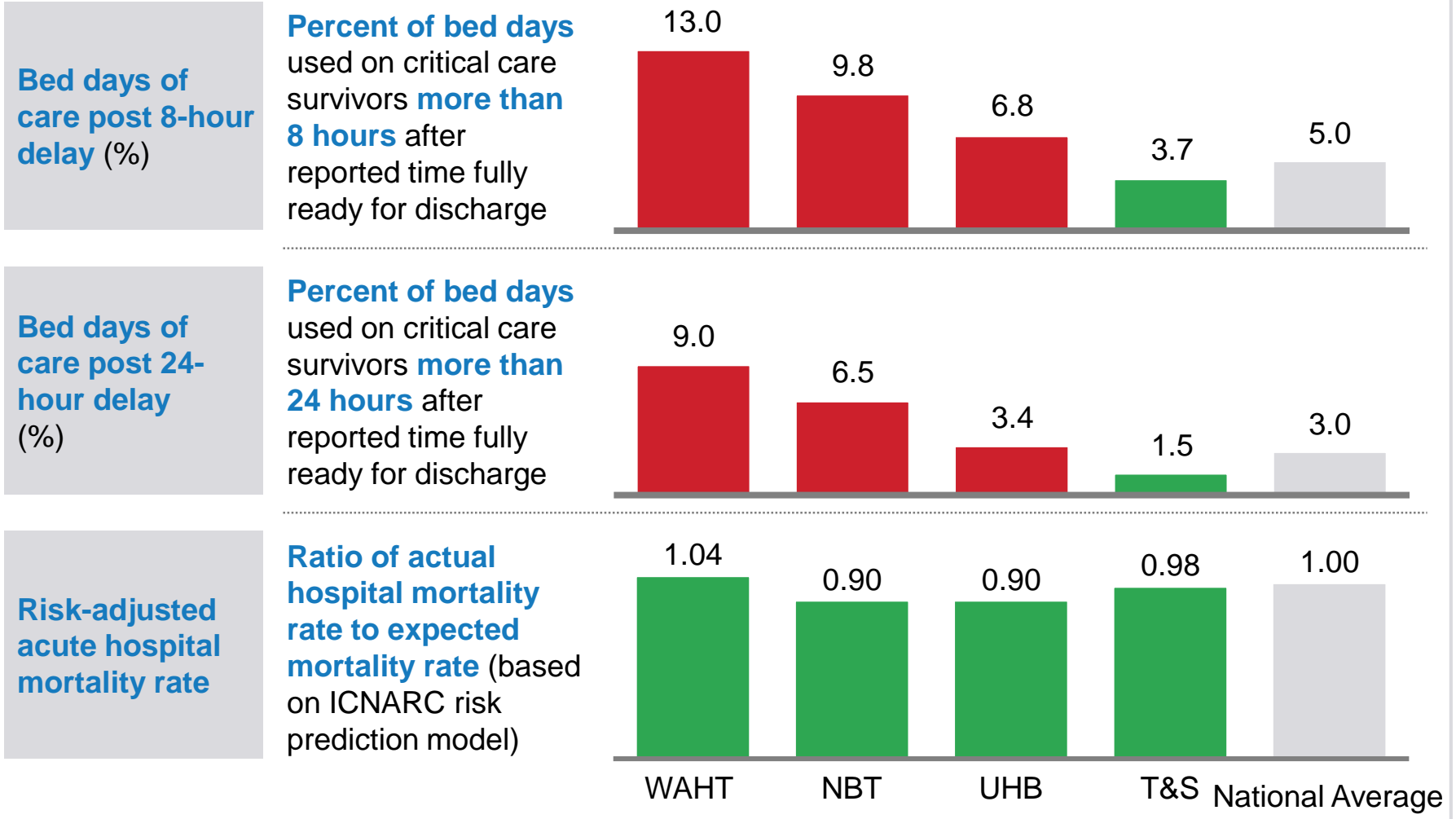
¹ Rating from May 2015 CQC report & have not been rated since

Source: CQC website

ICNARC Annual Quality Report findings for adult critical care across neighbouring trusts

■ Trust performance above National average
 ■ Trust performance similar to National average
 ■ Trust performance below National average

Key Results¹



¹ Results are published in graphical form, so numbers used are an estimation based on these graphs

A range of indicators showing stroke performance (from SSNAP)



■ Highest performance regionally
 ■ Performance in line with regional peers
 ■ Poorest performance regionally

SSNAP audit for stroke

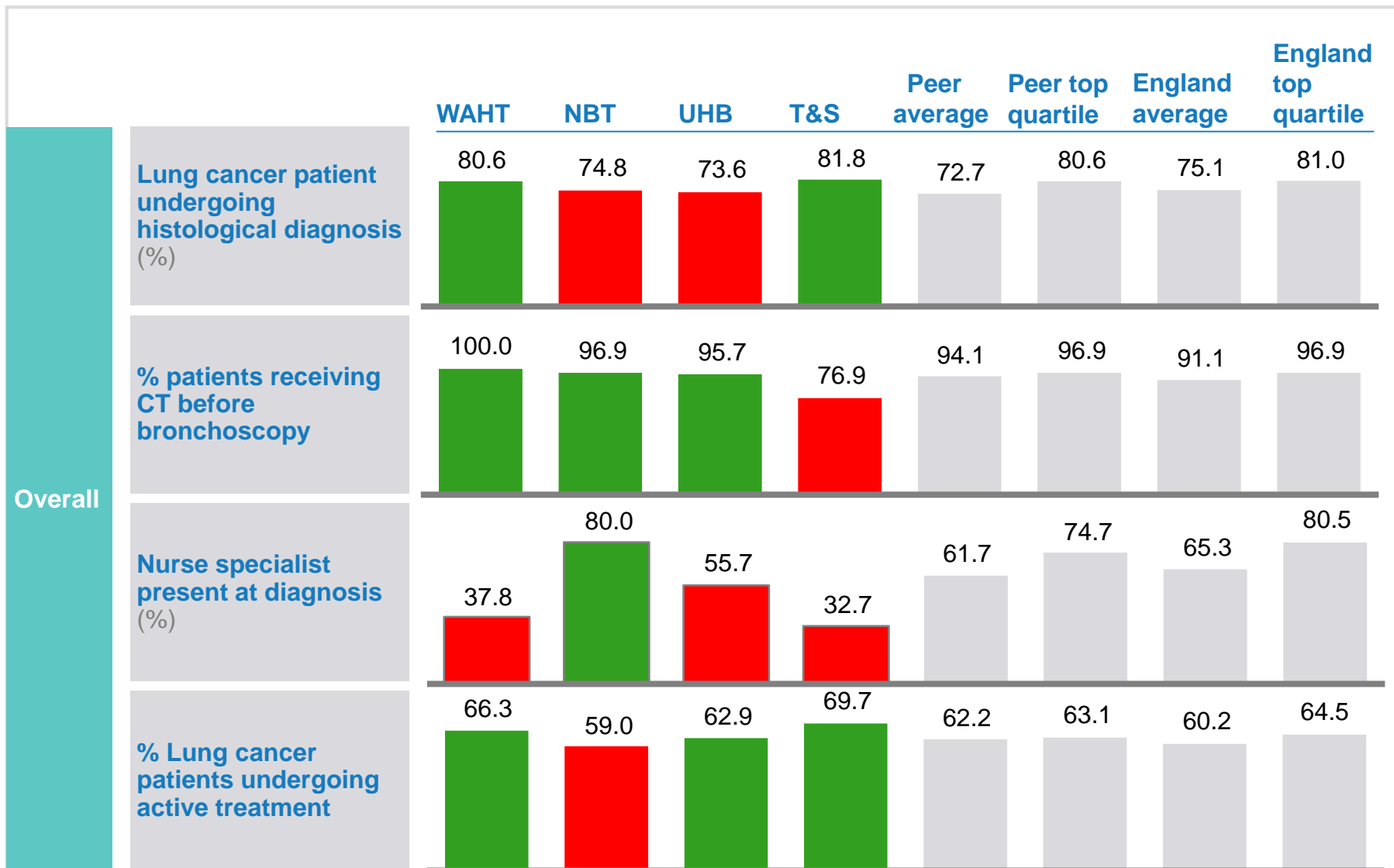


Lung cancer management



WORK IN PROGRESS

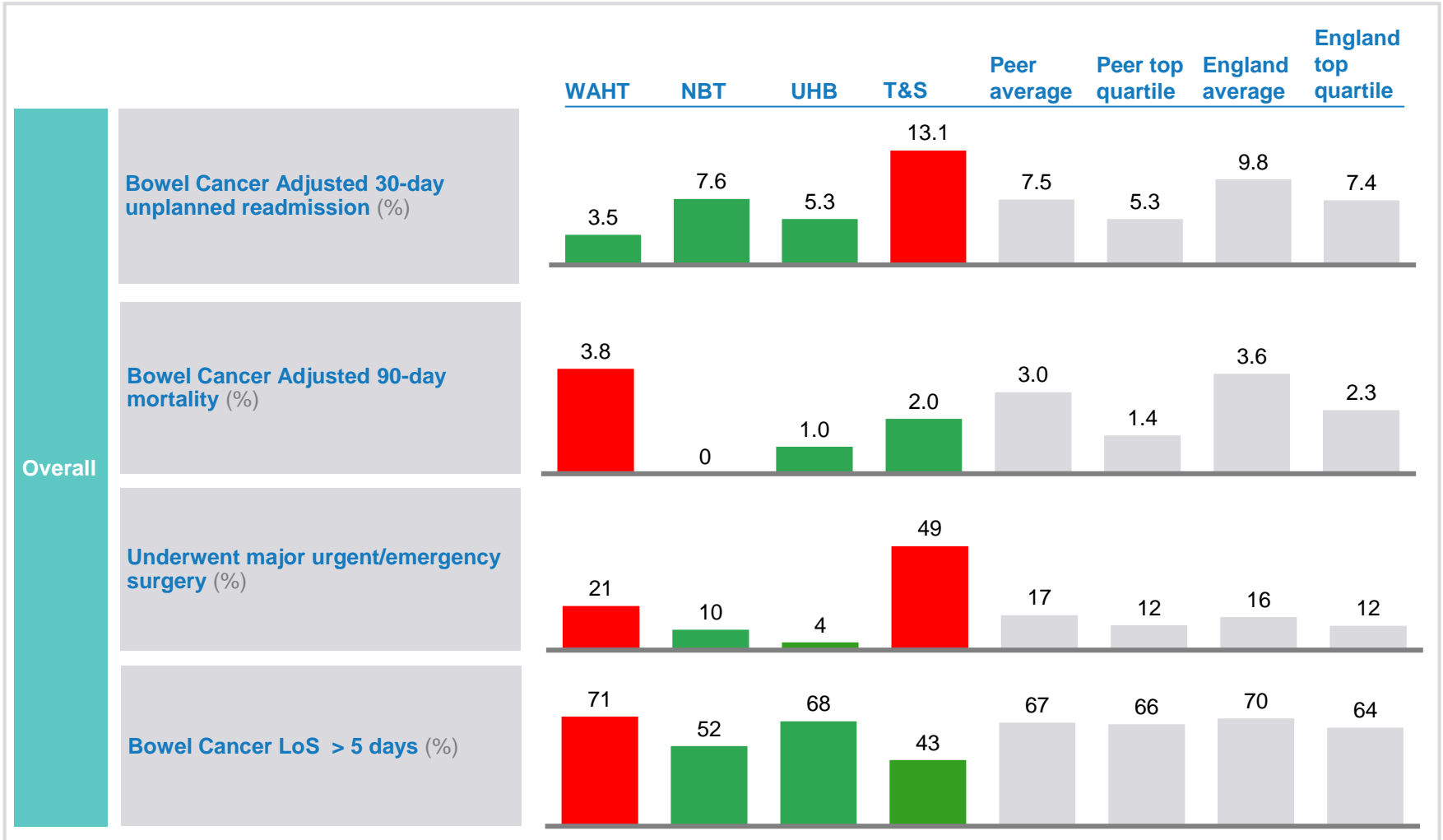
■ Trust performance above England average
 ■ Trust performance below England average



Bowel cancer management

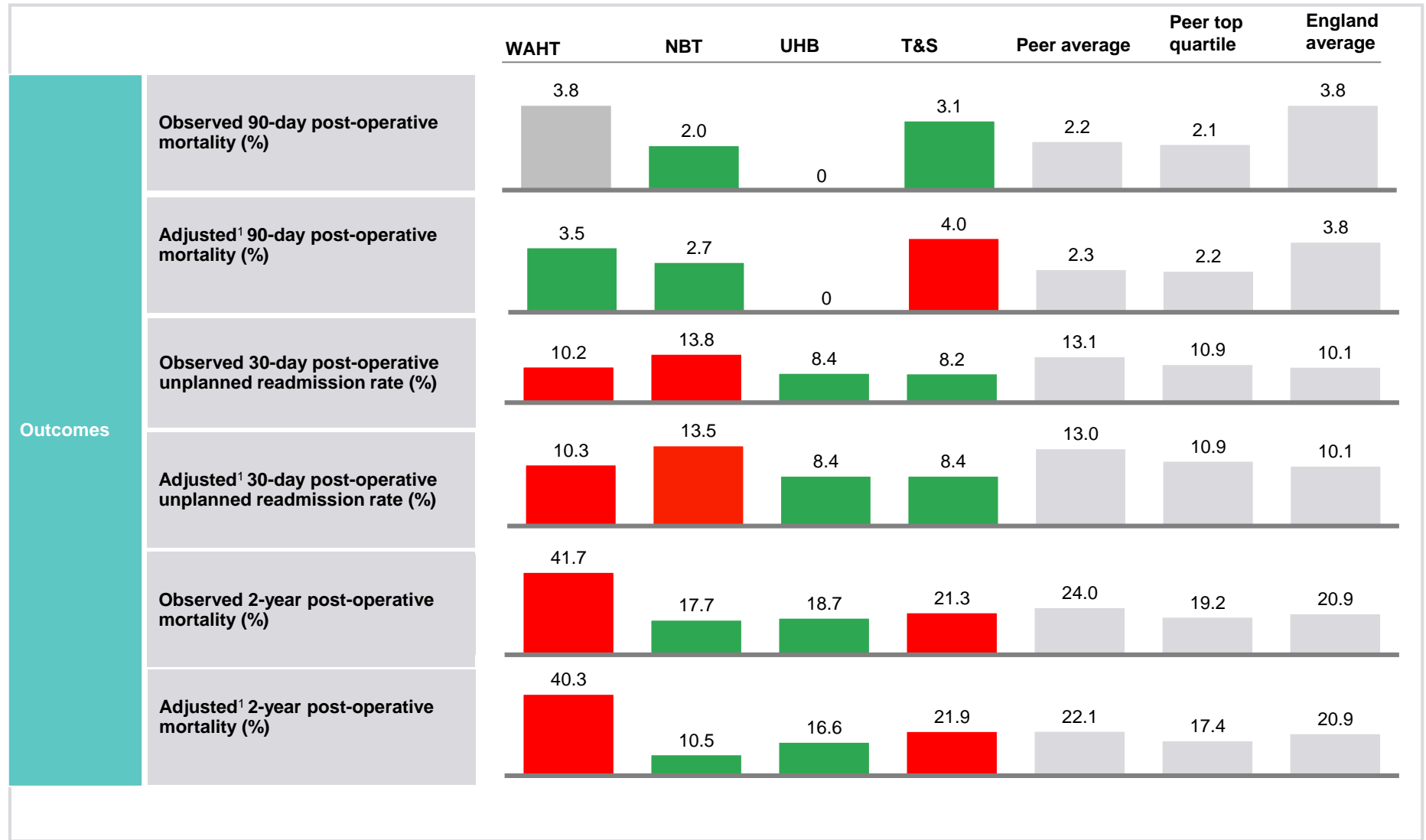


■ Trust performance better than England average
 ■ Trust performance worse than England average



Post-operative outcomes for bowel cancer

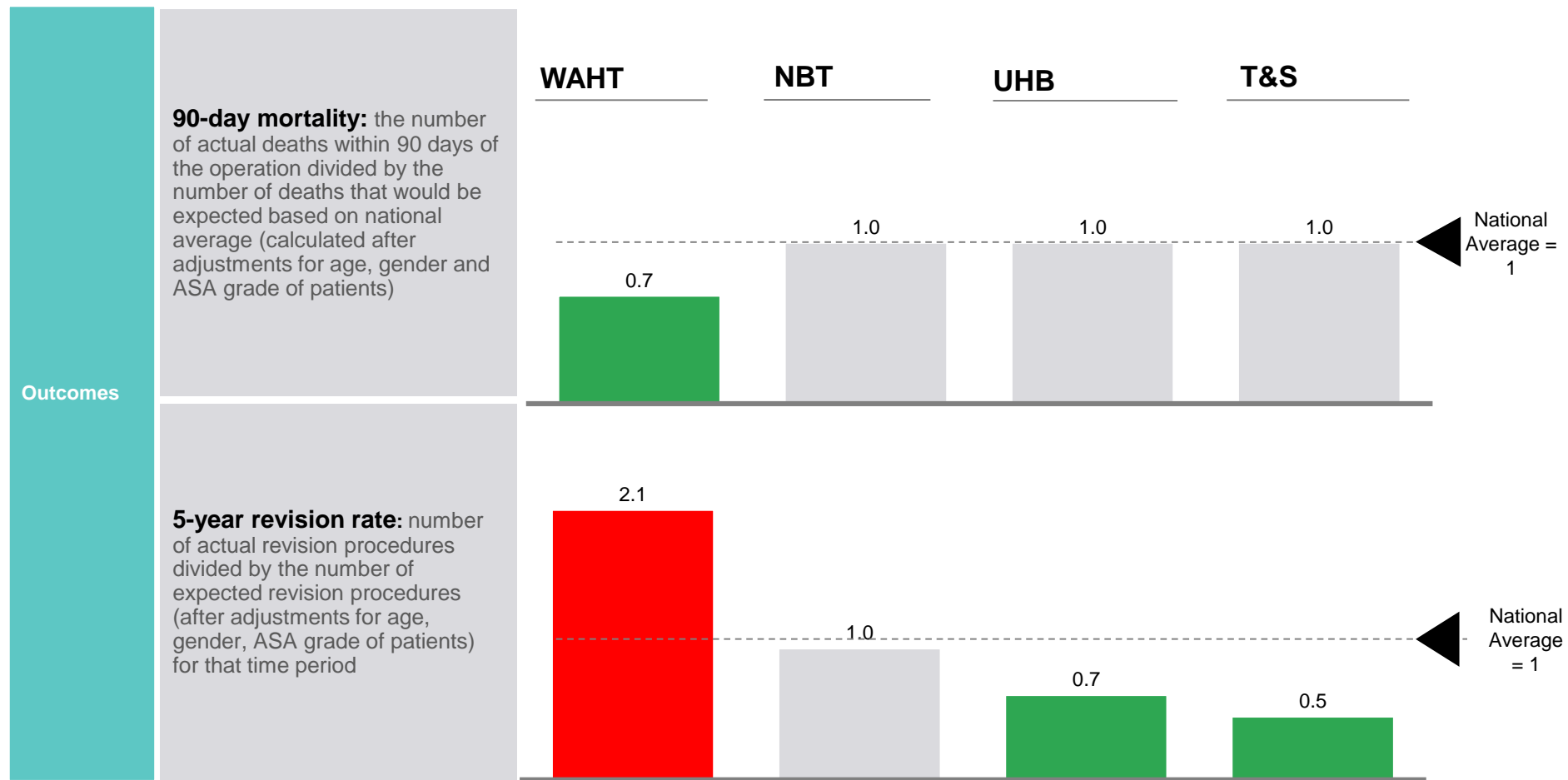
■ Trust performance above England average
 ■ Trust performance at England average
 ■ Trust performance below England average



¹ Risk-adjusted for patient case mix

5-year revision rate for hip replacement surgery

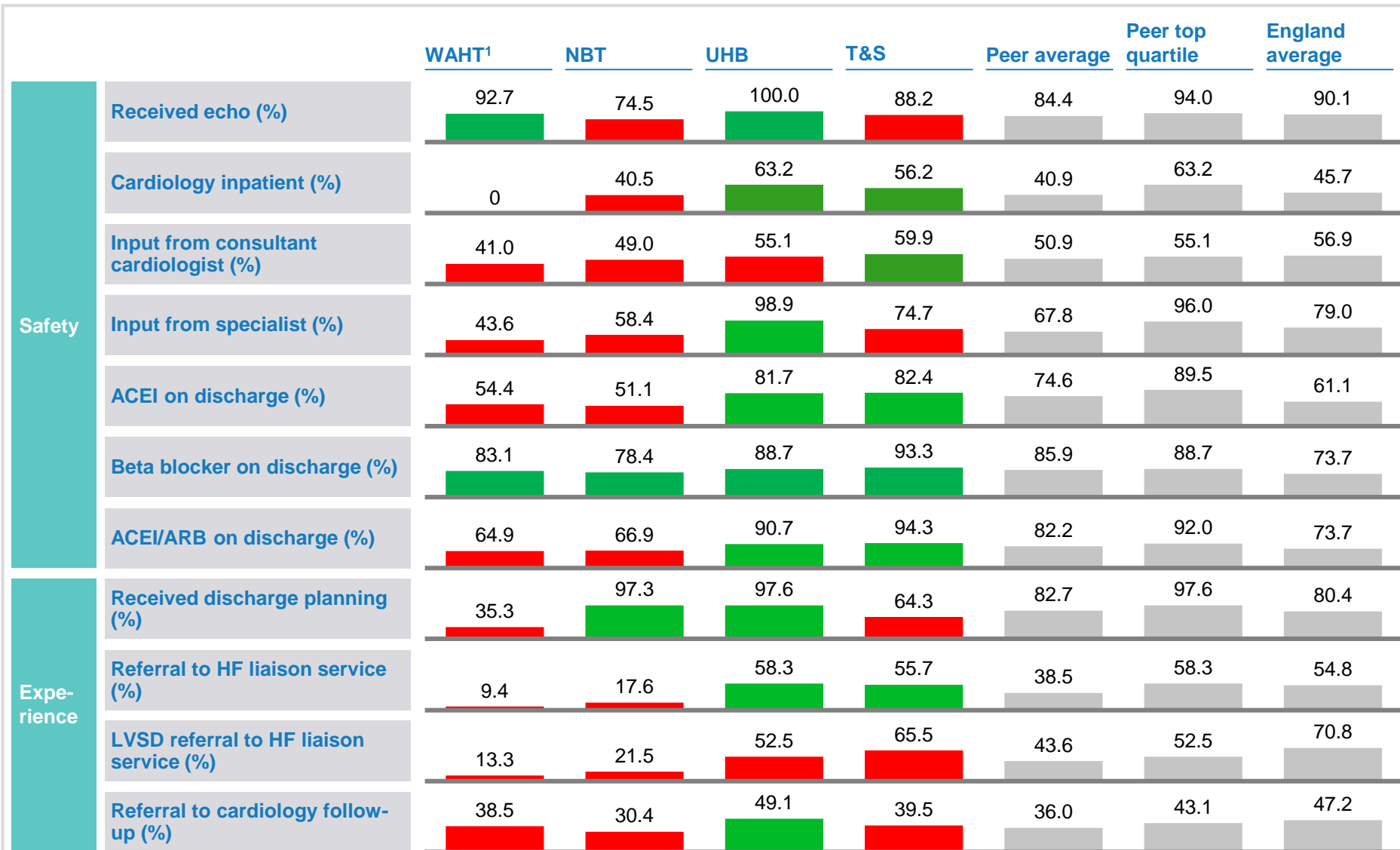
■ Trust performance better than expected
 ■ Trust performance as expected
 ■ Trust performance worse than expected



Local quality of care for people with heart failure



■ Trust performance above England average
 ■ Trust performance below England average



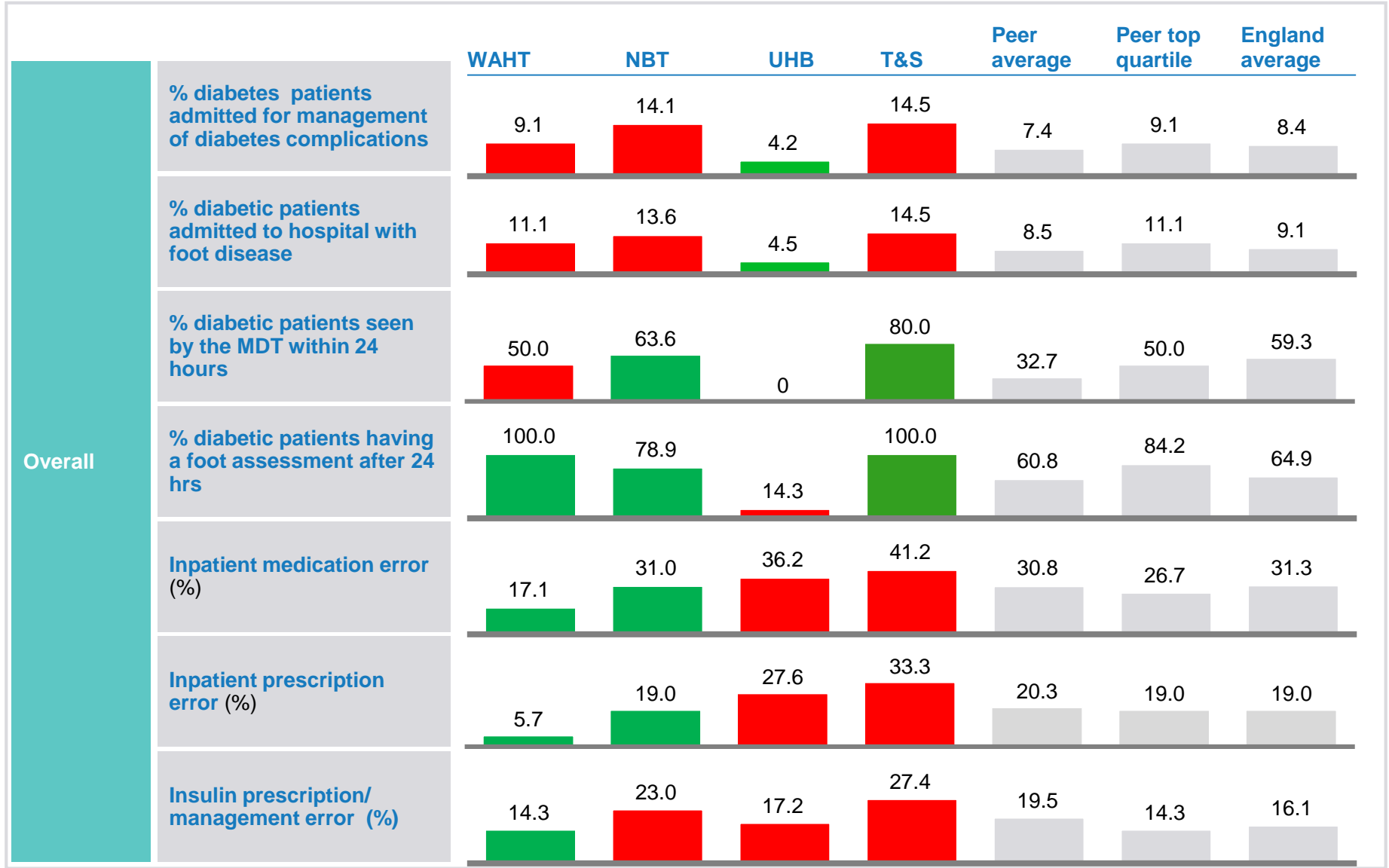
¹ WAHT has lower cardiology activity than other Trusts and no cardiology inpatients and some performance measures may reflect lack of scale

Source: Heart Failure Audit 2017 (2015-16 data)

Local quality of care for people with diabetes



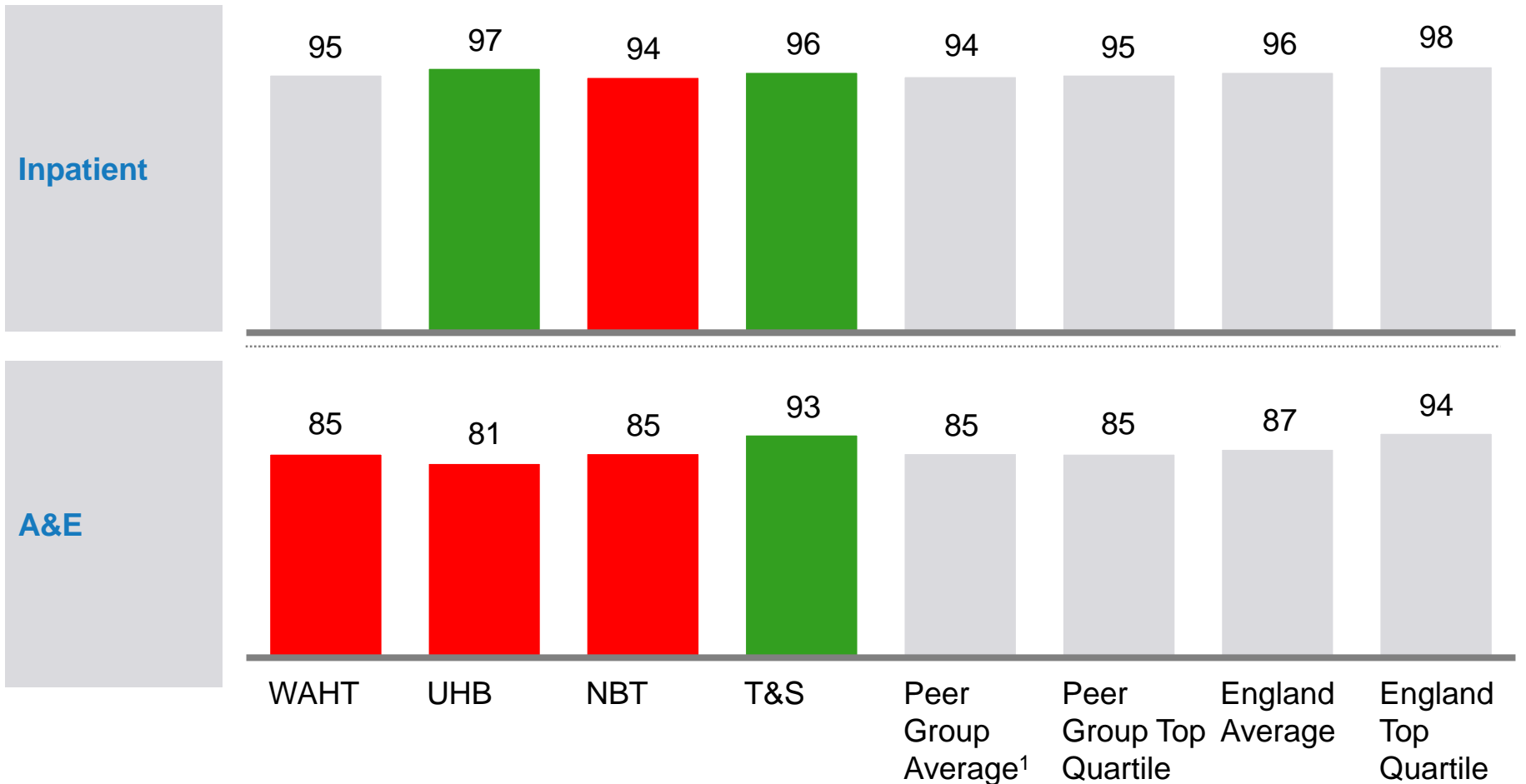
■ Trust performance above England average
 ■ Trust performance at England average
 ■ Trust performance below England average



Friends and family test for inpatient care and A+E

■ Trust performance above England and Peer Group Top Quartile
 ■ Trust performance at England average and Peer Group Average
 ■ Trust below England average and Peer Group Average

% patients who would recommend the service they received to friends and family who need similar treatment or care

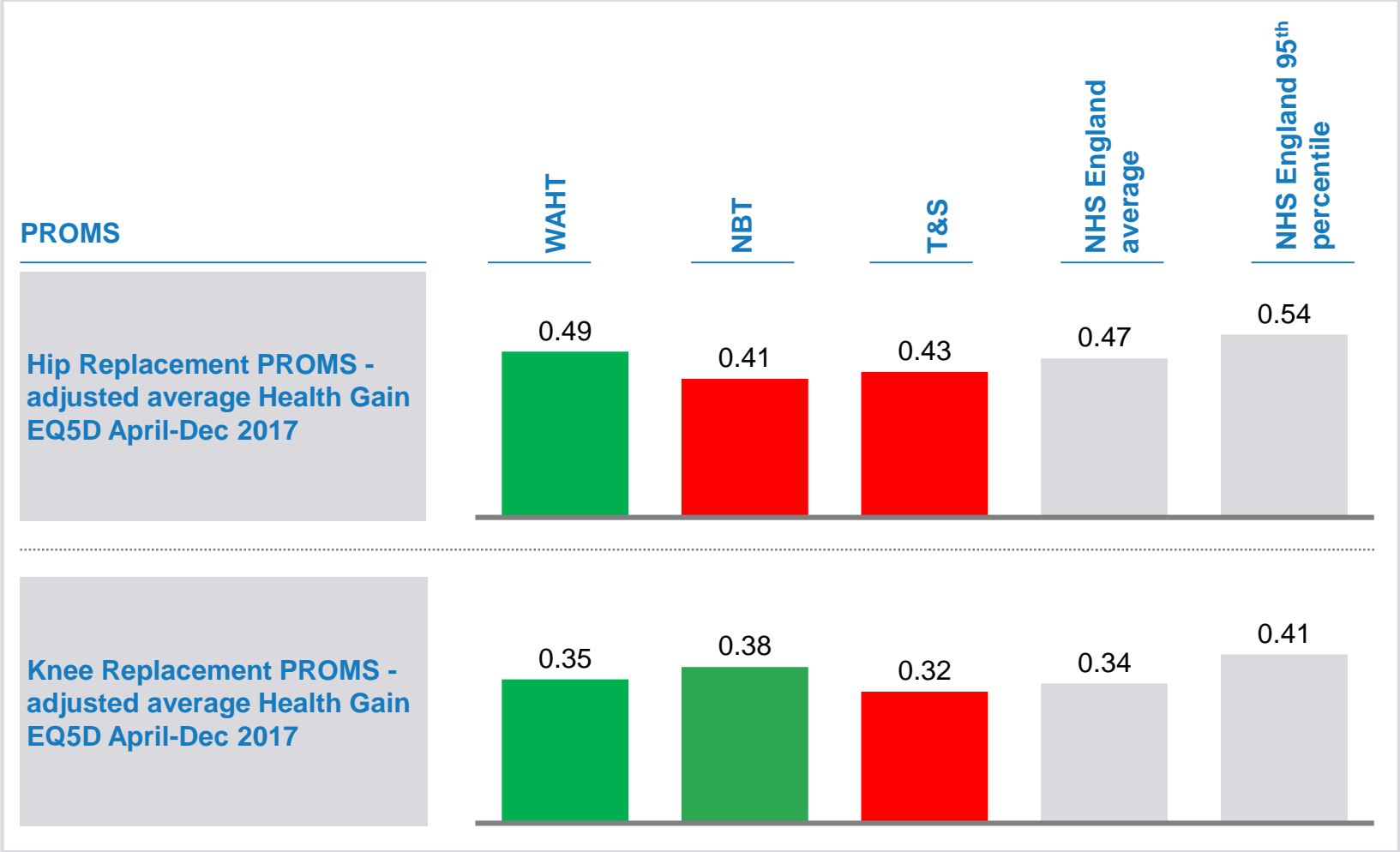


¹ Local peers as Yeovil, NBT, UHB and Gloucestershire Hospitals NHS Trust

Patient satisfaction with elective orthopaedics care



■ Trust performance above England average
 ■ Trust performance below England average



Note: No data available for Somerset Partnership, Yeovil District, University Hospitals Bristol

Source: Patient Reported Outcomes Measures, NHS Digital:
<https://digital.nhs.uk/data-and-information/publications/statistical/patient-reported-outcome-measures-proms/provisional-quarterly-patient-reported-outcome-measures-proms-in-england-april-2017-to-december-2017>

Junior Doctor GMC 2018 survey results



- Result is significantly below national average
- Result is below national average but within confidence interval
- Result is in line with or above national average

GMC survey aggregates feedback from doctors in training to compare training environments across the country

| Trust / Board | Overall satisfaction | Handover | Clinical supervision | Rota design |
|-------------------------|----------------------|----------|----------------------|-------------|
| NBT | 79.0 | 65.4 | 91.0 | 57.1 |
| UHBT | 76.7 | 65.6 | 90.5 | 55.2 |
| T&S | 83.6 | 72.0 | 92.0 | 60.1 |
| WAHT | 68.5 | 57.5 | 78.9 | 44.9 |
| National Average | 79.0 | 65.3 | 90.3 | 56.2 |

WAHT Deep Dive

| Post Specialty | Overall satisfaction | Handover | Clinical supervision | Rota design |
|---------------------------|----------------------|----------|----------------------|-------------|
| Acute Internal Medicine | 75.4 | 54.0 | 79.0 | 40.0 |
| Emergency Medicine | 50.5 | 54.2 | 57.5 | 23.9 |
| Geriatric medicine | 61.8 | 57.8 | 78.0 | 42.5 |
| Obstetrics and gynecology | 63.3 | 64.6 | 68.7 | 56.2 |

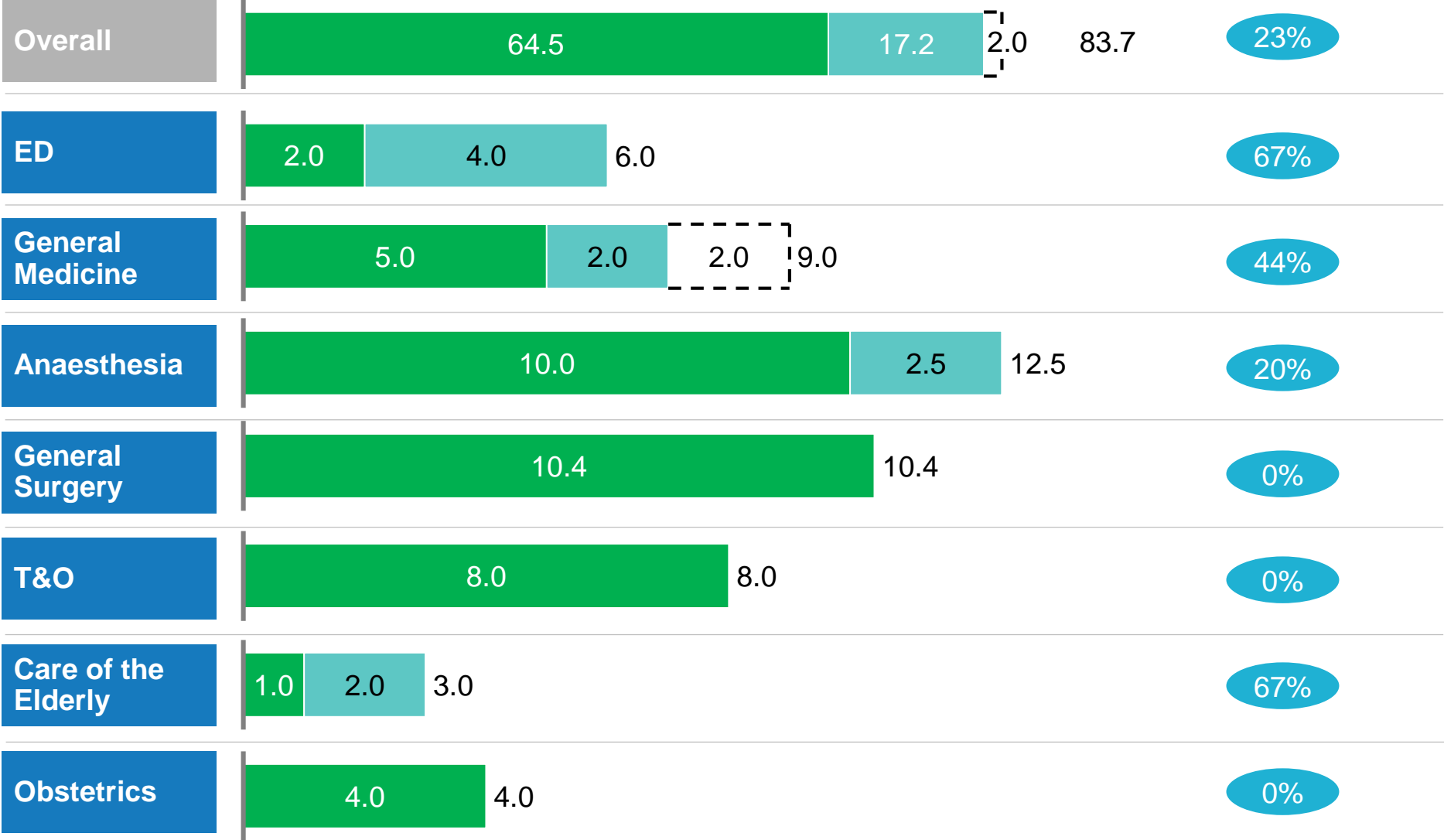
WAHT Consultant Vacancies – March 2018

- Permanent WTE
- Locum or Temporary
- Additional Vacancies



Breakdown of Consultant Staffing by WTE


% Total Vacancies



Source: Weston Area Health Trust ESR data

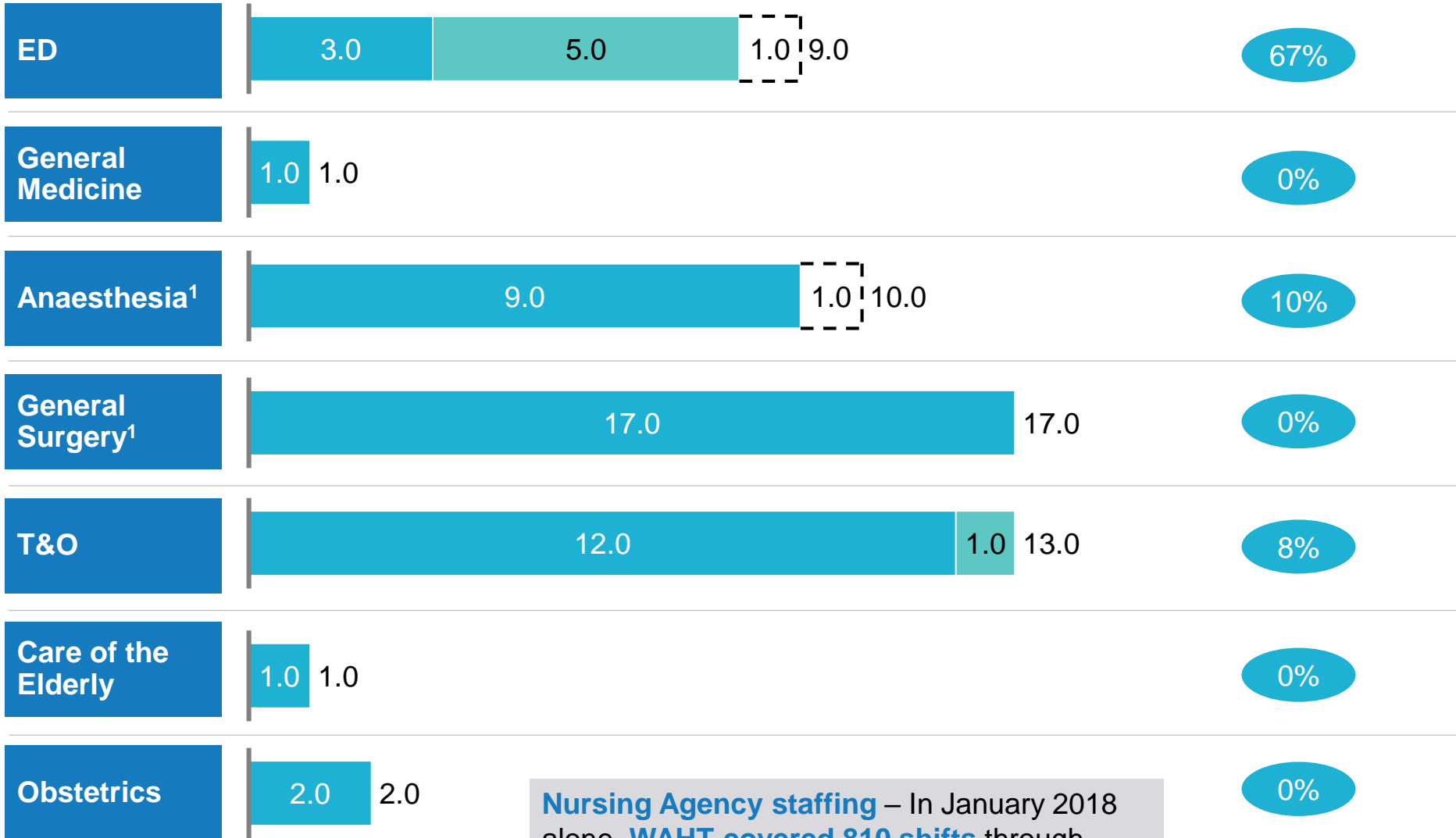
WAHT Speciality Doctors / Trainees Vacancies – March 2018

- Permanent WTE
- Locum or Temporary
- Additional Vacancies



Breakdown of Specialty Doctor Staffing by WTE

% Total Vacancies



¹ Includes trainees

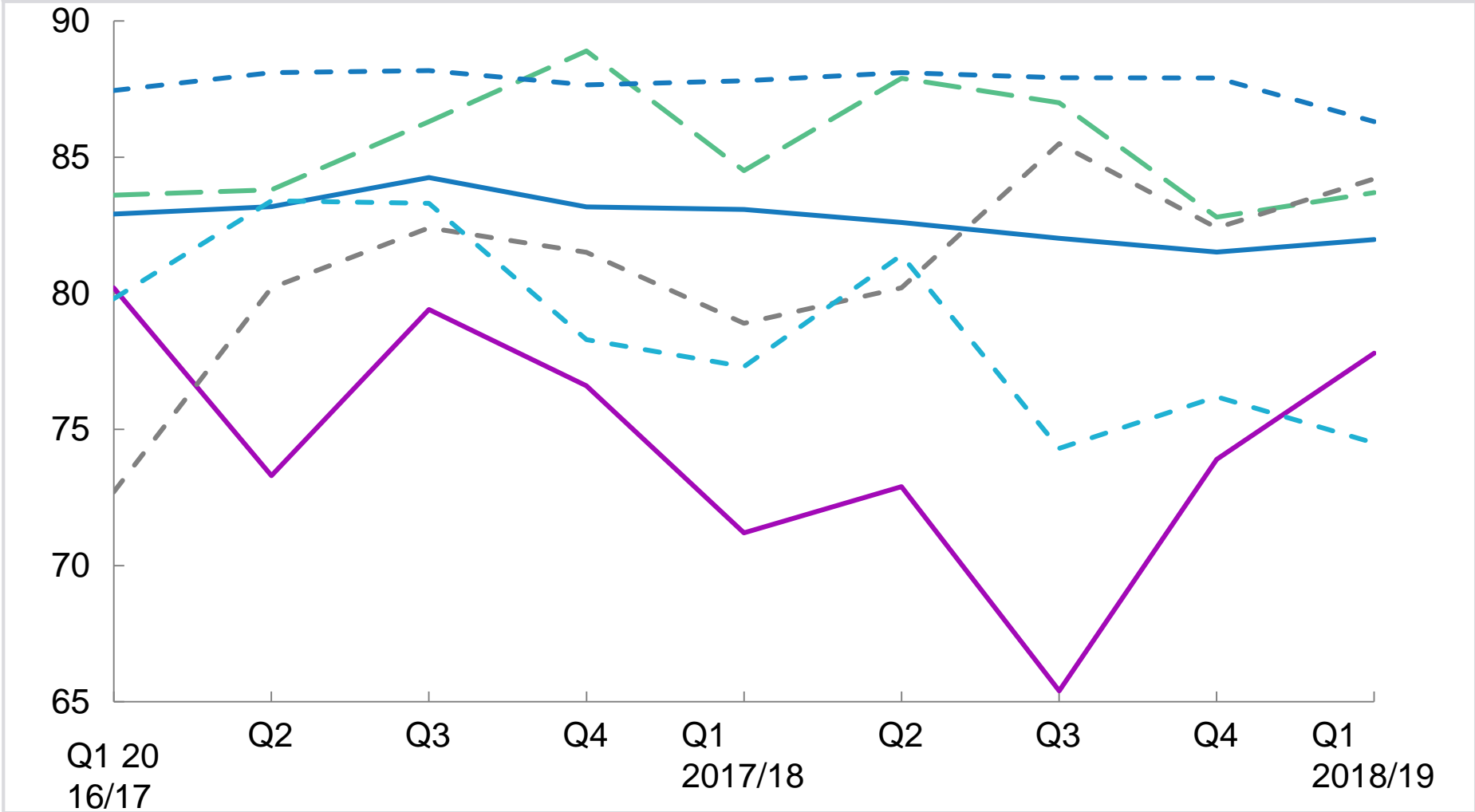
Source: Weston Area Health Trust ESR data

Nursing Agency staffing – In January 2018 alone, **WAHT covered 810 shifts** through agencies with **63% of those due to vacancies**

Cancer waiting time performance is below the top quartile for WAHT, NBT and UHB

— WAHT - - - UHB — National average¹
- - - NBT - - - National top quartile¹ - - - T&S

Performance against 62 day cancer waiting time target, %

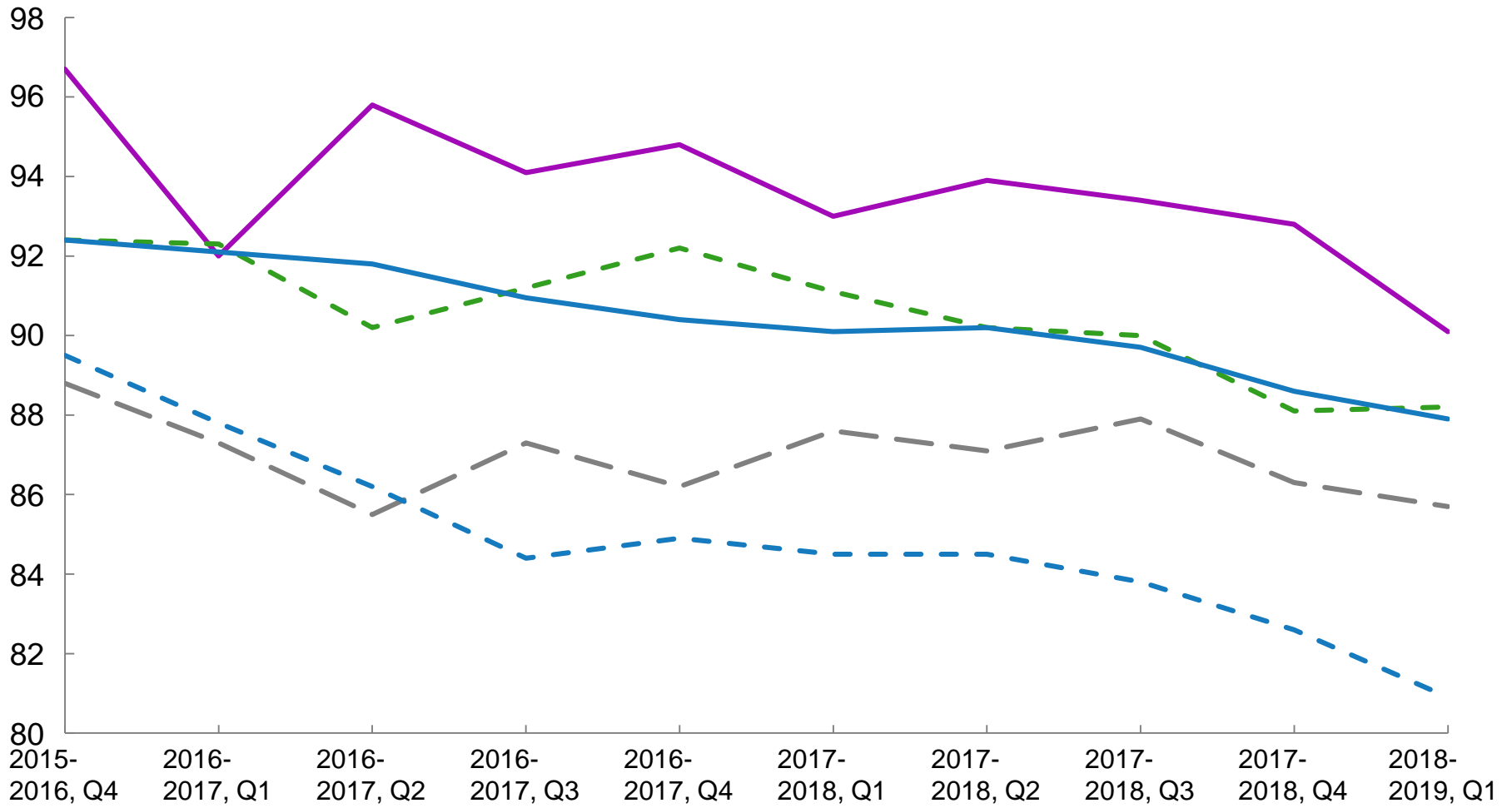


¹ Specialist centres not excluded

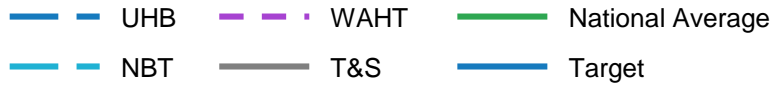
18week RTT performance at WAHT is better than national average

- Weston Area Health Trust
- - - University Hospitals Bristol
- National average
- - - North Bristol Trust
- - - Taunton & Somerset

RTT performance against 18 week target, %

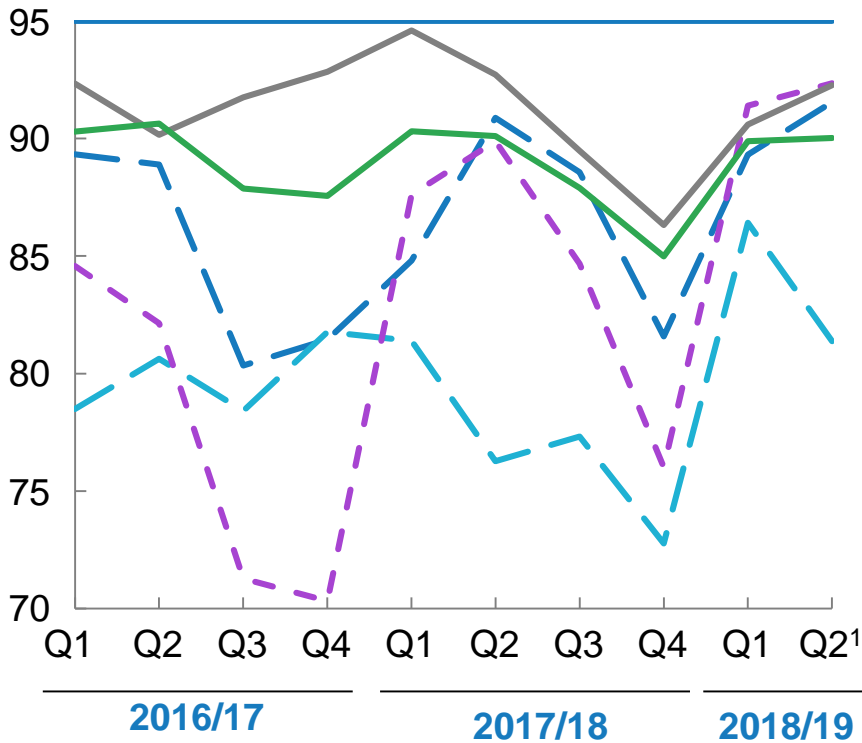


4hr A&E performance at WAHT, UHB, NBT, and T&S for Type 1 and All Attendances



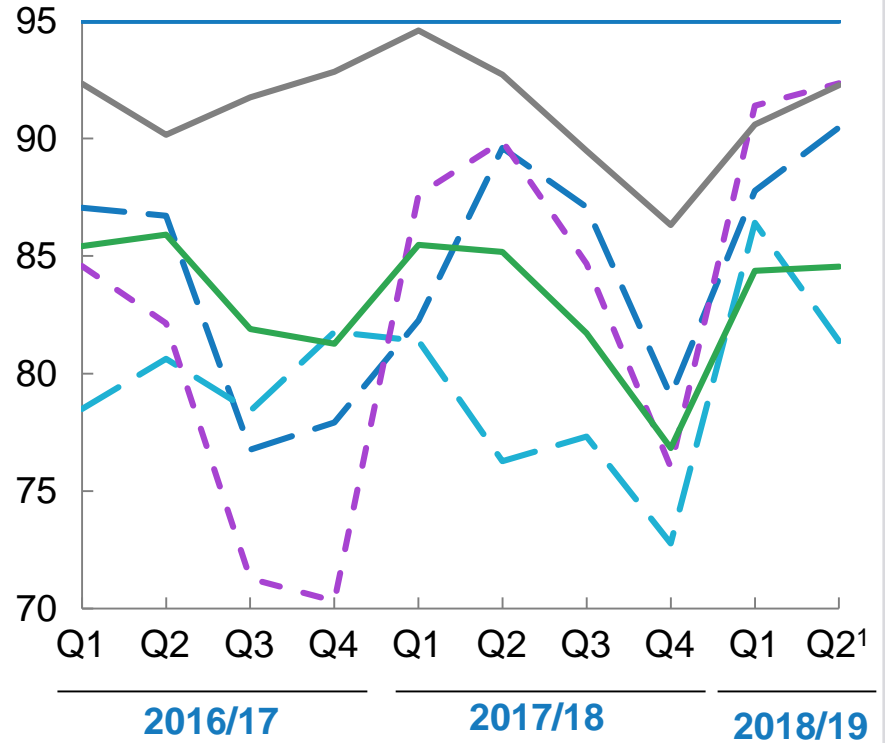
A&E attendances percentage seen in 4 hours or less, 2016/17 – 2017/18, All Attendances

% of attendances



A&E attendances percentage seen in 4 hours or less, 2016/17 – 2017/18, Type 1 Attendances

% of attendances



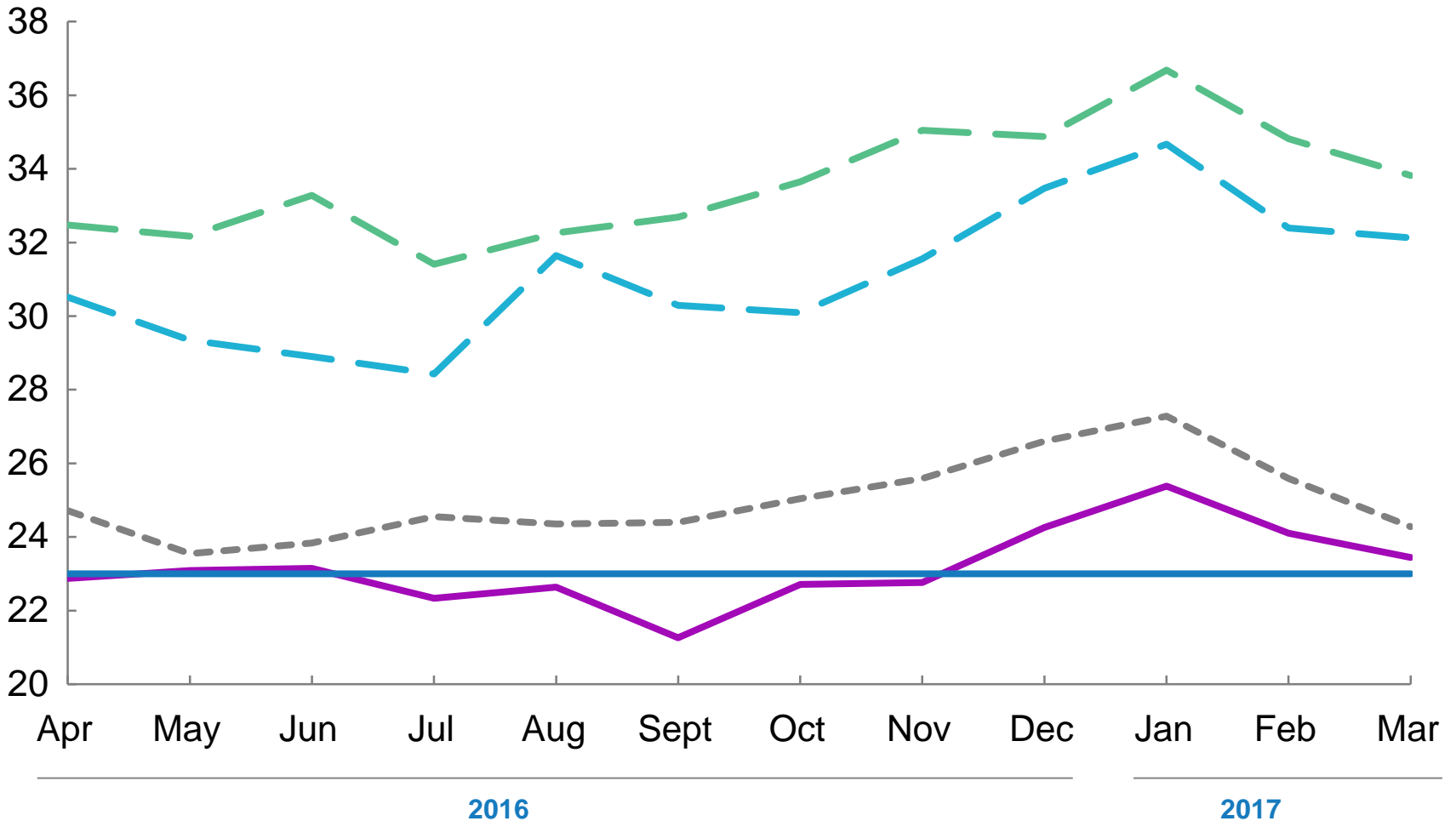
¹ Q2 2018 data only includes average of first two months due to availability of data

A&E attendances conversion to NEL rate



- WAHT
- - - UHB
- - - T&S
- - - NBT
- National Median

A&E attendees converted, %



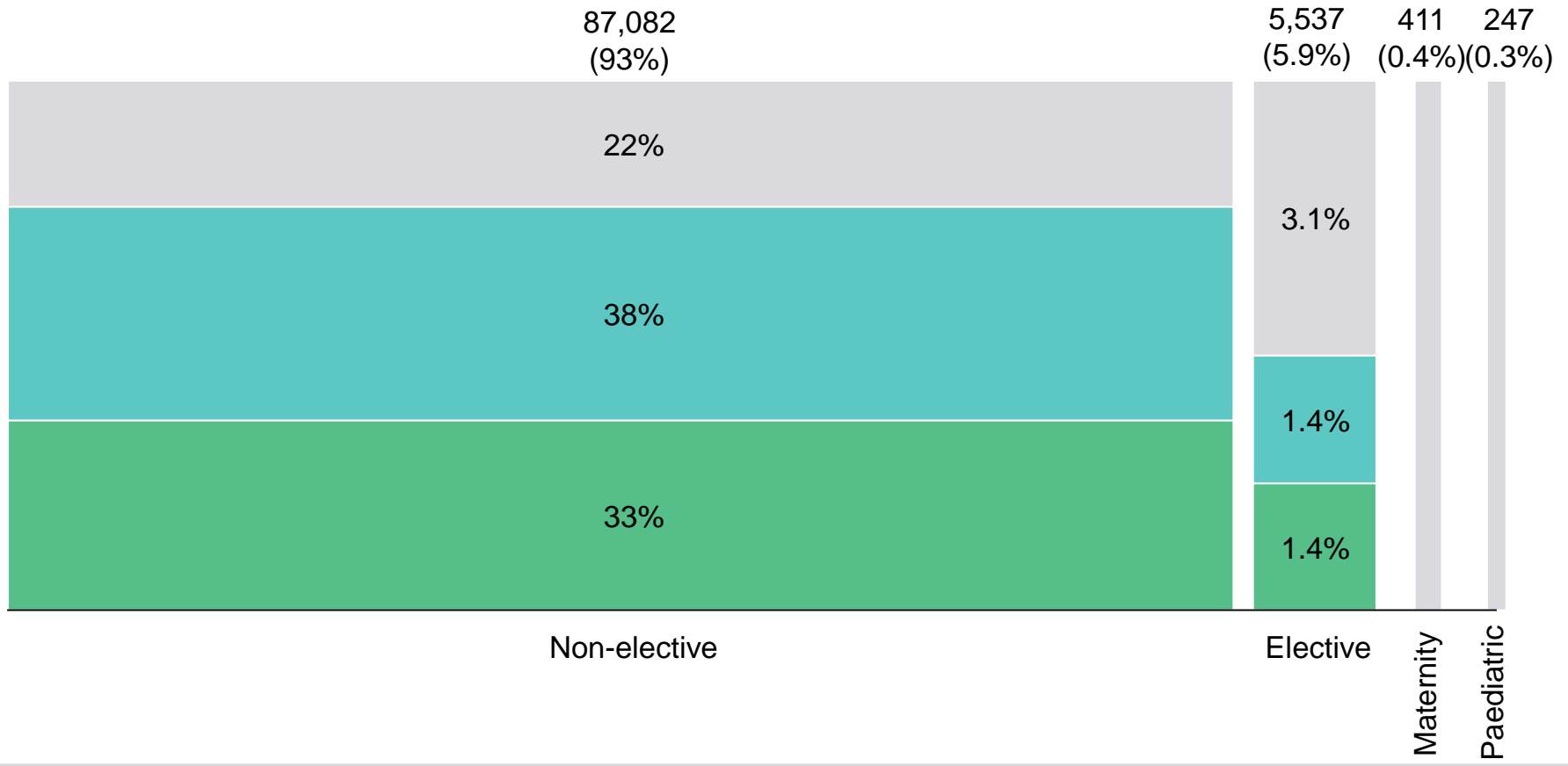
Bed days at WAHT in 2016/17 by line of service and point of delivery

0-7days 8-30days 31+days

2016/17 bed days by LOS band and POD¹

Total bed days and % of POD

93,277 Bed Days = 100%



¹ Excluding RA (Regular Attenders) and Other (not recorded type), Paediatrics patients are defined by age 0-18 y.o.

² Figures calculated assuming that all patients in this category currently stay for 31 days, will go down to trust average LOS for NEL patients, and each reduction of a 20 bed unit saves a hospital £2M

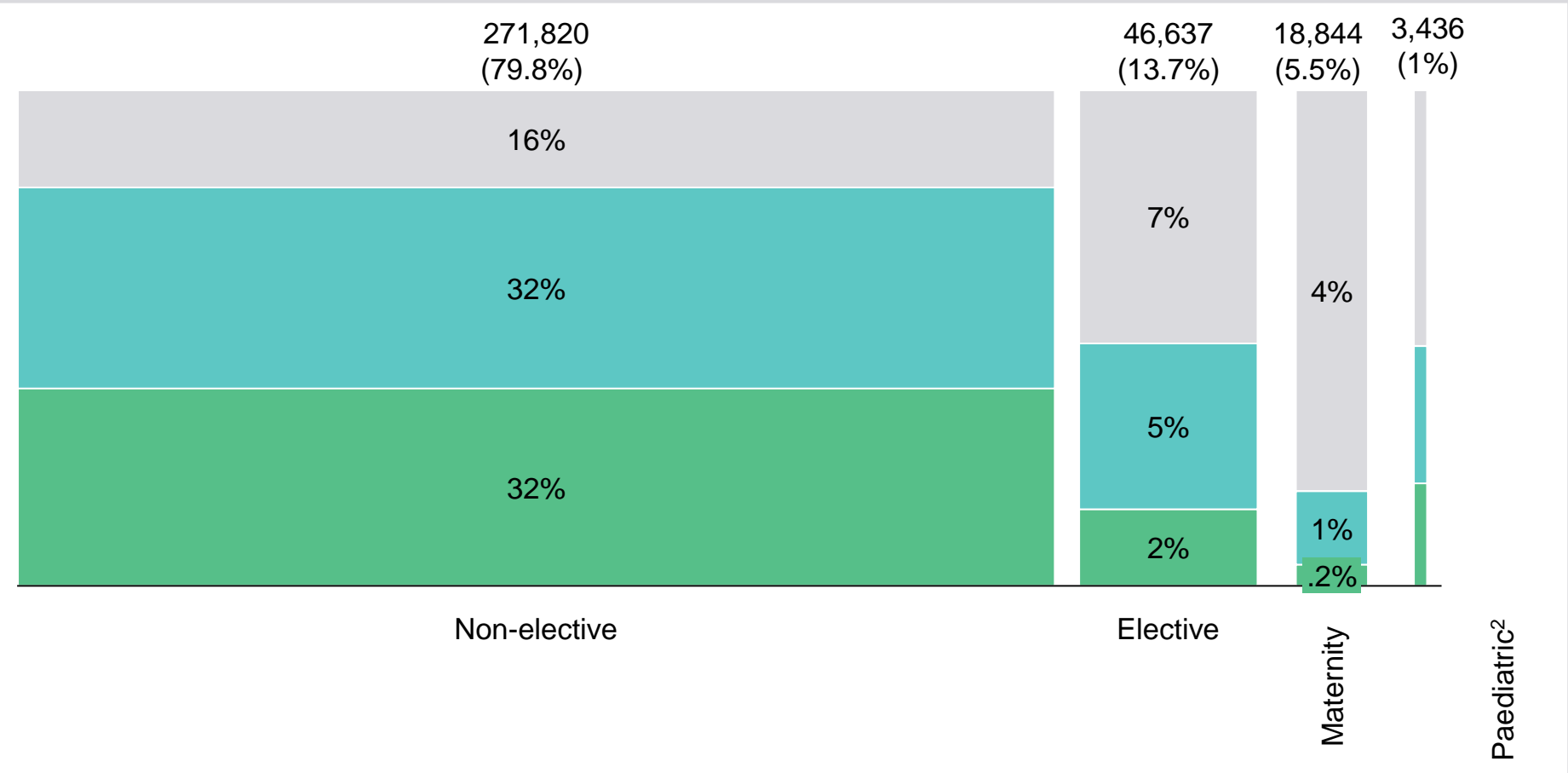
Bed days at NBT in 2016/17 by line of service and point of delivery

0-7days 8-30days 31+days

2016/17 bed days by LOS band and POD¹

Total bed days and % of POD

340,737 bed days =100%



¹ Excluding RA (Regular Attenders) and Other (not recorded type), Paediatrics patients are defined by age 0-18 y.o.

² Although NBT does not have a paediatric ward, a small percentage of children are admitted each year

³ Figures calculated assuming that all patients in this category currently stay for 31 days, will go down to trust average LOS for NEL patients, and each reduction of a 20 bed unit saves a hospital £2M

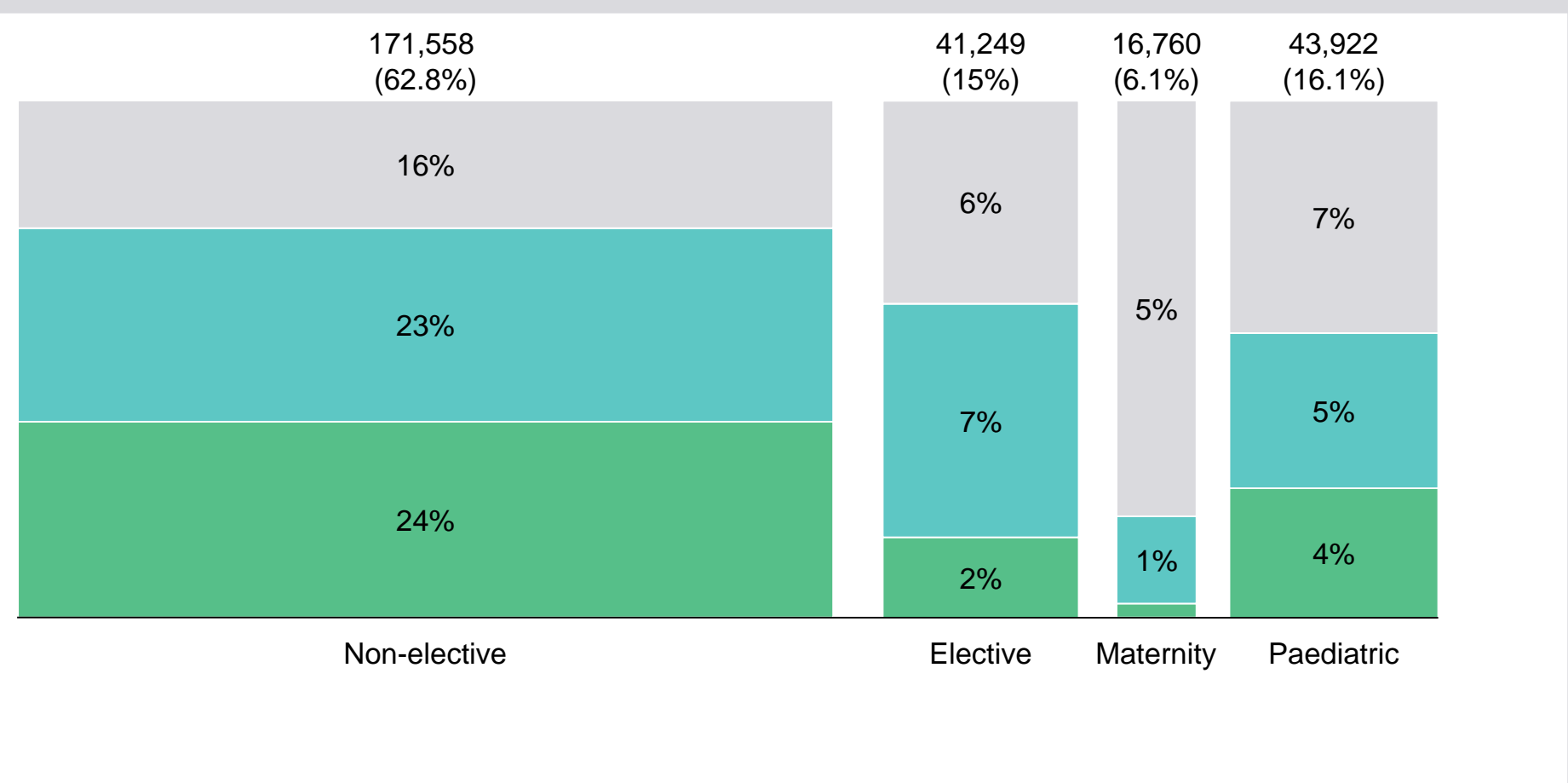
Bed days at UHB in 2016/17 by line of service and point of delivery

0-7days 8-30days 31+days

2016/17 bed days by LOS band and POD¹

Total bed days and % of POD

273,489 bed days = 100%



¹ Excluding RA (Regular Attenders) and Other (not recorded type), Paediatrics patients are defined by age 0-18 y.o.

² Figures calculated assuming that all patients in this category currently stay for 31 days, will go down to trust average LOS for NEL patients, and each reduction of a 20 bed unit saves a hospital £2M

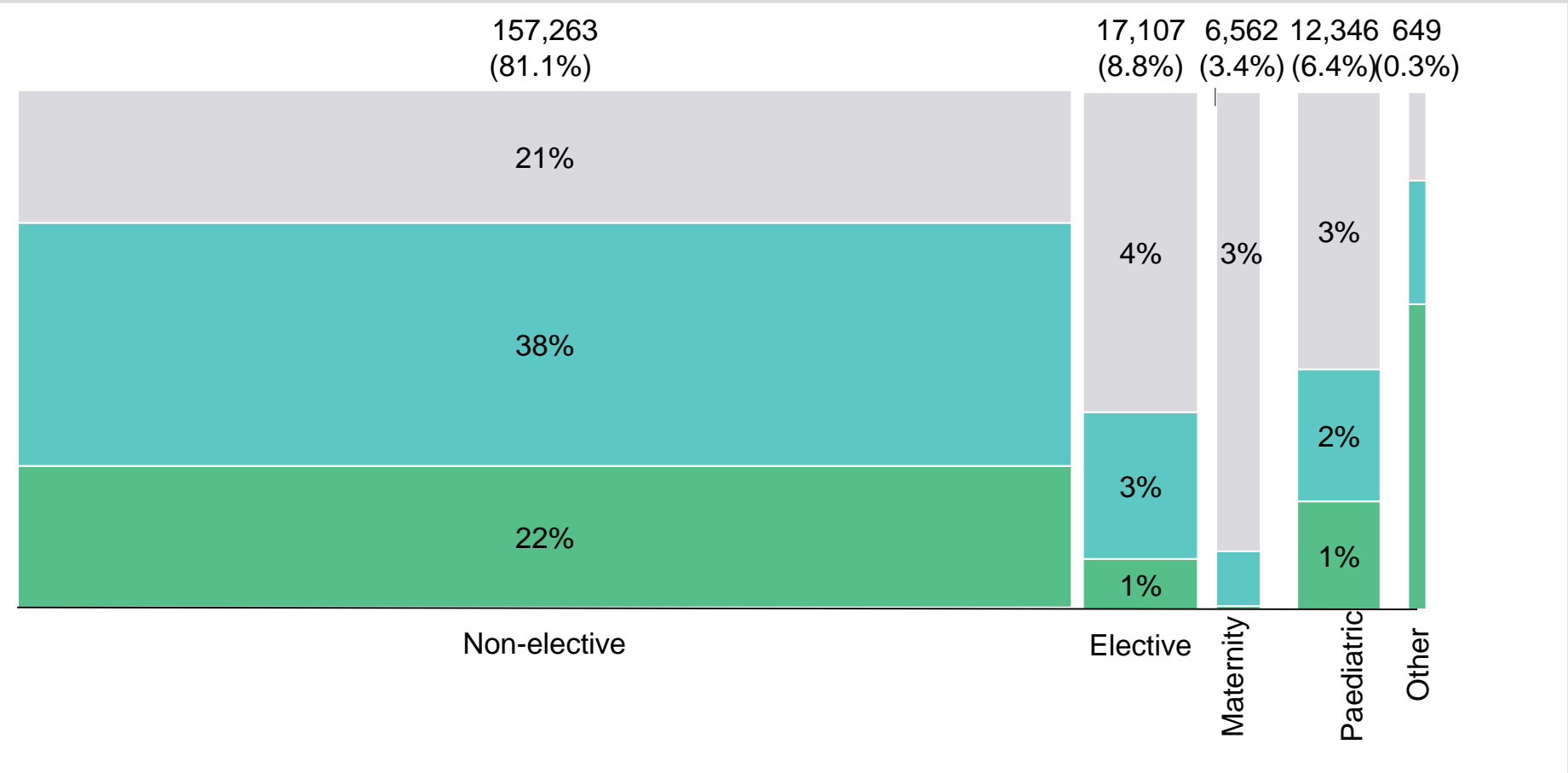
Bed days at T&S in 2016/17 by line of service and point of delivery

0-7days 8-30days 31+days

2016/17 bed days by LOS band and POD¹

193,927 bed days = 100%

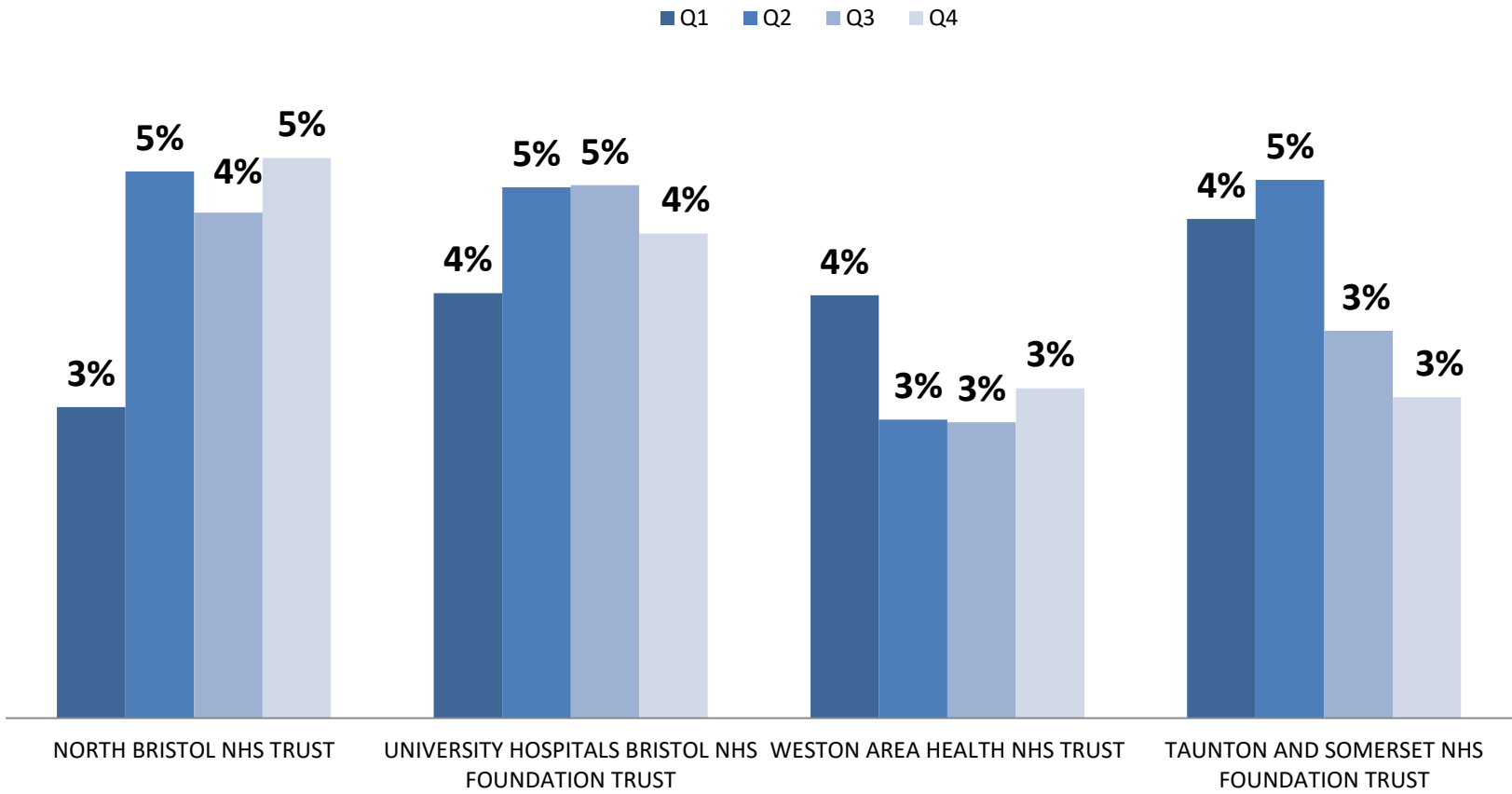
Total bed days and % of POD



¹ Excluding RA (Regular Attenders) and Other (not recorded type), Paediatrics patients are defined by age 0-18 y.o.

² Figures calculated assuming that all patients in this category currently stay for 31 days, will go down to trust average LOS for adult NEL patients, and each reduction of a 20 bed unit saves a hospital £2M; assumes 82% bed occupancy (Q4 2016/17 bed occupancy figures)

Delayed Transfers of Care 2017/18 - % Occupied Bed Days



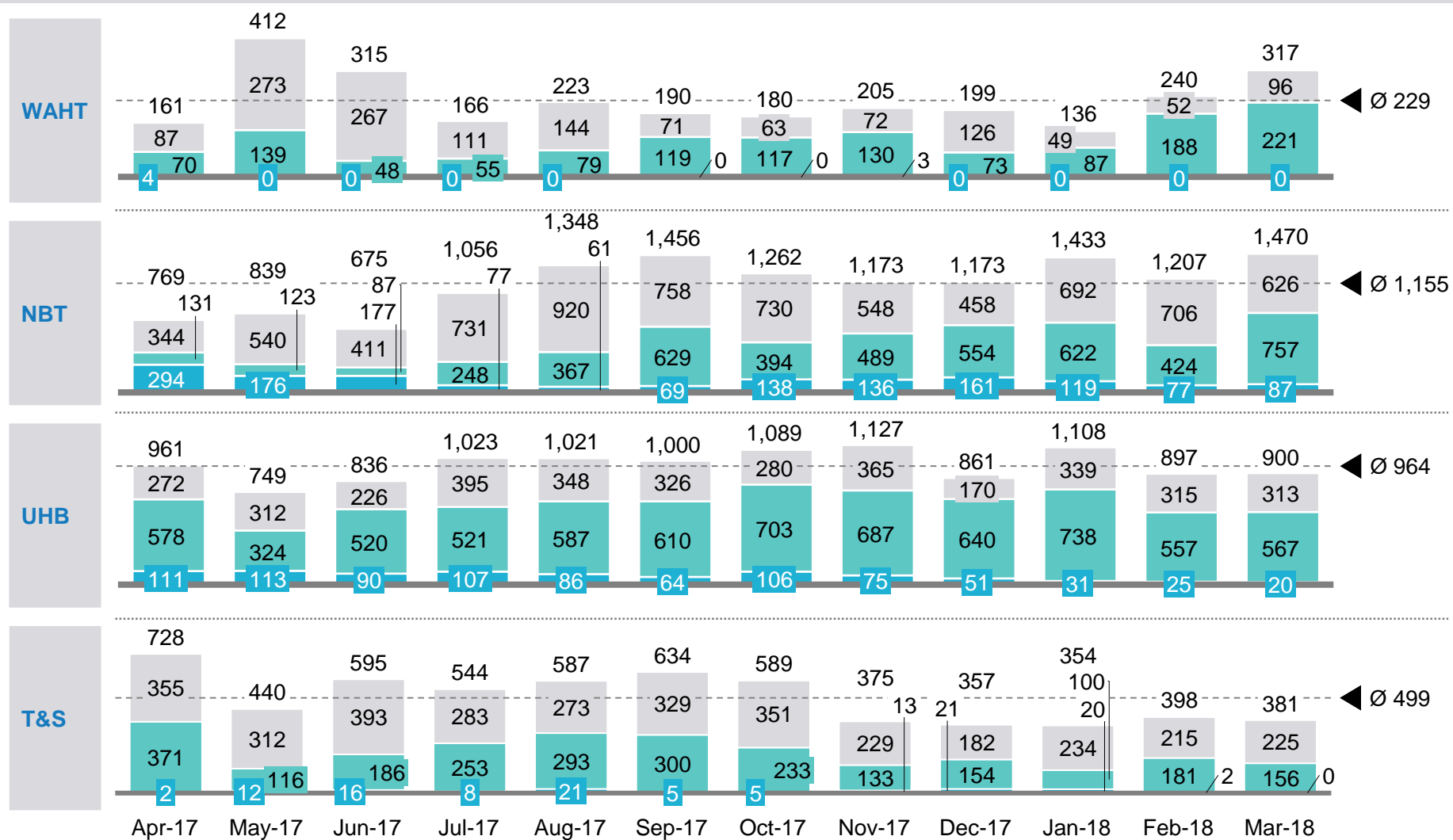
National Target: 3.5%

On average of 229 bed days at WAHT are lost every month due to delayed transfer of care

Bed days lost due to delayed transfer of care by cause, 2017/18

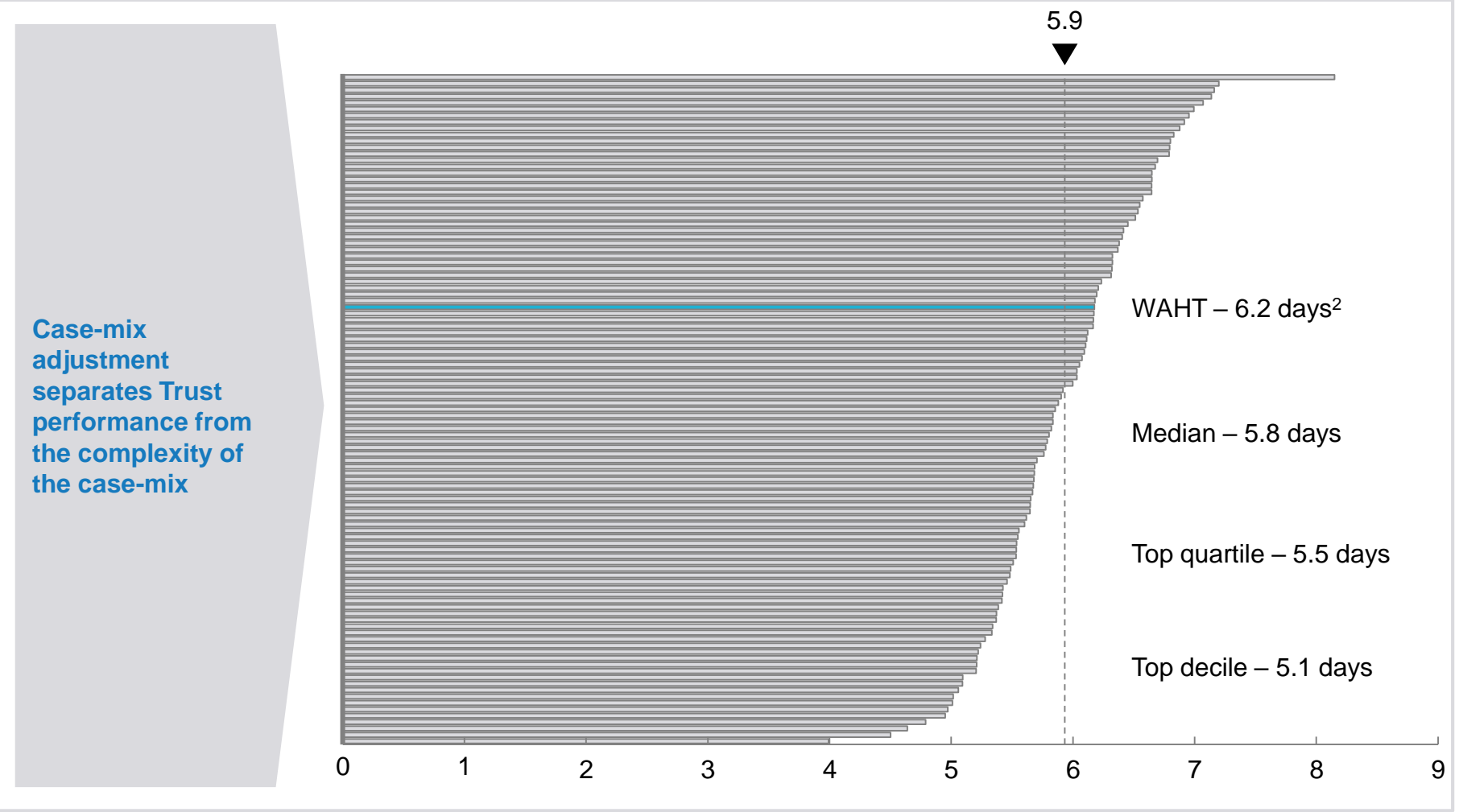
Bed days

NHS
 Social
 Both



WAHT has slightly worse than average case-mix adjusted length of stay

Case-mix adjusted non-elective¹ average length of stay, for Weston General, against all non-specialist acute Trusts in England, 2016/17, Days

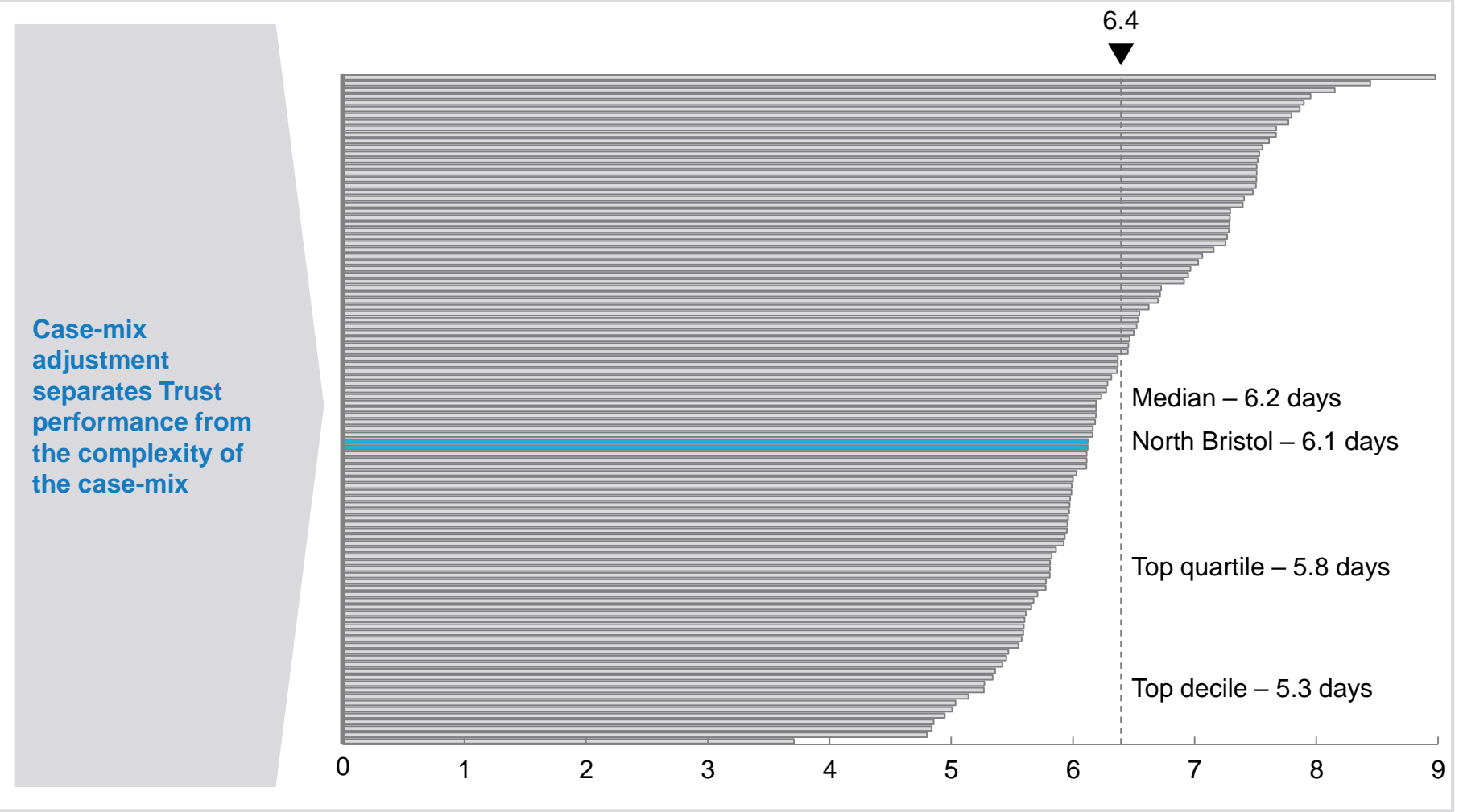


¹ Excluding maternity and for acute hospitals only ² Case mix adjusted to Weston's activity mix

Source: HES 2016/17 IP 2017/17 APC dataset M13, c/o NHS Digital

North Bristol has slightly better than average case-mix adjusted non-elective average length of stay compared to its peer group

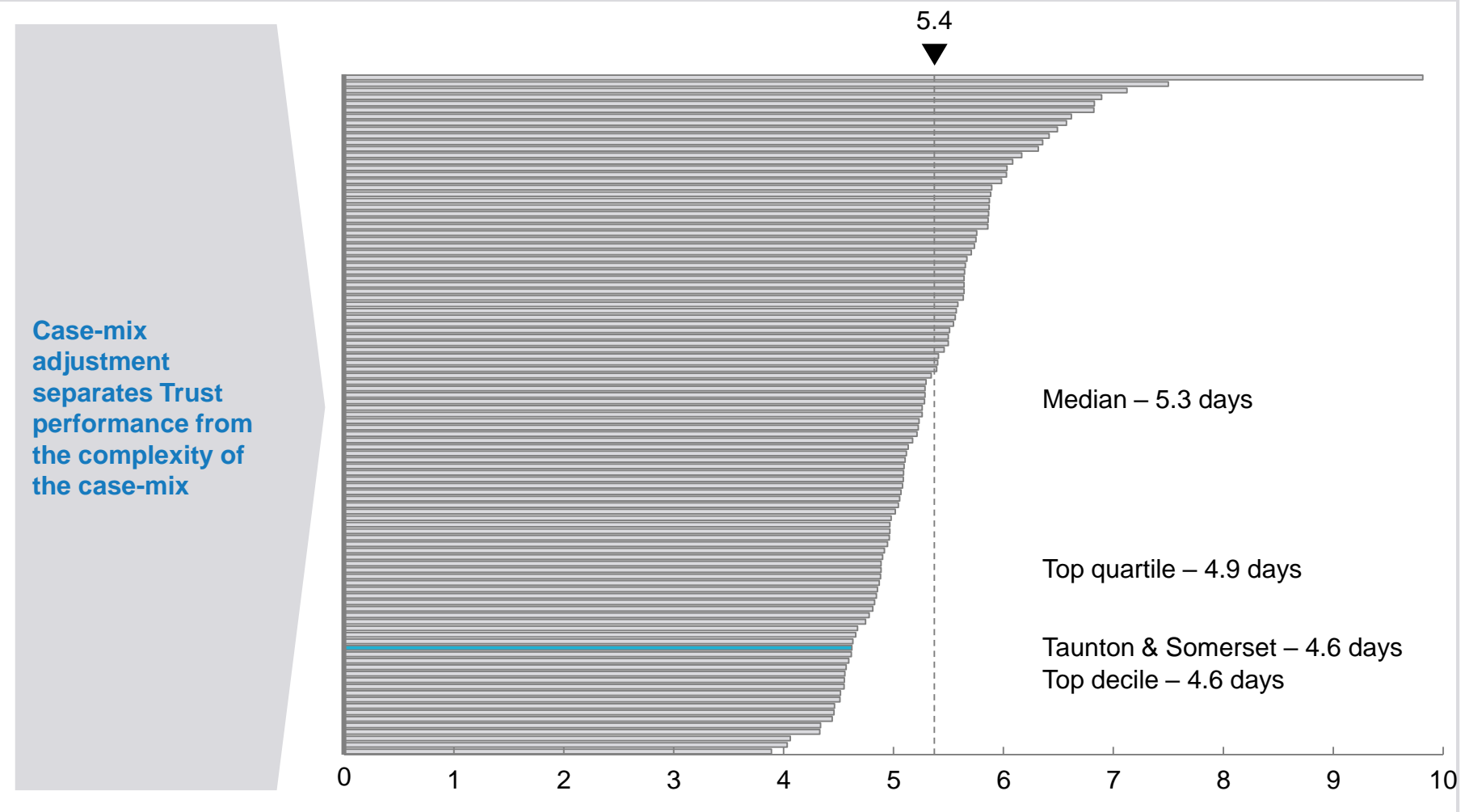
Case-mix adjusted¹ non-elective inpatient² average length of stay for North Bristol, compared to all non-specialist acute Trusts in England³, 2016/17, Days



1 Case mix adjusted for North Bristol's non-elective activity mix. 2 Non-elective inpatients only (excluding maternity). 3 All Trusts categorised as Acute Small, Acute Medium, Acute Large, and Acute Multi-Service.

Taunton & Somerset has top decile case-mix adjusted non-elective average length of stay for its peer group

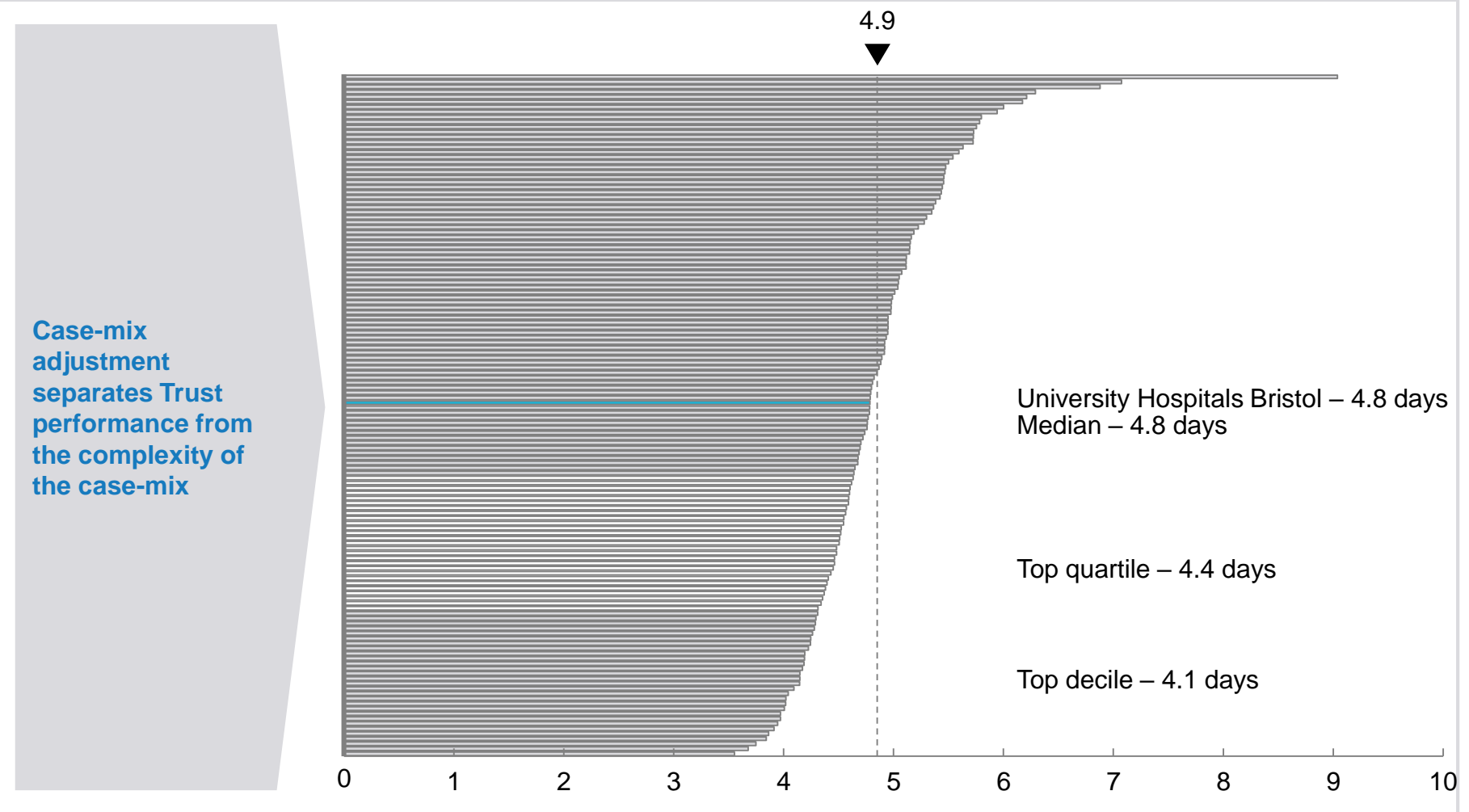
Case-mix adjusted¹ non-elective inpatient² average length of stay for Taunton & Somerset, compared to all non-specialist acute Trusts in England³, 2016/17, Days



¹ Case mix adjusted for Taunton & Somerset's non-elective activity mix. ² Non-elective inpatients only (excluding maternity). ³ All Trusts categorised as Acute Small, Acute Medium, Acute Large, and Acute Multi-Service.

University Hospitals Bristol has average case-mix adjusted non-elective average length of stay for its peer group

Case-mix adjusted¹ non-elective inpatient² average length of stay for Taunton & Somerset, compared to all non-specialist acute Trusts in England including teaching Trusts³, 2016/17, Days

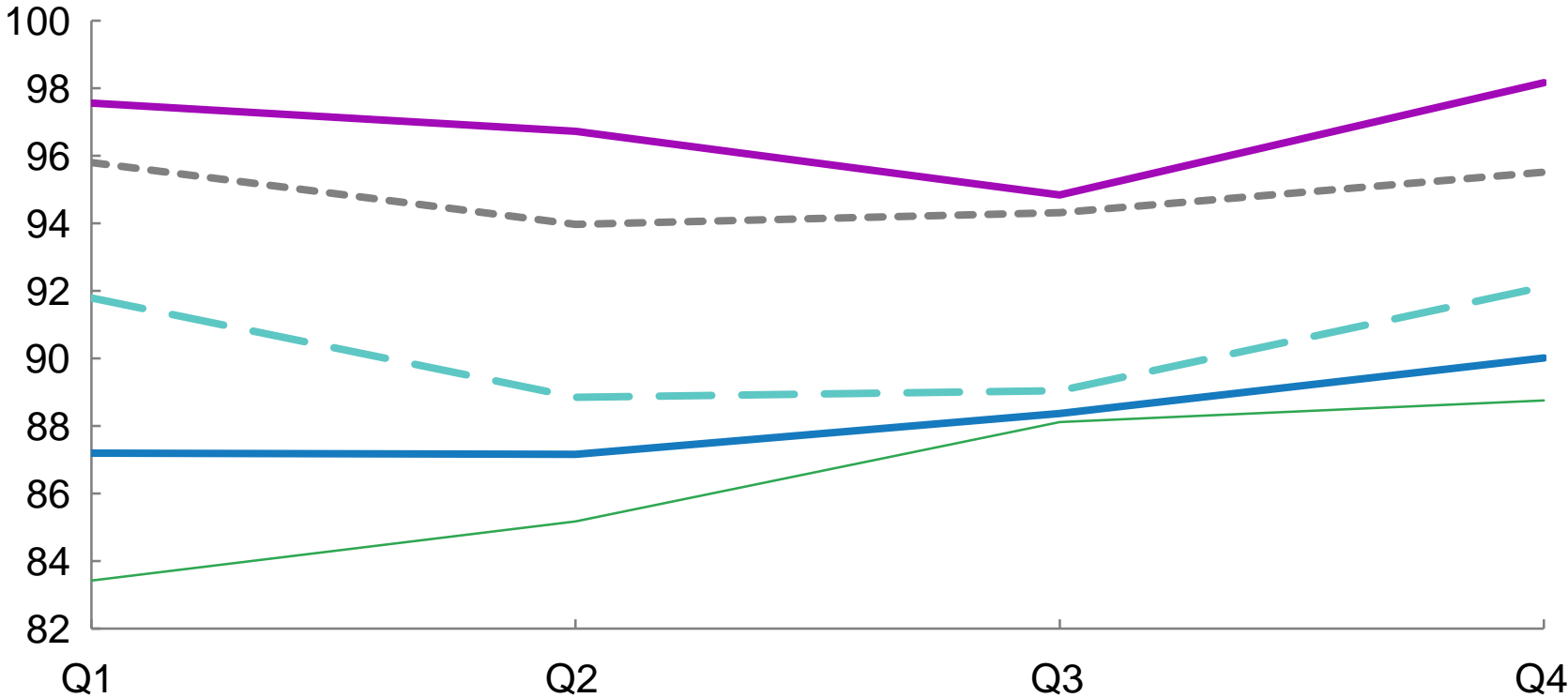


¹ Case mix adjusted for University Hospitals Bristol's non-elective activity mix. ² Non-elective inpatients only (excluding maternity). ³ All Trusts categorised as Acute Small, Acute Medium, Acute Large, Acute Multi-Service, and Acute Teaching.

Bed occupancy rates at WAHT, UHB, and NBT are consistently above the national average

— WAHT - - - NBT — National average
- - - UHB — T&S

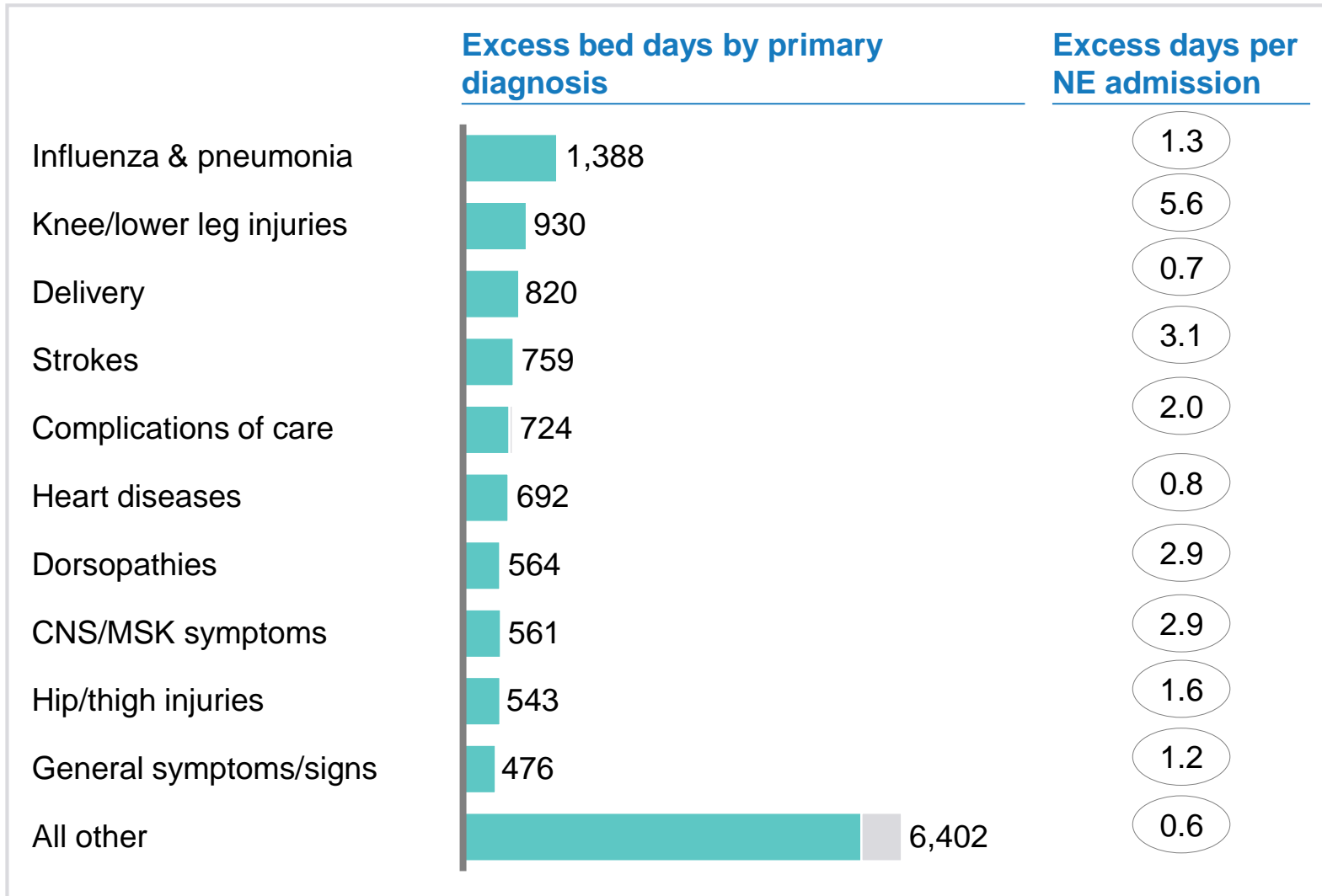
Bed Occupancy Rates, 2017/18, %



SOURCE: NHS website – Bed Availability and Occupancy statistics 2017/18

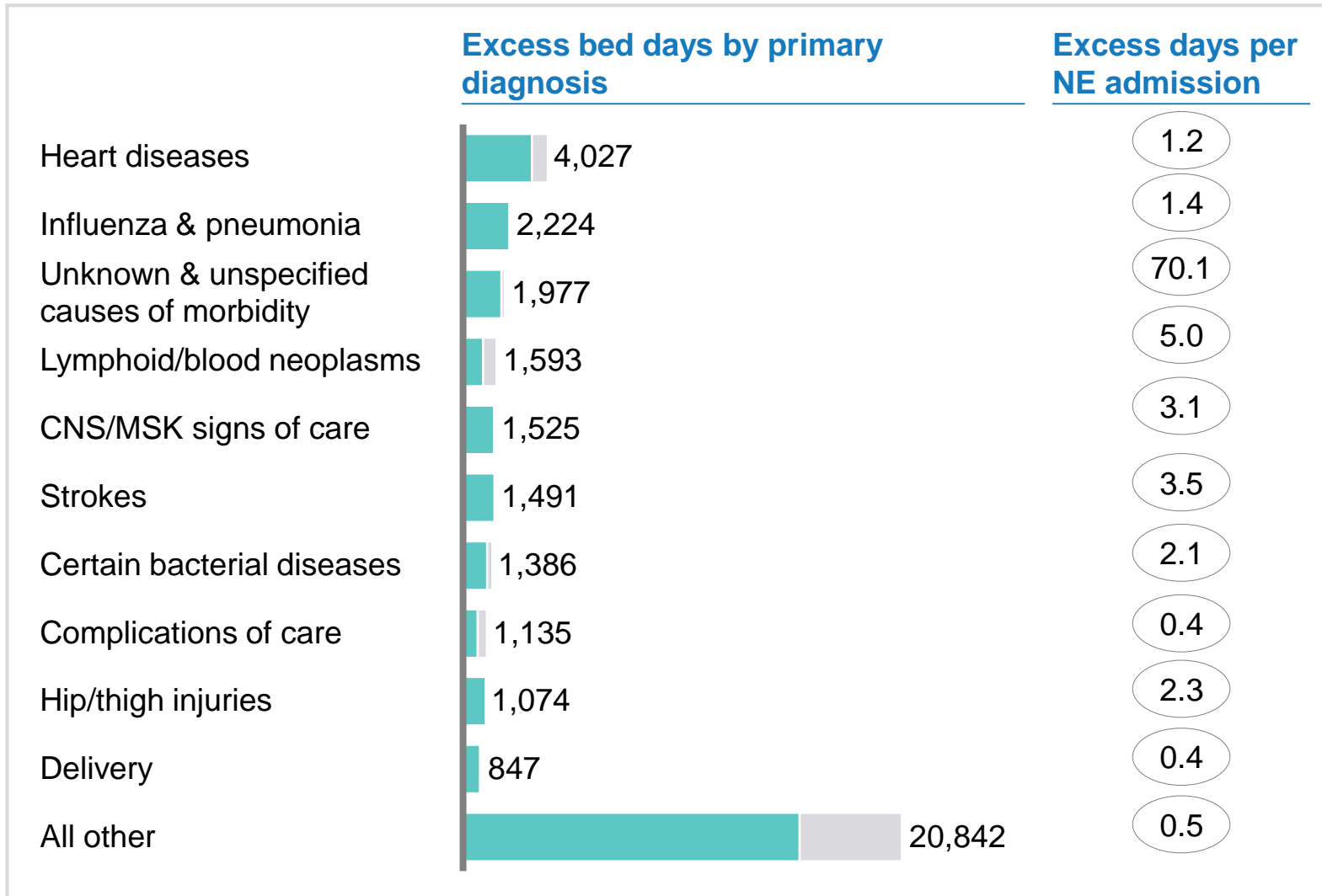
1 in 10 excess bed days at WAHT are due to influenza and pneumonia patients

■ Emergency admissions ■ Other



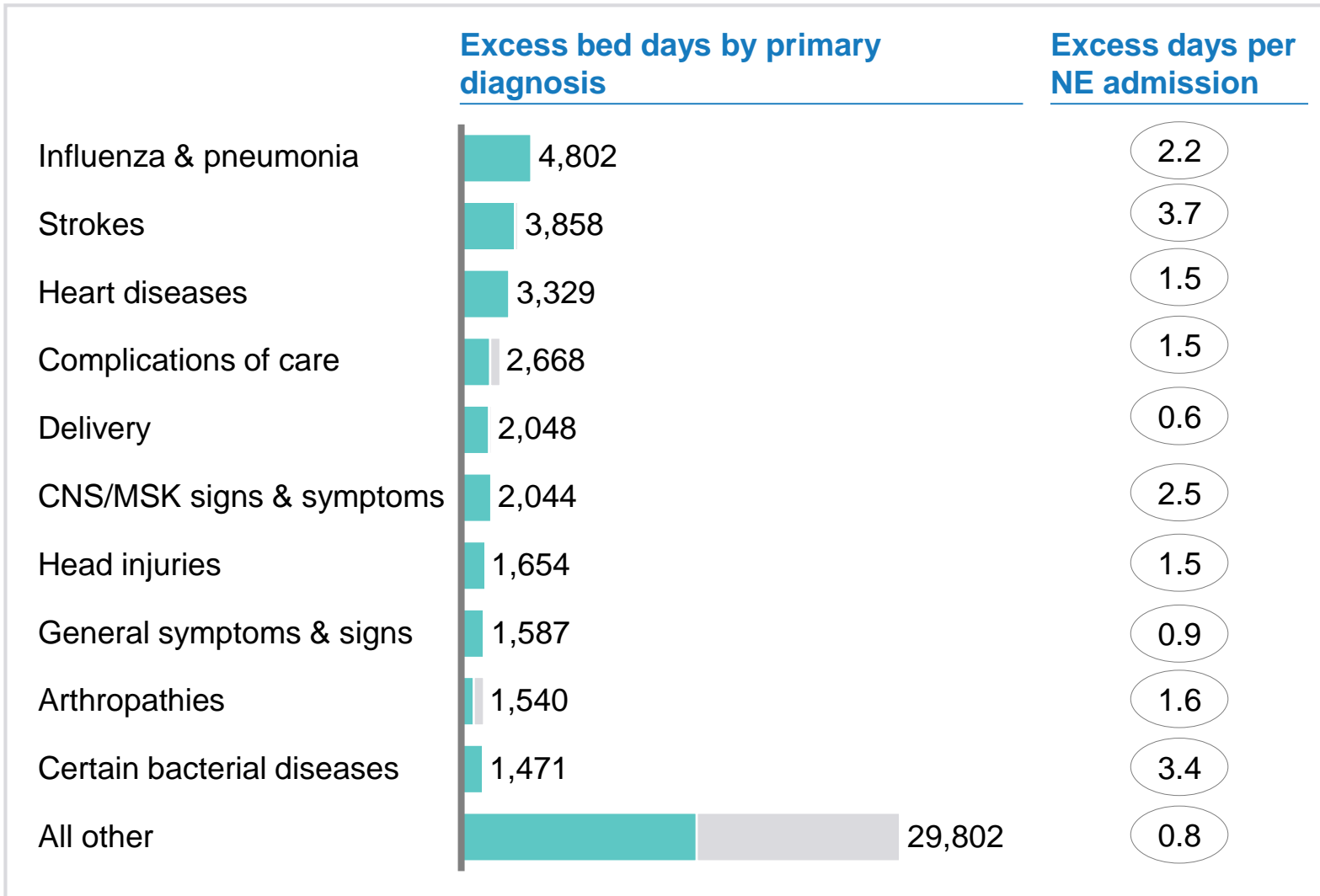
1 in 10 excess bed days at UHB are in heart disease patients

■ Emergency admissions ■ Other



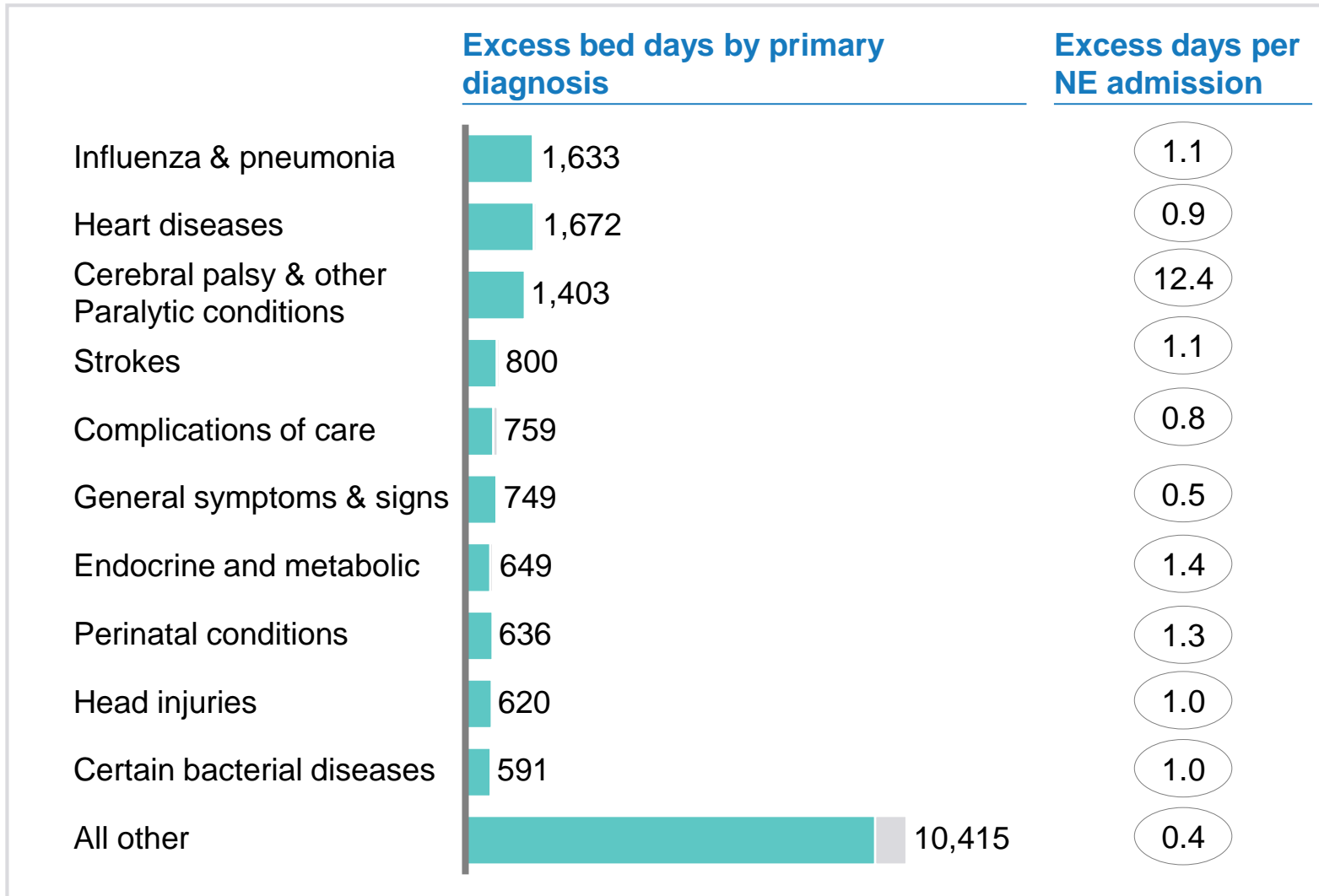
1 in 10 excess bed days at NBT are due to influenza and pneumonia patients

■ Emergency admissions ■ Other



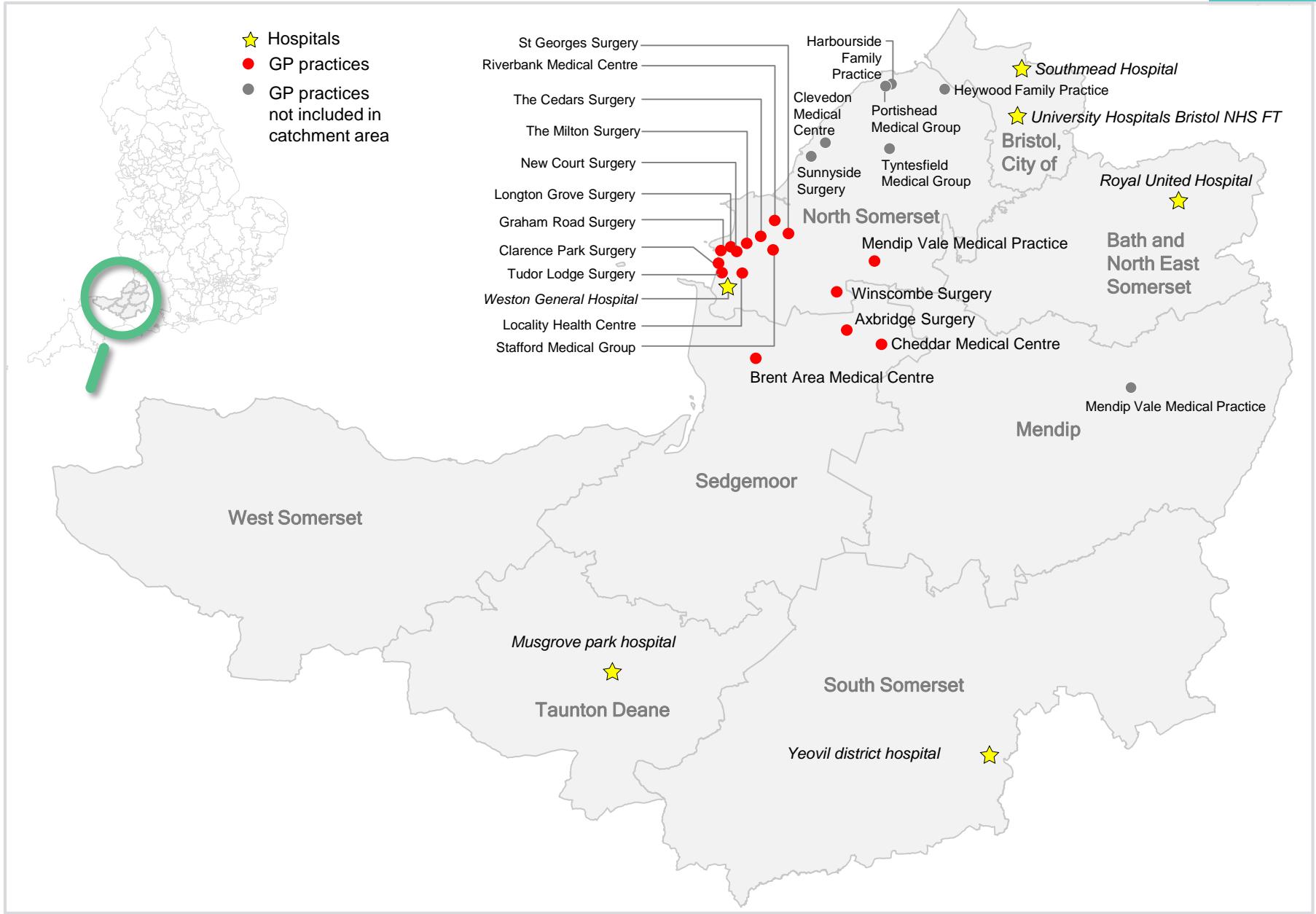
1 in 12 excess bed days at T&S are due to influenza and pneumonia patients

■ Emergency admissions
■ Other



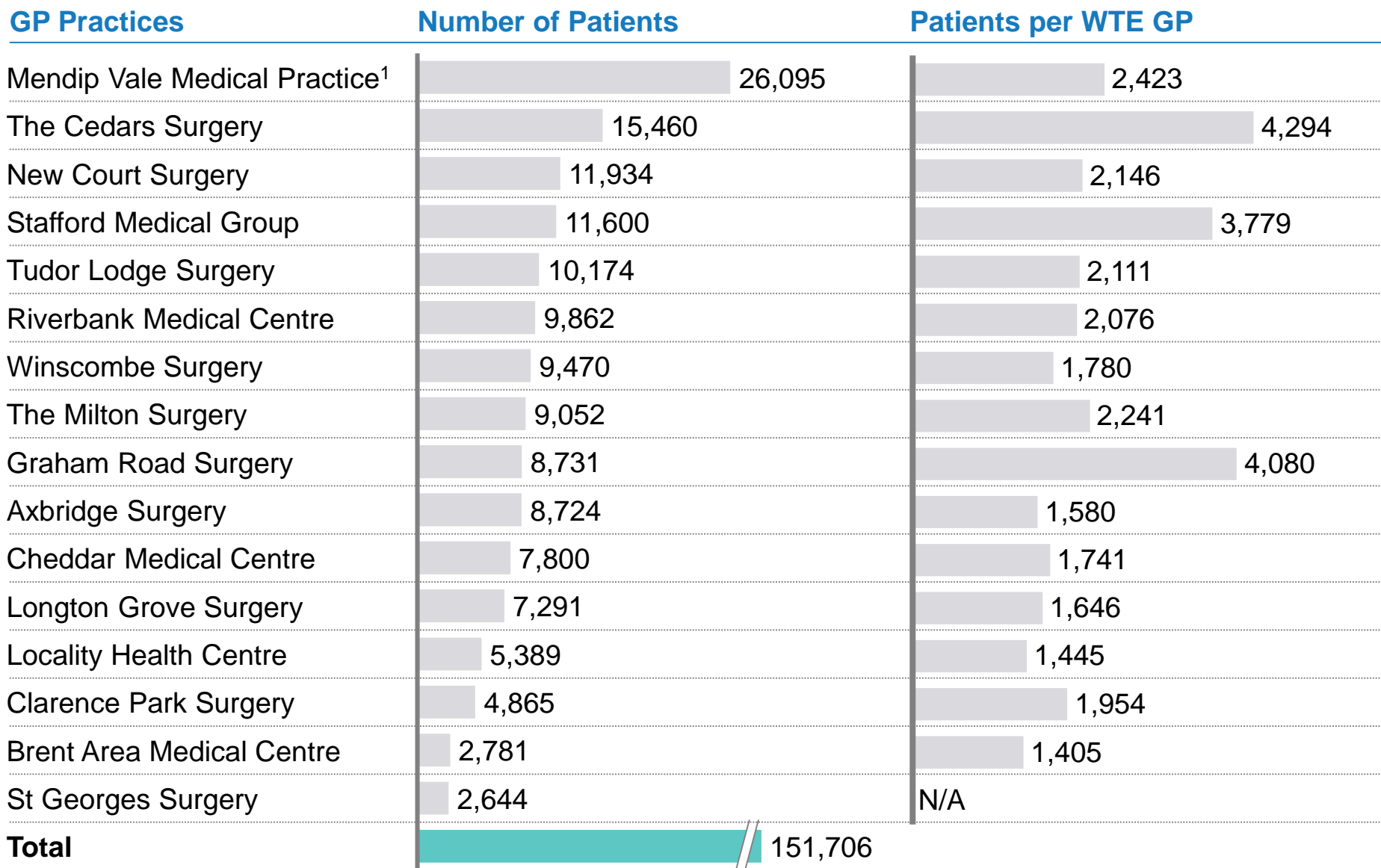
- Local population and their health and care needs
- Acute care
- **Out of hospital: Primary care**
- Out of hospital: Community, mental health and social care
- Out of hospital: Ambulance services
- Financial position

There are 16 GP practices in the WAHT catchment area



Note: Mendip Vale Medical Practice now includes St George's Surgery, Sunnyside Surgery and Riverbank Surgery

There are 151,706 registered patients in total across these 16 GP practices



¹ Mendip Vale Medical Practice is made up of multiple sites – here St Georges Surgery and Riverbank Med Ctr are shown separately

SOURCE: HES 2016/17

2016 GP provision by GP practice (WAHT catchment)

| GP practice | List size - weighted population (WP) ¹ 2016, '000s | Number of FTE GPs ² | Number of Head Count GPs | Number of FTE GPs per 10,000 WP | % GPs over 55 |
|---|--|--------------------------------------|--------------------------------|---------------------------------------|------------------|
| Mendip Vale Medical Practice ³ | 26 | 10.8 | 15.0 | 4.1 | 27% |
| The Cedars Surgery | 15 | 3.6 | 4.0 | 2.3 | 50% |
| New Court Surgery | 12 | 5.6 | 6.0 | 4.7 | 50% |
| Stafford Medical Group | 12 | 3.1 | 4.0 | 2.6 | 25% |
| Tudor Lodge Surgery | 10 | 4.8 | 7.0 | 4.7 | 29% |
| Riverbank Medical Centre | 10 | 4.8 | 7.0 | 4.8 | 14% |
| Winscombe Surgery | 9 | 5.3 | 7.0 | 5.6 | 29% |
| The Milton Surgery | 9 | 4.0 | 6.0 | 4.5 | 17% |
| Graham Road Surgery | 9 | 2.1 | 2.0 | 2.5 | 100% |
| Axbridge Surgery | 9 | 5.5 | 8.0 | 6.3 | 0% |
| Cheddar Medical Centre | 8 | 4.5 | 5.0 | 5.7 | 40% |
| Longton Grove Surgery | 7 | 4.4 | 5.0 | 6.1 | 40% |
| Locality Health Centre | 5 | 3.7 | 5.0 | 6.9 | 80% |
| Clarence Park Surgery | 5 | 2.5 | 3.0 | 5.1 | 67% |
| Brent Area Medical Centre | 3 | 2.0 | 2.0 | 7.1 | 100% |
| St Georges Surgery | 3 | N/A | N/A | N/A | N/A |
| Total | 152 | 66.7 | 86.0 | 4.4 | 35% |

¹ Weighted population - adjusts for variation in age, deprivation and overall health sector needs

² Total Nurse Headcount - includes practitioners authorised to practice within England. Includes practice nurses, specialist nurses, and advanced nurse practitioners. All figures exclude locums

³ Mendip Vale Medical Practice is made up of multiple sites and data on this page will include all sites

National median for Total FTE GPs per 10,000 WP is 5.0

2016 Non-GP primary care staffing by GP practice

| GP practice | List size - weighted population (WP) ¹ 2016, '000s | Total nurse FTE ² | Practice nurse FTE | Admin staff FTE | Total nurse FTE per 10,000 WP |
|---|--|------------------------------|--------------------|-----------------|-------------------------------|
| Mendip Vale Medical Practice ³ | 26 | 5.1 | 3.4 | 19.7 | 1.9 |
| The Cedars Surgery | 15 | 5.4 | 2.6 | 12.5 | 3.5 |
| New Court Surgery | 12 | 3 | 3 | 14.6 | 2.5 |
| Stafford Medical Group | 12 | 3.4 | 1.9 | 15.8 | 2.9 |
| Tudor Lodge Surgery | 10 | 4.7 | 3.7 | 0 | 4.6 |
| Riverbank Medical Centre | 10 | 2 | 2 | 10 | 2 |
| Winscombe Surgery | 9 | 2.7 | 1.7 | 10.4 | 2.8 |
| The Milton Surgery | 9 | 3.8 | 2.9 | 8.7 | 4.2 |
| Graham Road Surgery | 9 | 2.4 | 1.6 | 13.4 | 2.7 |
| Axbridge Surgery | 9 | 1.8 | 1.8 | 1 | 2.1 |
| Cheddar Medical Centre | 8 | 1.6 | 1.6 | 7.3 | 2 |
| Longton Grove Surgery | 7 | 1.7 | 1.7 | 9 | 2.4 |
| Locality Health Centre | 5 | 4.2 | 2.3 | 8.7 | 7.9 |
| Clarence Park Surgery | 5 | 2.8 | 2.3 | 7.9 | 5.7 |
| Brent Area Medical Centre | 3 | 0.6 | 0.6 | 3.5 | 2 |
| St Georges Surgery | 3 | 1 | 1 | 4 | 3.7 |
| Total | 152 | 46.1 | 34 | 146.4 | 3 |

¹ Weighted population - adjusts for variation in age, deprivation and overall health sector needs

² Total Nurse Headcount - includes practitioners authorised to practice within England. Includes practice nurses, specialist nurses, and advanced nurse practitioners. All figures exclude locums

³ Mendip Vale Medical Practice is made up of multiple sites and data on this page will include all sites

National median for Total Nurse FTE per 10,000 WP is 2.3

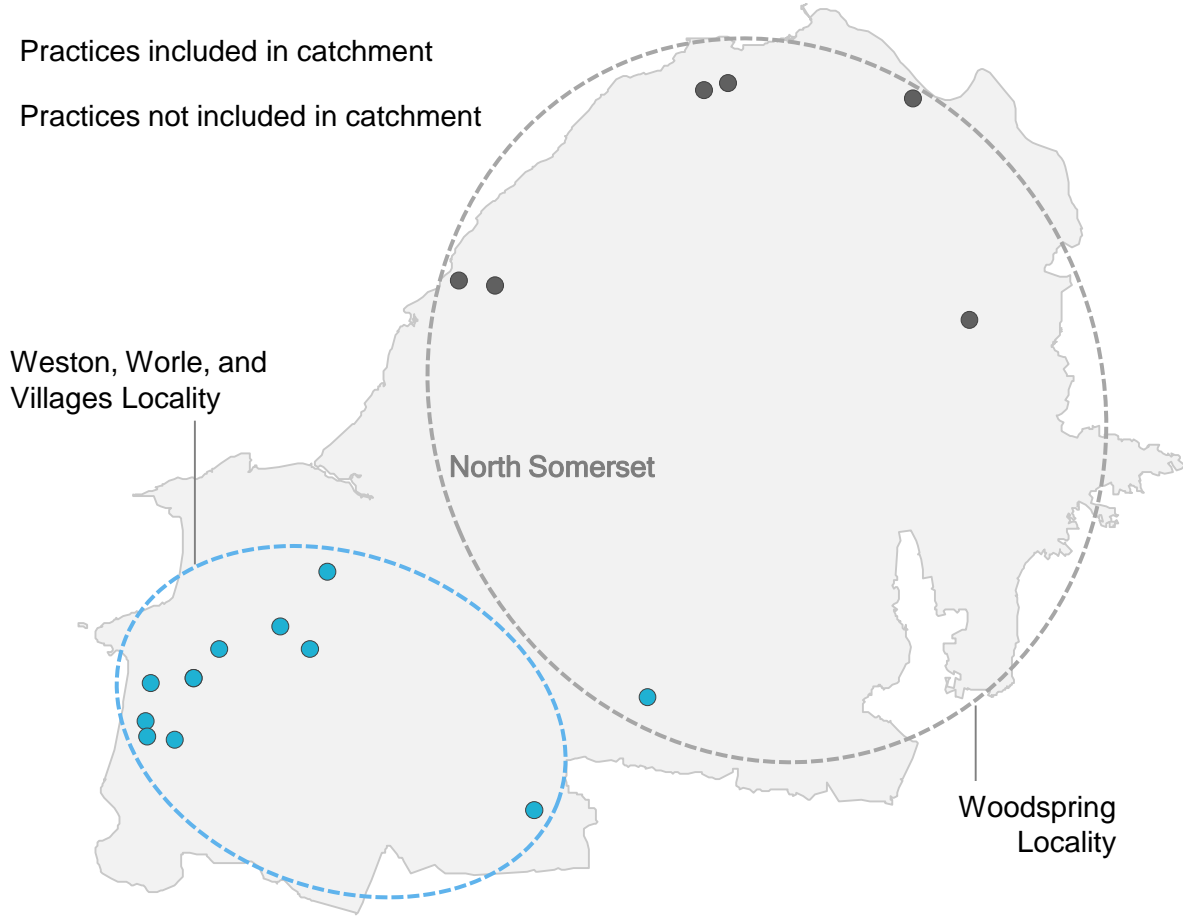
2018 GP and non-GP provision by GP practices

| GP practice | List size 2018, '000s | Number of FTE GPs | % GP headcount over 55 | Number of practice nurses WTEs | Number of other clinical staff | Number of admin staff |
|---|--------------------------|-------------------------|------------------------------|--------------------------------------|--------------------------------------|--------------------------|
| Mendip Vale Medical Practice ¹ | | N/A | N/A | N/A | N/A | N/A |
| The Cedars Surgery | 15 | 4.9 | 38% | 3.6 | 17.9 | 5.0 |
| New Court Surgery | 12 | 6.2 | 43% | 2.2 | 16.1 | 3.6 |
| Stafford Medical Group | 12 | 2.7 | 100% | 1.9 | 15.4 | 2.2 |
| Tudor Lodge Surgery | 10 | 4.6 | 29% | 3.2 | 16.0 | 5.7 |
| Riverbank Medical Centre | 10 | 2.7 | 0% | 1.2 | 3.9 | 9.3 |
| Winscombe Surgery | 9 | 5.9 | 38% | 1.7 | 3.1 | 10.1 |
| The Milton Surgery | 9 | 4.1 | 33% | 2.9 | 1.7 | 7.7 |
| Graham Road Surgery | 9 | 0.0 | 0% | 0.0 | 11.3 | 0.0 |
| Axbridge Surgery | | N/A | N/A | N/A | N/A | N/A |
| Cheddar Medical Centre | | N/A | N/A | N/A | N/A | N/A |
| Longton Grove Surgery | 7 | 6.7 | 38% | 2.5 | 1.3 | 10.5 |
| Locality Health Centre | 5 | 1.7 | 50% | 2.6 | 3.0 | 7.8 |
| Clarence Park Surgery | 5 | 1.2 | 25% | 0.5 | 1.4 | 2.5 |
| Brent Area Medical Centre | | N/A | N/A | N/A | N/A | N/A |
| St Georges Surgery | | N/A | N/A | N/A | N/A | N/A |

¹ Mendip Vale Medical Practice is made up of multiple sites and data on this page will include all sites

In North Somerset, primary care is organised into 2 localities of GP practices

- Practices included in catchment
- Practices not included in catchment



Weston, Worle, and Villages

- Clarence Park Surgery
- Locality Health Centre¹
- Graham Road Surgery
- Longton Grove Surgery
- The Milton Surgery
- New Court Surgery
- Tudor Lodge Surgery
- Winscombe & Banwell Family Practice
- Stafford Medical Group
- Riverbank Medical Centre
- The Cedars Surgery

Woodspring

- Clevedon Medical Practice
- Harbourside Family Practice
- Heywood Family Practice
- Portishead Medical Group
- Sunnyside Surgery
- Mendip Vale Medical Centre
- Tyntesfield Medical Group

- GP localities are **geographically based**; **locality based working** (e.g., shared services and back-office functions) is **still developing**
- The **majority of WAHT's catchment area** comes from **the Weston, Worle, and Villages locality**

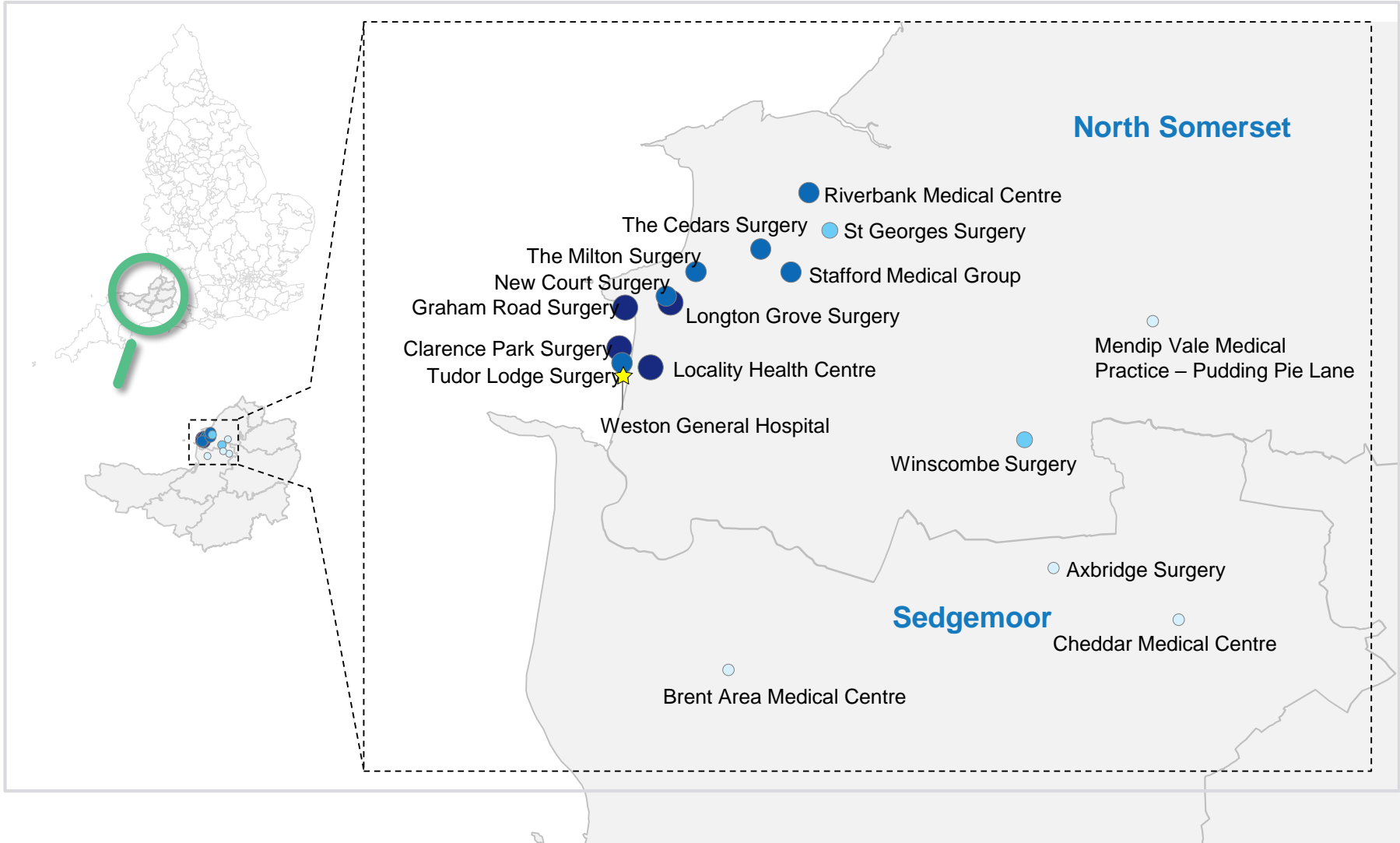
¹ Locality health centre has recently taken over management of Clarence Park and Graham Park Road surgeries

>80% ED referrals from local GP practices go to WAHT

% of ED attendances that go to Weston



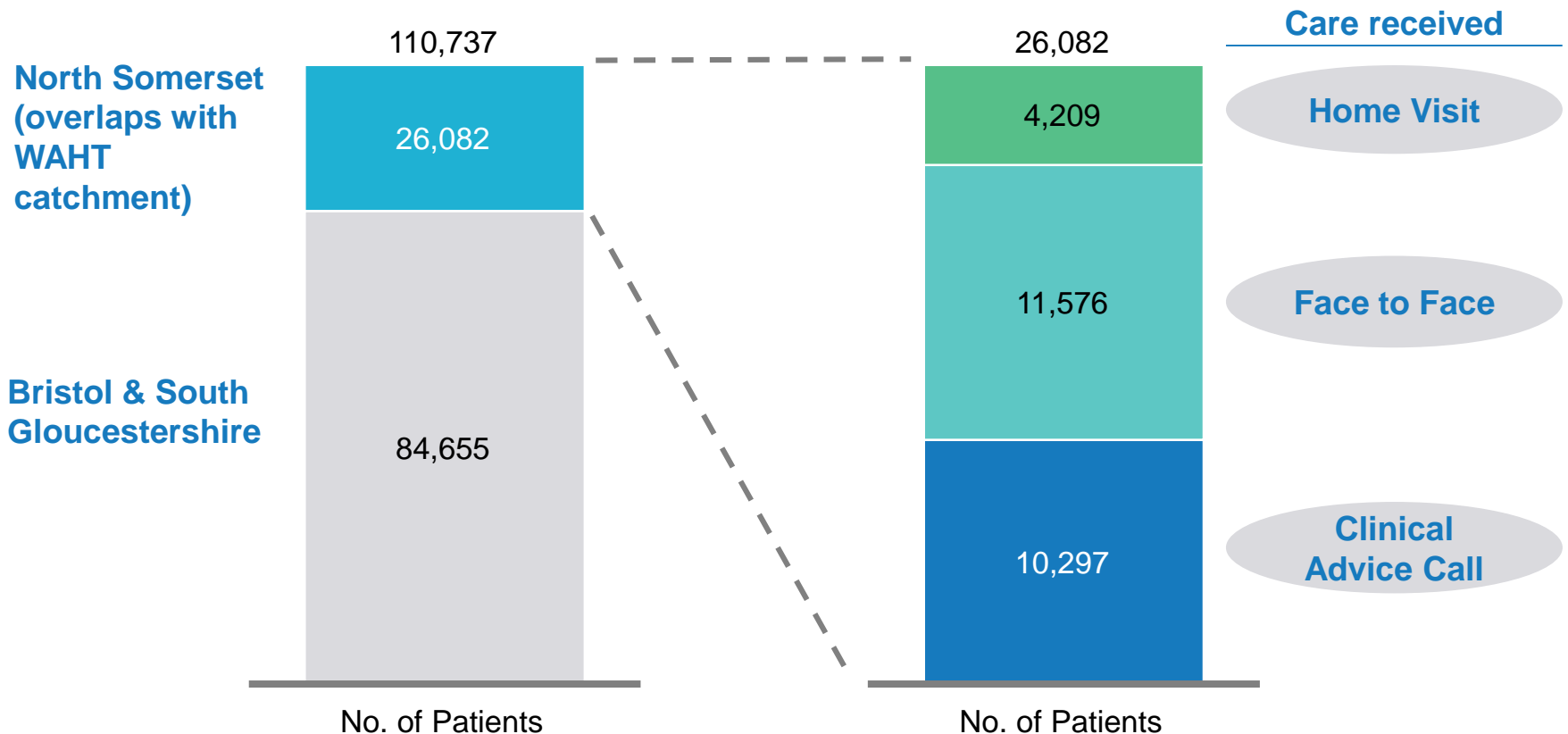
- ★ Hospitals
- ≤60 (4)
- 75-82 (6)
- GP practices
- 60-75 (2)
- >82 (4)



Primary care – summary of North Somerset OOH provision

Activity levels in North Somerset

- Approximately **24% of patients** cared for by the BNSSG CCG **live in North Somerset**
- Patients level of interaction **varies across North Somerset**: **44%** will have a **face to face appointment**, **16%** will receive a **home visit**, and **39%** will receive a **clinical advice call** (per 2016/17 data)
- 96.6% of urgent patients** have an appointment booked and are in a base **within 2 hours of referral** by 111



Primary Care – Summary of Practice Performance (1/2)



☆ Outstanding: Service is performing exceptionally well
 ● Good: Service is performing well and meeting our expectations
 ● Requires improvement: Service isn't performing as well as it should be
 ● Inadequate: Service is performing badly; enforcement action has been taken against it

CQC Categories

| GP Practice | Overall | Safe | Effective | Caring | Responsive | Well-led |
|------------------------------------|---------|------|-----------|--------|------------|----------|
| Mendip Vale Medical Practice | ● | ● | ● | ● | ● | ● |
| The Cedars Surgery | ● | ● | ● | ● | ● | ● |
| New Court Surgery | ● | ● | ● | ● | ● | ● |
| Stafford Medical Group | ● | ● | ● | ● | ● | ● |
| Tudor Lodge Surgery | ● | ● | ● | ● | ● | ● |
| Riverbank Medical Centre | ● | ● | ● | ● | ● | ● |
| Winscombe Surgery | ● | ● | ● | ● | ● | ● |
| The Milton Surgery | ● | ● | ● | ● | ● | ● |
| Graham Road Surgery ¹ | ● | ● | ● | ● | ● | ● |
| Axbridge Surgery | ● | ● | ● | ● | ● | ● |
| Cheddar Medical Centre | ● | ● | ● | ● | ● | ● |
| Longton Grove Surgery | ● | ● | ● | ● | ● | ● |
| Locality Health Centre | ● | ● | ● | ● | ● | ● |
| Clarence Park Surgery ¹ | ● | ● | ● | ● | ● | ● |
| Brent Area Medical Centre | ● | ● | ● | ● | ☆ | ● |
| St Georges Surgery ¹ | ● | ● | ● | ● | ● | ● |

¹ CQC ratings were completed prior to recent change in ownership

SOURCE: Care Quality Commission website

Primary Care – Summary of Practice Performance (2/2)



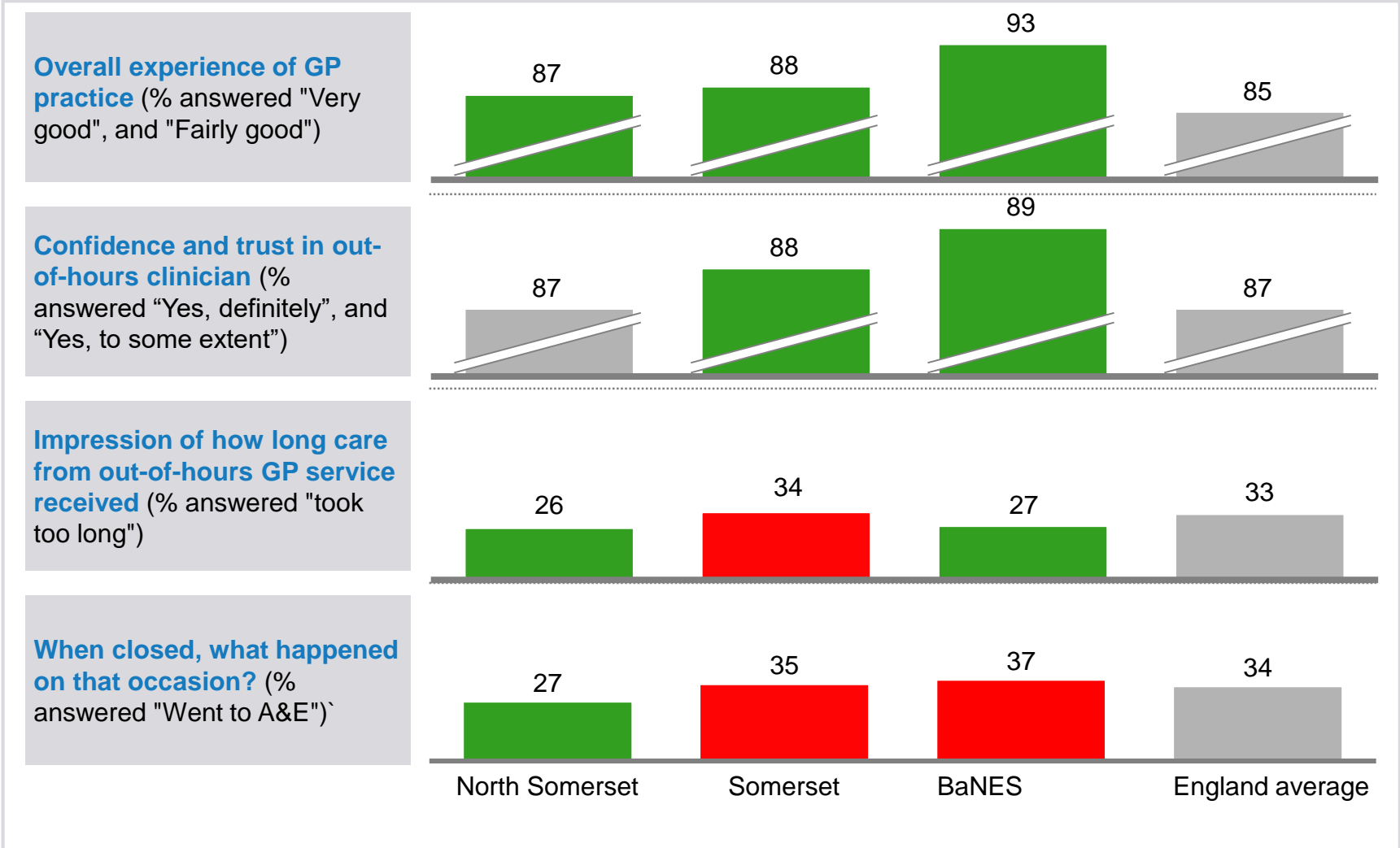
XX Above national average
 XX In line with national average
 XX Below national average

Patient Surveys

| GP Practice | % who describe overall experience as good | % who would recommend | % who were able to get an appointment last time they tried | % who describe their experience of making an appointment as good | % who feel they don't normally have to wait too long to be seen |
|------------------------------|---|-----------------------|--|--|---|
| Mendip Vale Medical Practice | No rating | No rating | No rating | No rating | No rating |
| The Cedars Surgery | 85% | 80% | 89% | 78% | 62% |
| New Court Surgery | 82% | 83% | 91% | 71% | 65% |
| Stafford Medical Group | 72% | 55% | 77% | 57% | 45% |
| Tudor Lodge Surgery | 71% | 60% | 67% | 50% | 41% |
| Riverbank Medical Centre | 81% | 70% | 86% | 62% | 42% |
| Winscombe Surgery | 94% | 91% | 96% | 89% | 60% |
| The Milton Surgery | 93% | 84% | 93% | 83% | 52% |
| Graham Road Surgery | 79% | 59% | 90% | 62% | 43% |
| Axbridge Surgery | 87% | 82% | 81% | 70% | 64% |
| Cheddar Medical Centre | 91% | 88% | 87% | 92% | 70% |
| Longton Grove Surgery | 97% | 96% | 94% | 92% | 64% |
| Locality Health Centre | 75% | 60% | 77% | 64% | 43% |
| Clarence Park Surgery | 85% | 78% | 90% | 74% | 47% |
| Brent Area Medical Centre | 92% | 89% | 97% | 94% | 76% |
| St Georges Surgery | 80% | 77% | 91% | 74% | 60% |
| Local Average | 84% | 77% | 87% | 74% | 56% |
| National Average | 85% | 77% | 84% | 73% | 58% |

Patient satisfaction with GP OOHs care is generally above the England average

■ Performance above England average
 ■ Performance in line with England average
 ■ Performance below England average

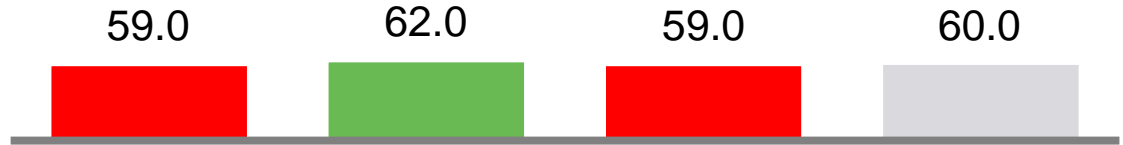


Cancer management – stage of diagnosis, survival and standard of care

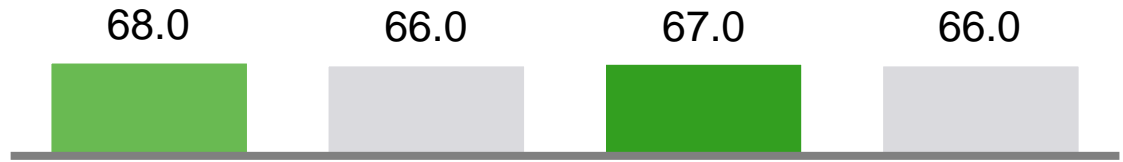


■ Performance below England average
 ■ Performance above England average
 ■ Performance in line with England average

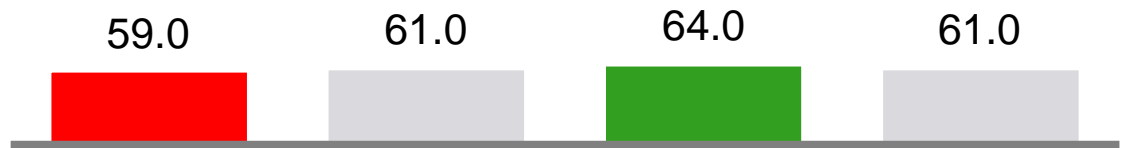
New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed, %



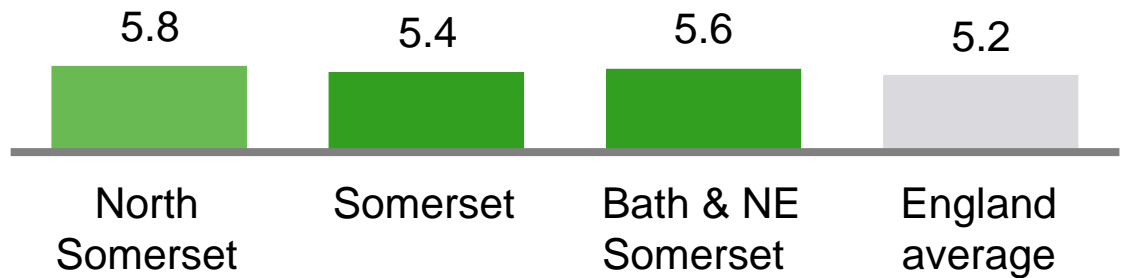
People with urgent GP referral having first definitive treatment for cancer within 62 days of referral, %



Number of adults diagnosed with any type of cancer in a year who are still alive one year after diagnosis, %



Average response to “overall, how would you rate your care?” on a scale of 1-10 (10 being best)



Cancer presentation and diagnosis in A&E

■ Performance below England average

■ Performance above England average

% of population¹, 2016/17

Incidence of malignancy diagnosis in A&E– Local population vs. England average

North Somerset

14.50%

Somerset

19.20%

Bath and North East Somerset

19.70%

England average

19.50%

-25.64%

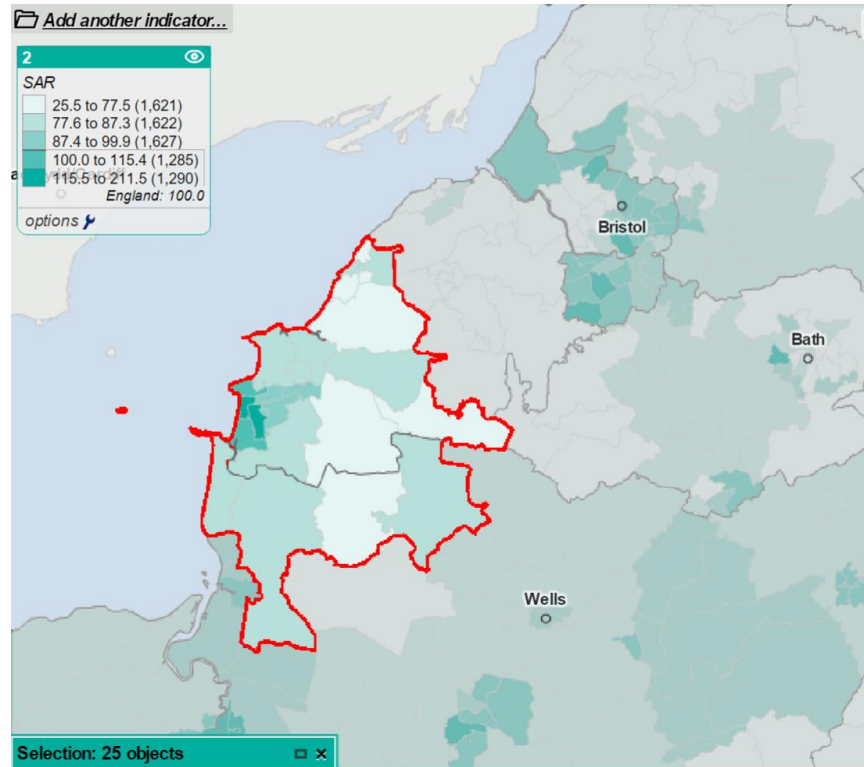
- Represents the proportion of the population who have their initial diagnosis of cancer made in the emergency department
- Seen as an indicator of suboptimal care as patients diagnosed in A&E have later stage at diagnosis, worse prognoses (and cost the system considerably more)

¹ Percentage of 2016/17 CCG population

Source: National cancer registration and analysis service (NCRAS) cancer outcome metrics 2016/17

Emergency hospital admissions are concentrated around providers, whereas elective admissions are more evenly spread

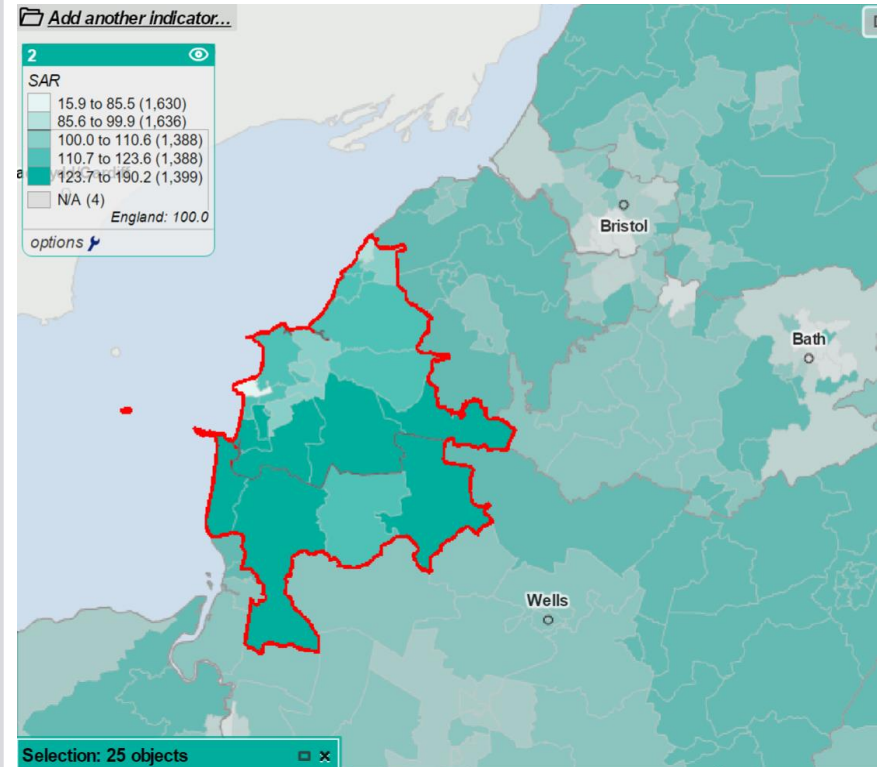
Emergency hospital admissions, all causes (standardised admission ratio) (darker areas indicate more admissions)



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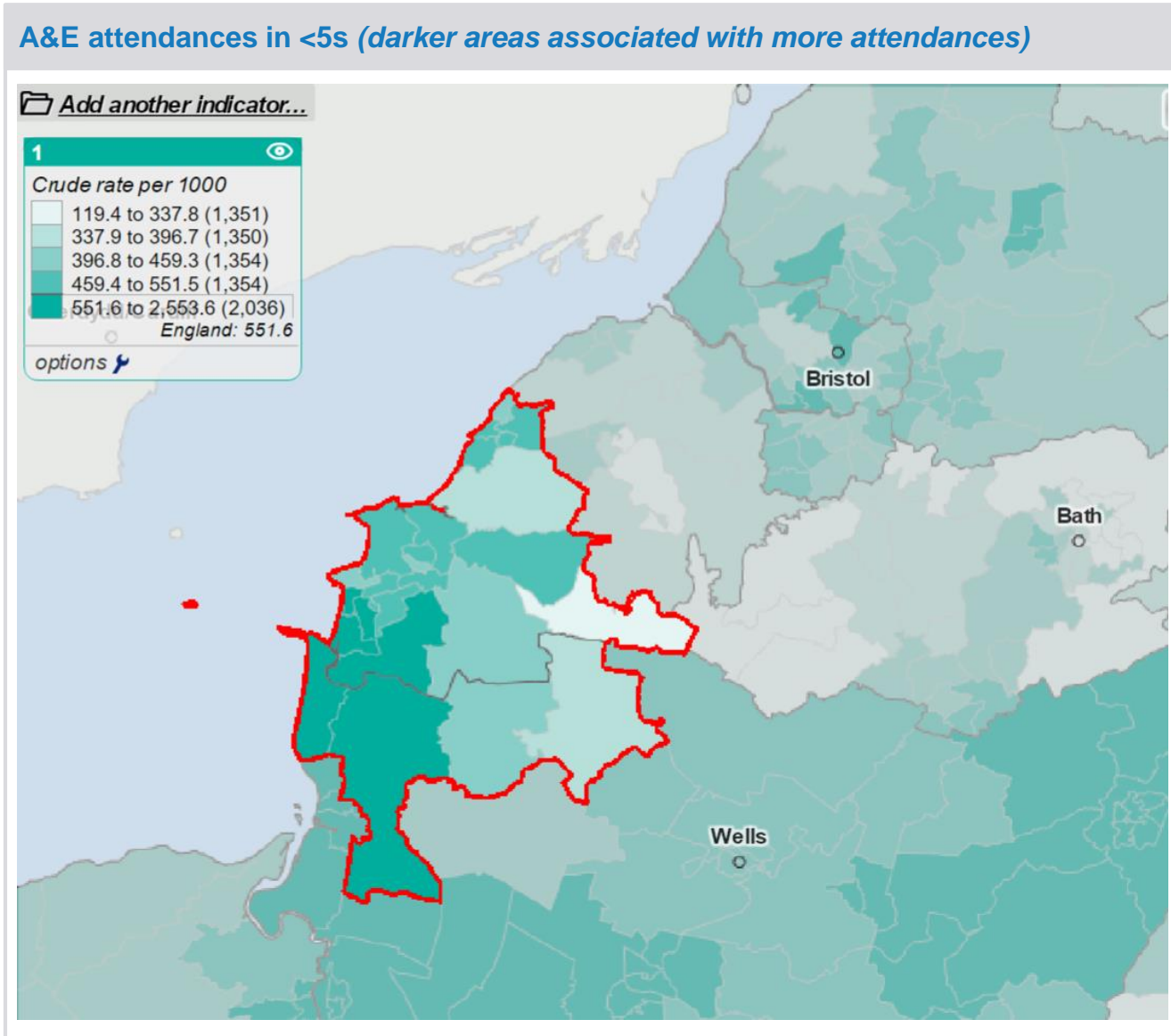
1 px :

Elective hospital admissions for hip replacement (standardised admission ratio) (darker areas indicate more admissions)



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A&E attendances in under-5s are particularly high in the South of the WAHT catchment area



North Somerset activity by GP practice varies most notably for A&E attendances

← Difference from top and bottom quartiles

--- CCG Median

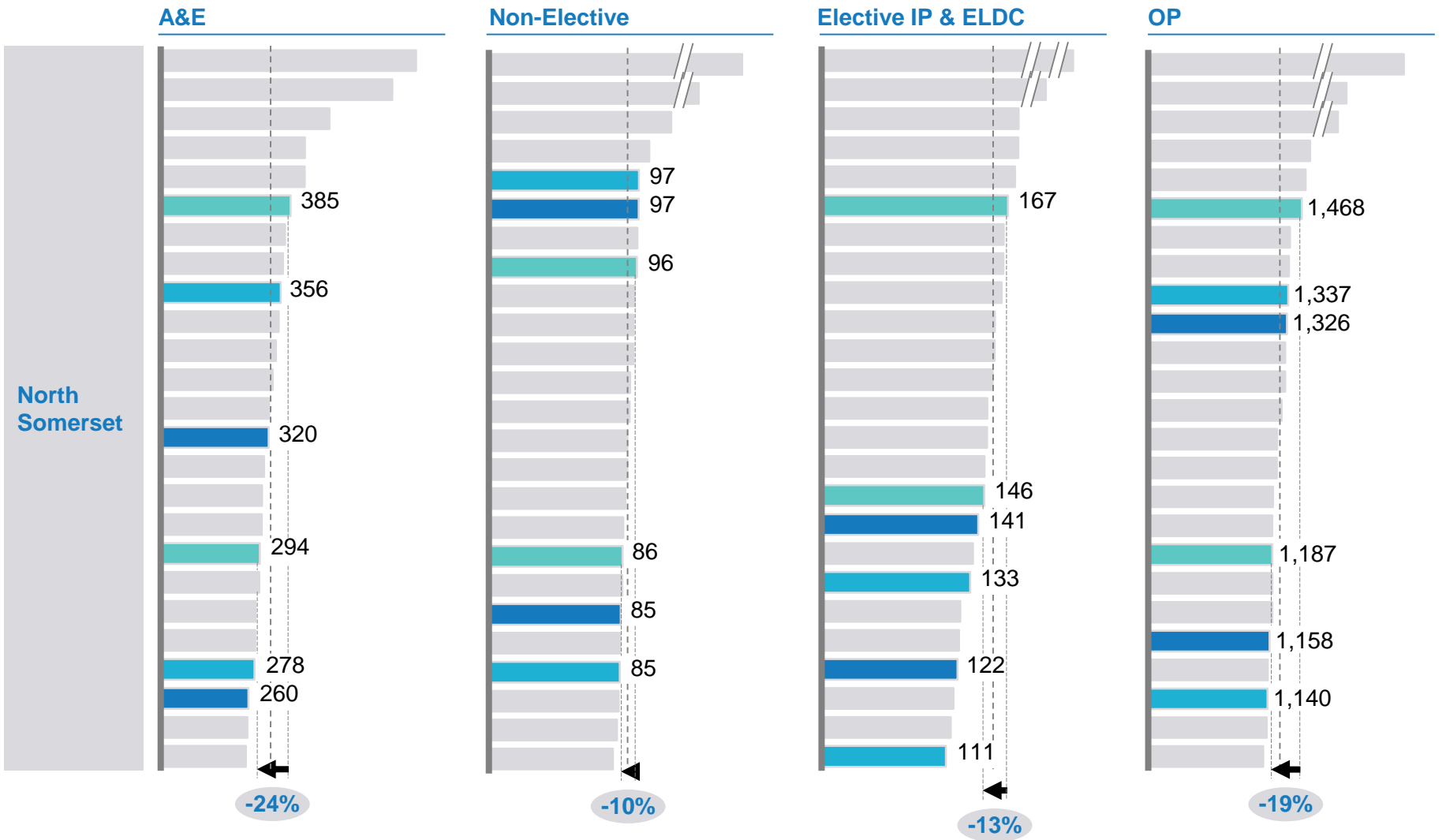


■ CCG quartiles

■ National mean and top quartile

■ Peer group mean and top quartile

Activity by GP practice per 1,000 weighted population



Source: HES A&E, IP 2016/17; HES OP 2015/16; Weighted population 2015/16 NHS England

Bristol activity by GP practice varies most notably for A&E attendances

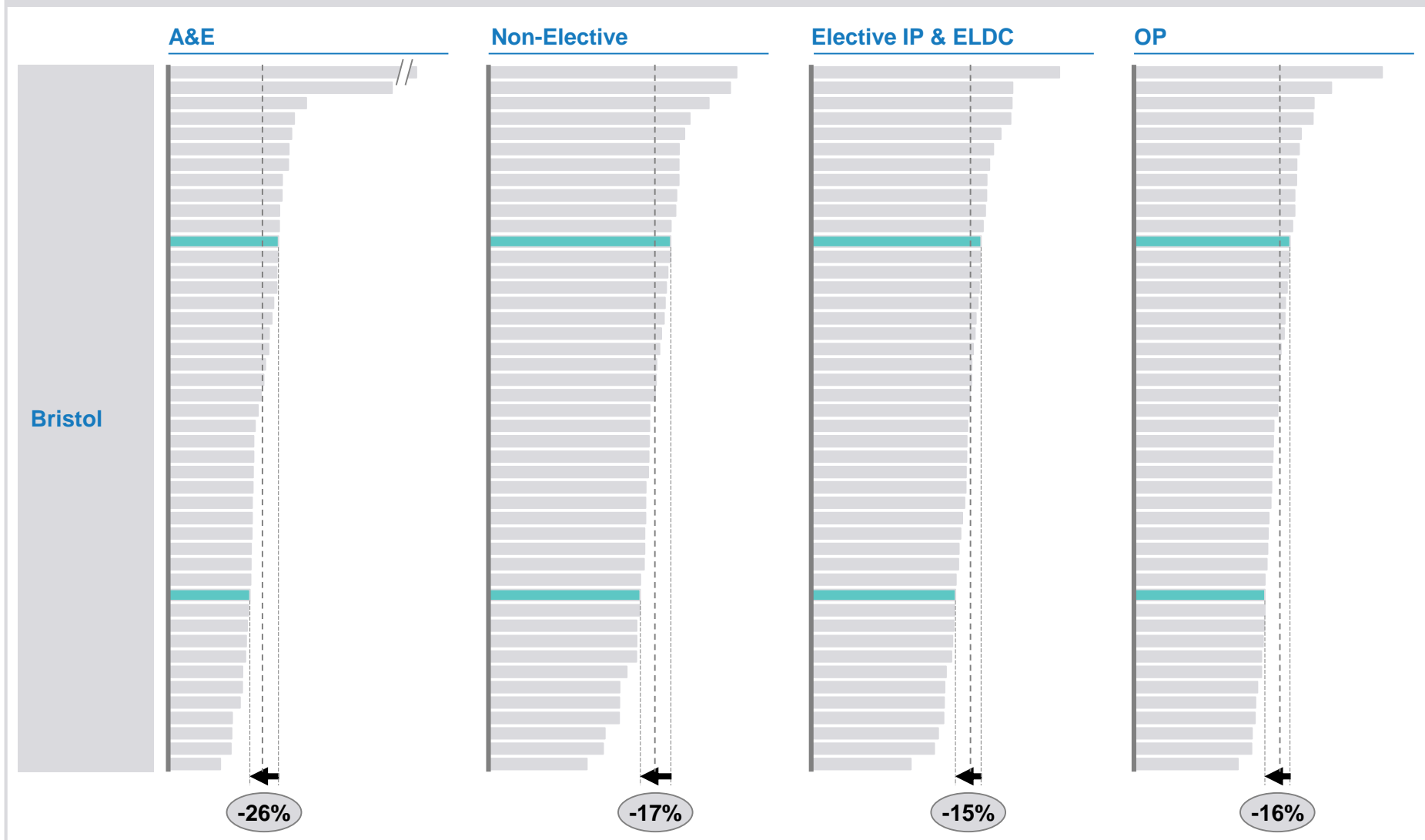
← Difference from top and bottom quartiles

--- CCG Median

■ CCG quartiles



Activity by GP practice per 1,000 weighted population



Source: A&E, Elective and Non-elective data from SUS 2016/17, Outpatient from SUS 2015/16; General and Acute weighted population from NHS England 14/15 and 15/16 CCG allocations. Excludes specialist activity

South Gloucestershire activity by GP practice varies most notably for A&E

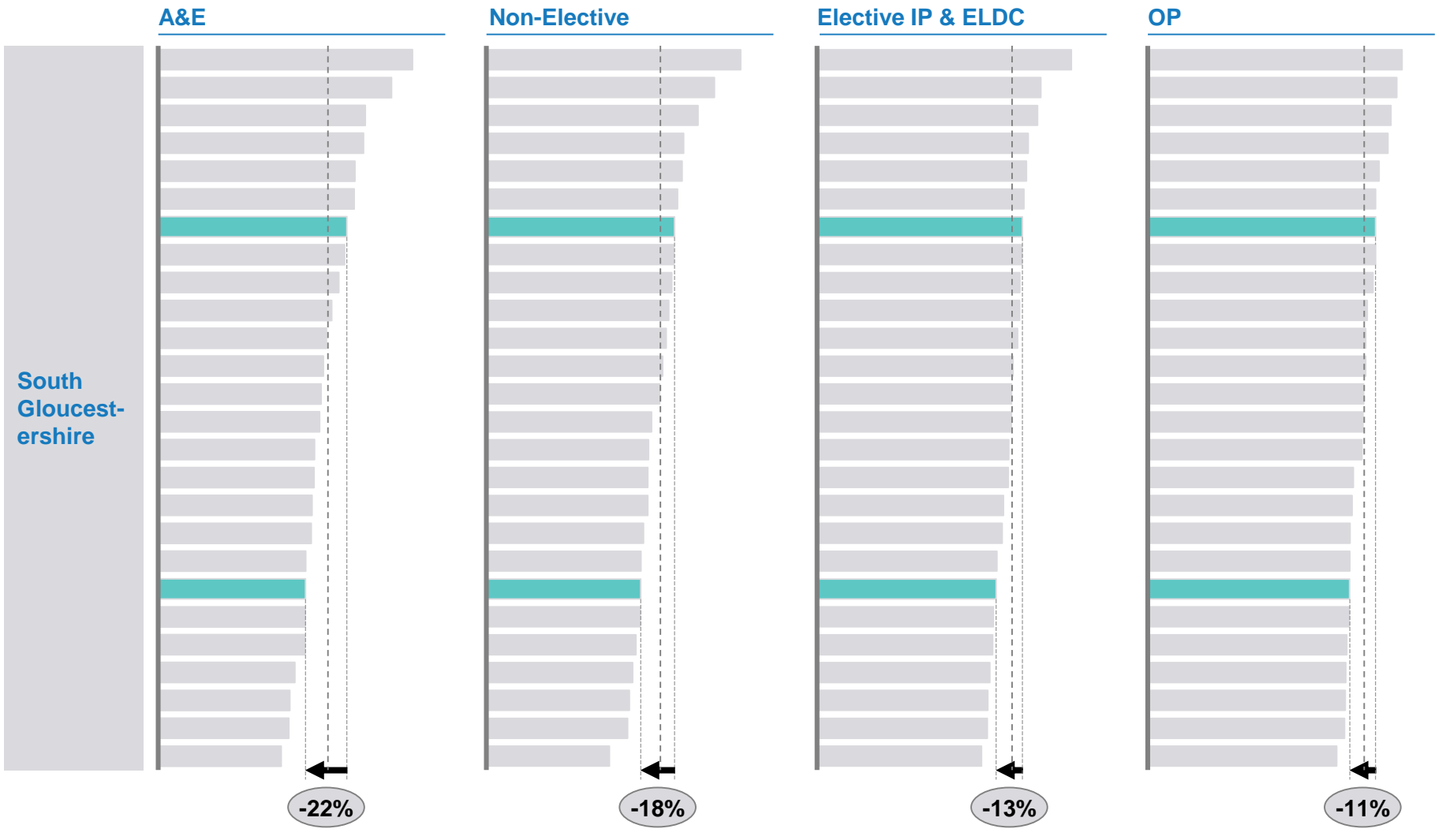
← Difference from top and bottom quartiles

----- CCG Median

■ CCG quartiles



Activity by GP practice per 1,000 weighted population



Source: A&E, Elective and Non-elective data from SUS 2016/17, Outpatient from SUS 2015/16; General and Acute weighted population from NHS England 14/15 and 15/16 CCG allocations. Excludes specialist activity

Somerset activity by GP practice varies most notably for A&E attendances

← Difference from top and bottom quartiles

--- CCG Median

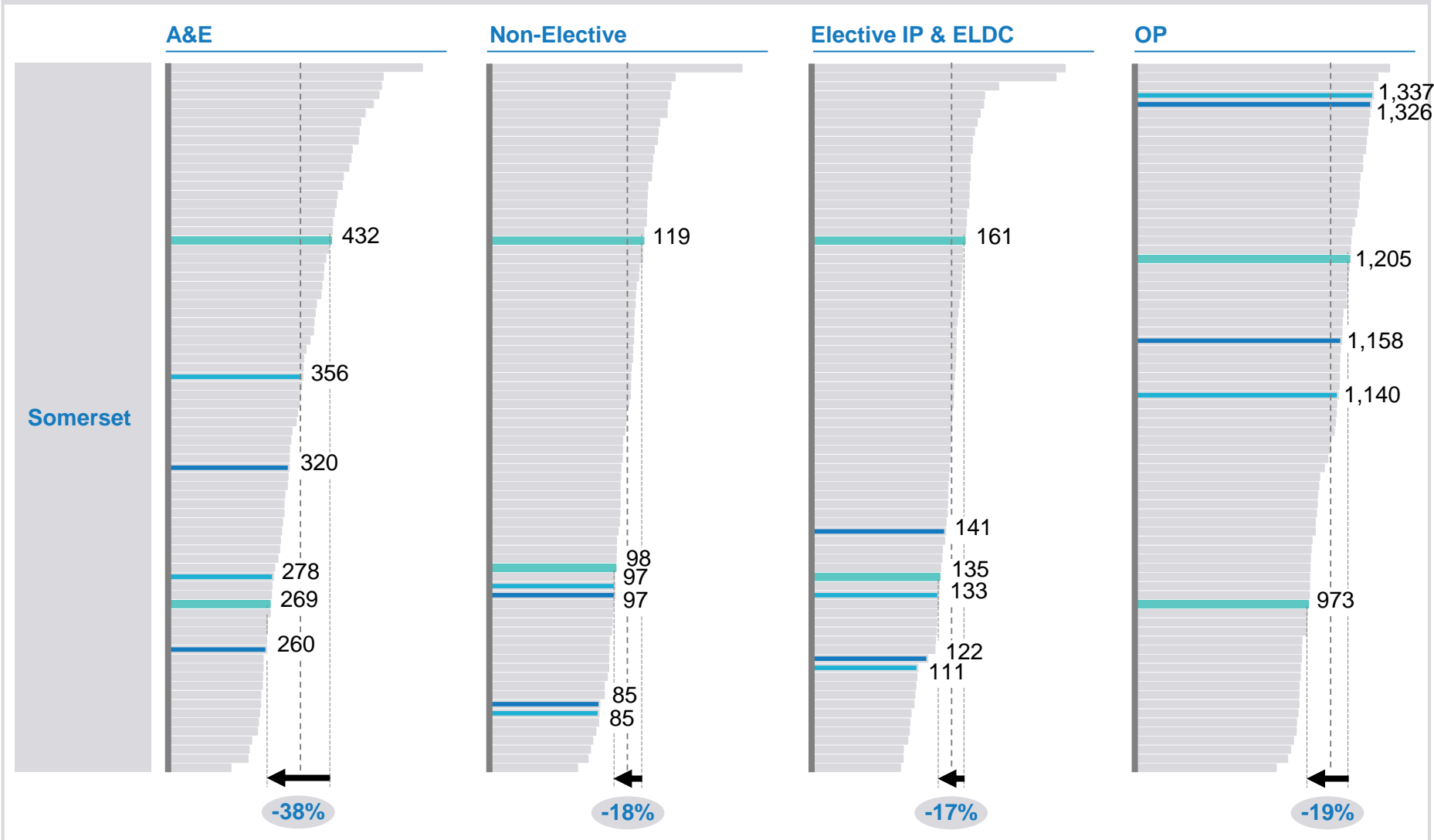


■ CCG quartiles

■ National mean and top quartile

■ Peer group mean and top quartile

Activity by GP practice per 1,000 weighted population



Source: HES A&E, IP 2016/17; HES OP 2015/16; Weighted population 2015/16 NHS England

BaNES activity by GP practice varies most notably for A&E attendances

← Difference from top and bottom quartiles

--- CCG Median

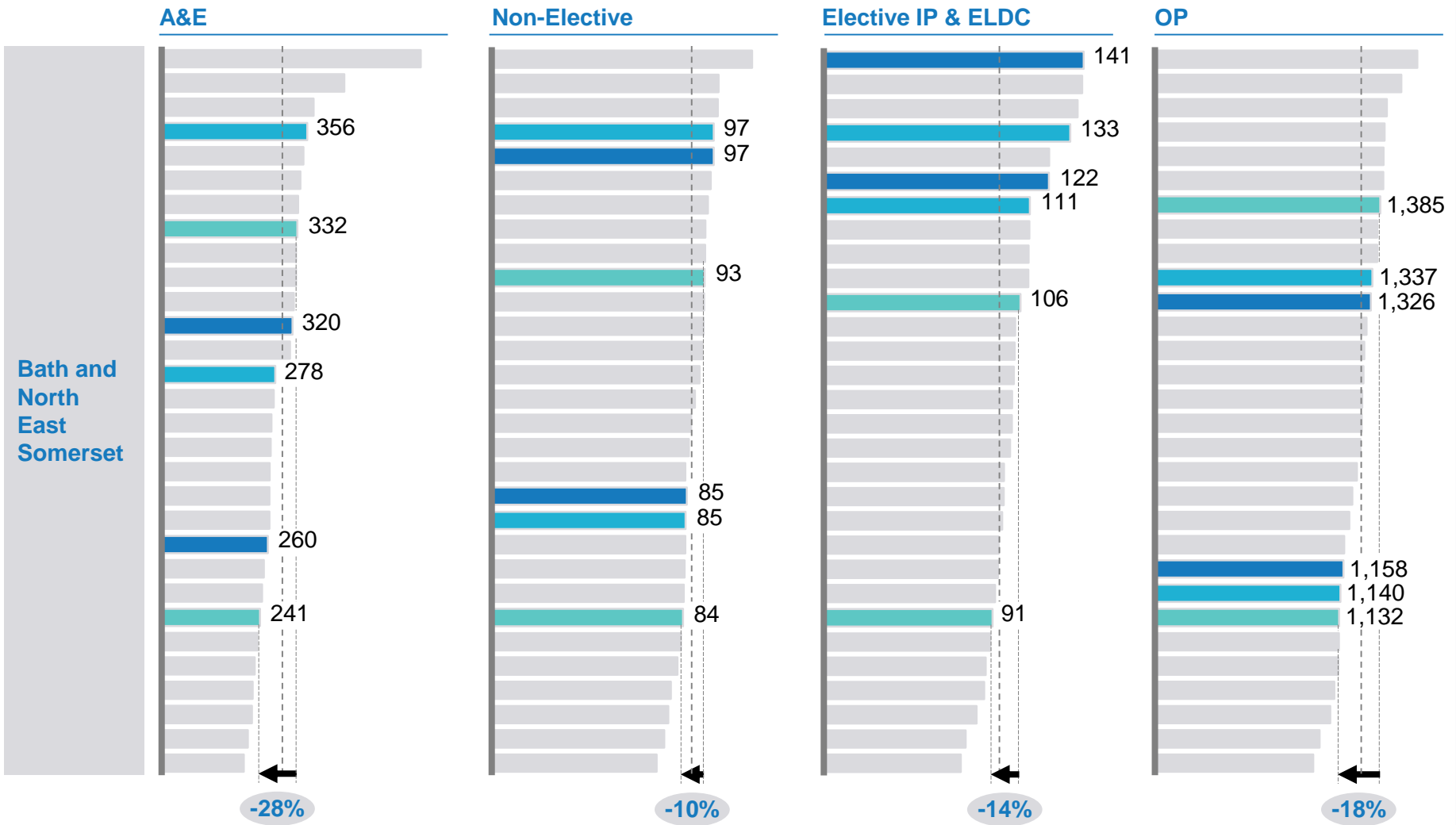


■ CCG quartiles

■ National mean and top quartile

■ Peer group mean and top quartile

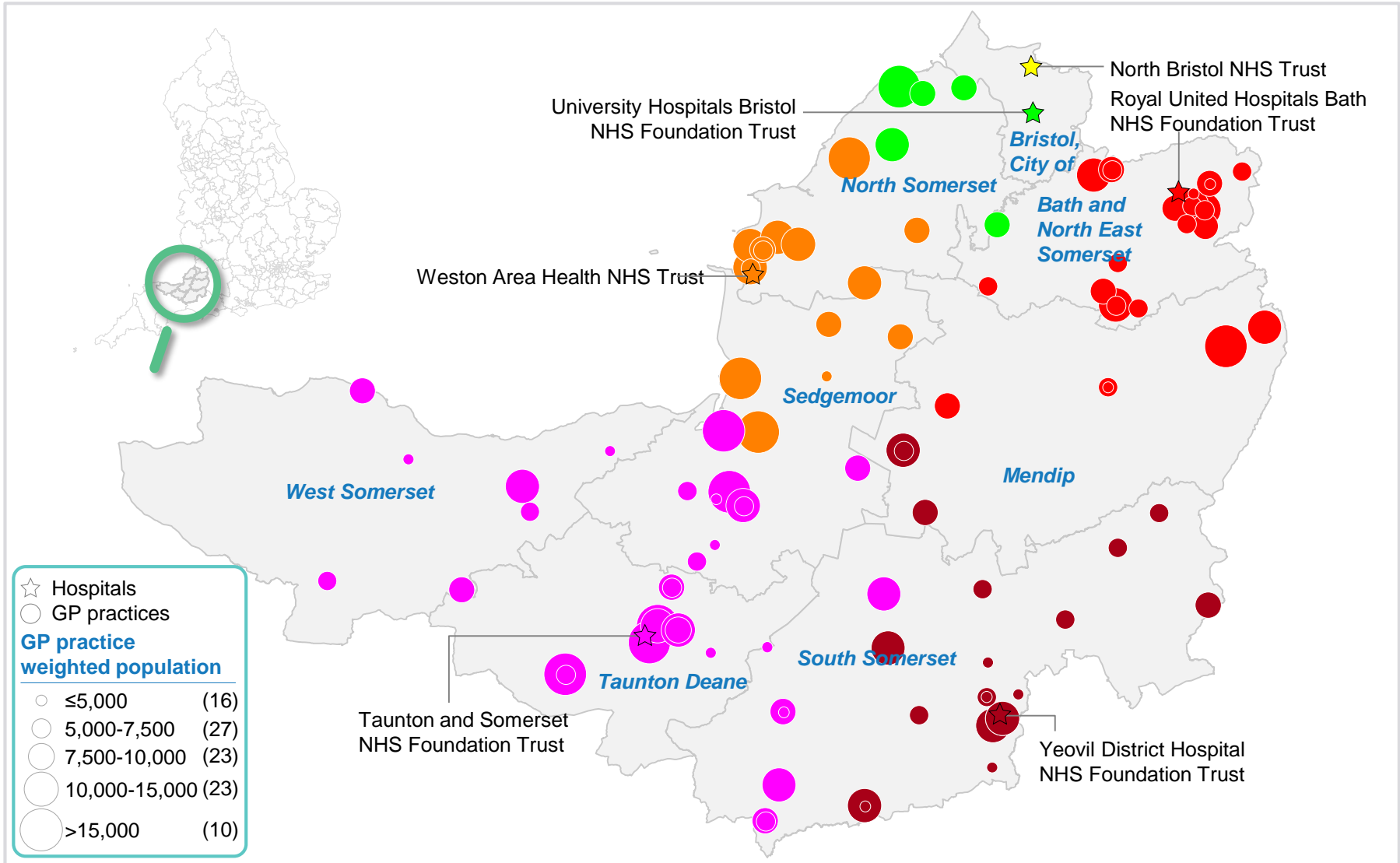
Activity by GP practice per 1,000 weighted population



Source: HES A&E, IP 2016/17; HES OP 2015/16; Weighted population 2015/16 NHS England

Attendance patterns for A&E services are largely geography based across the region

GP practices colour coded by the A&E where majority of patients are referred to



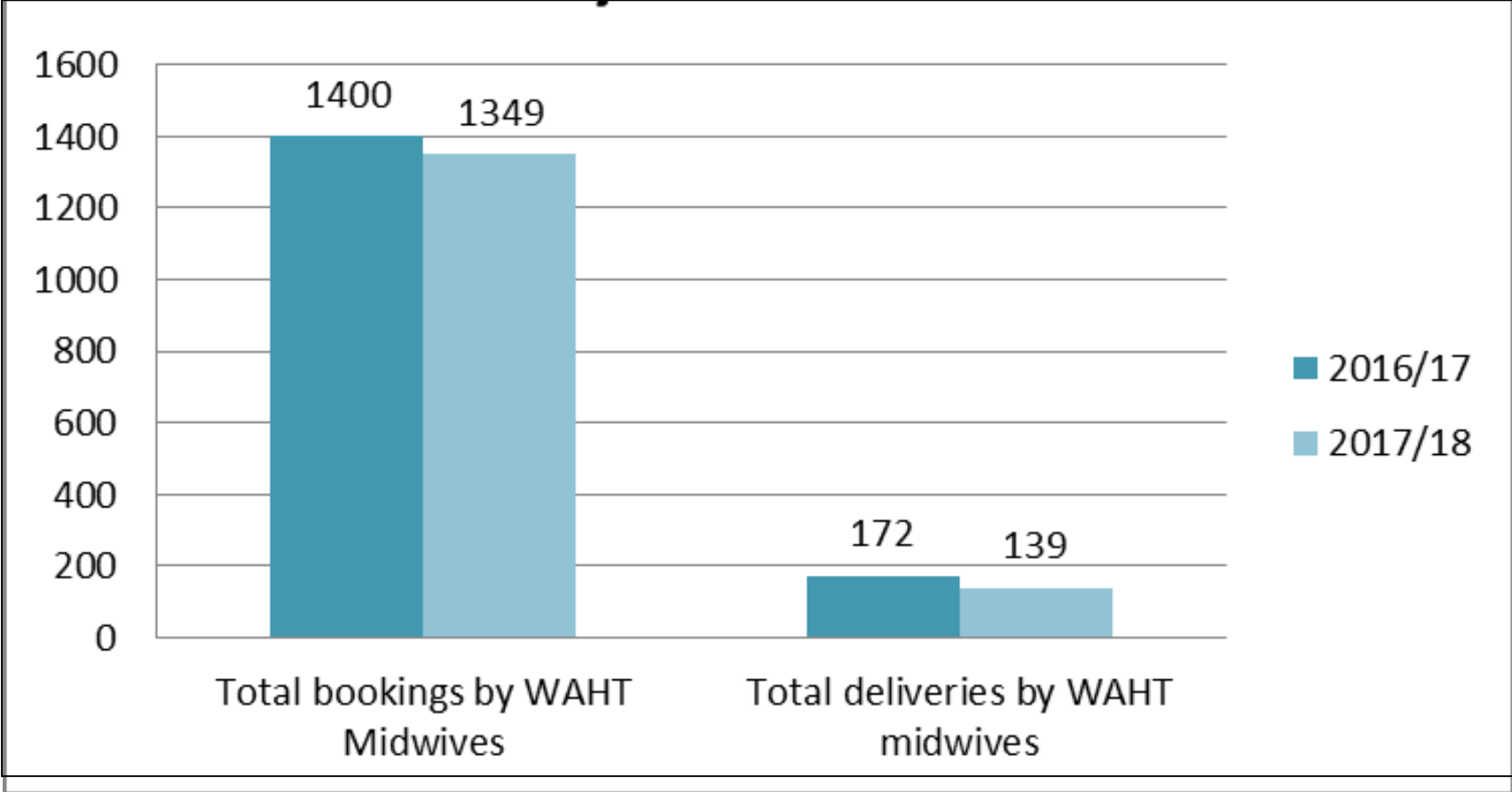
Attendances for A&E services for WAHT catchment area GPs

Number of A&E attendances per 1000 weighted list

| | WAHT | NBT | UHB | T&S | Other |
|---|------|-----|-----|-----|-------|
| Locality Health Centre | 364 | 7 | 37 | 3 | 17 |
| Stafford Medical Group | 343 | 6 | 45 | 1 | 32 |
| Tudor Lodge Surgery | 310 | 4 | 34 | 2 | 35 |
| Graham Road Surgery | 282 | 4 | 26 | 2 | 19 |
| Riverbank Medical Centre | 269 | 6 | 42 | 2 | 31 |
| Longton Grove Surgery | 267 | 5 | 29 | 1 | 20 |
| The Cedars Surgery | 259 | 4 | 35 | 1 | 24 |
| New Court Surgery | 251 | 5 | 28 | 2 | 20 |
| Clarence Park Surgery | 251 | 4 | 23 | 2 | 21 |
| The Milton Surgery | 239 | 4 | 31 | 1 | 17 |
| Winscombe Surgery | 203 | 5 | 42 | 2 | 29 |
| Brent Area Medical Centre | 197 | 0 | 18 | 18 | 105 |
| Cheddar Medical Centre | 172 | 3 | 26 | 13 | 100 |
| Axbridge Surgery | 149 | 0 | 22 | 24 | 125 |
| St Georges Surgery ¹ | n/a | n/a | n/a | n/a | n/a |
| Mendip Vale Medical Practice ¹ | n/a | n/a | n/a | n/a | n/a |

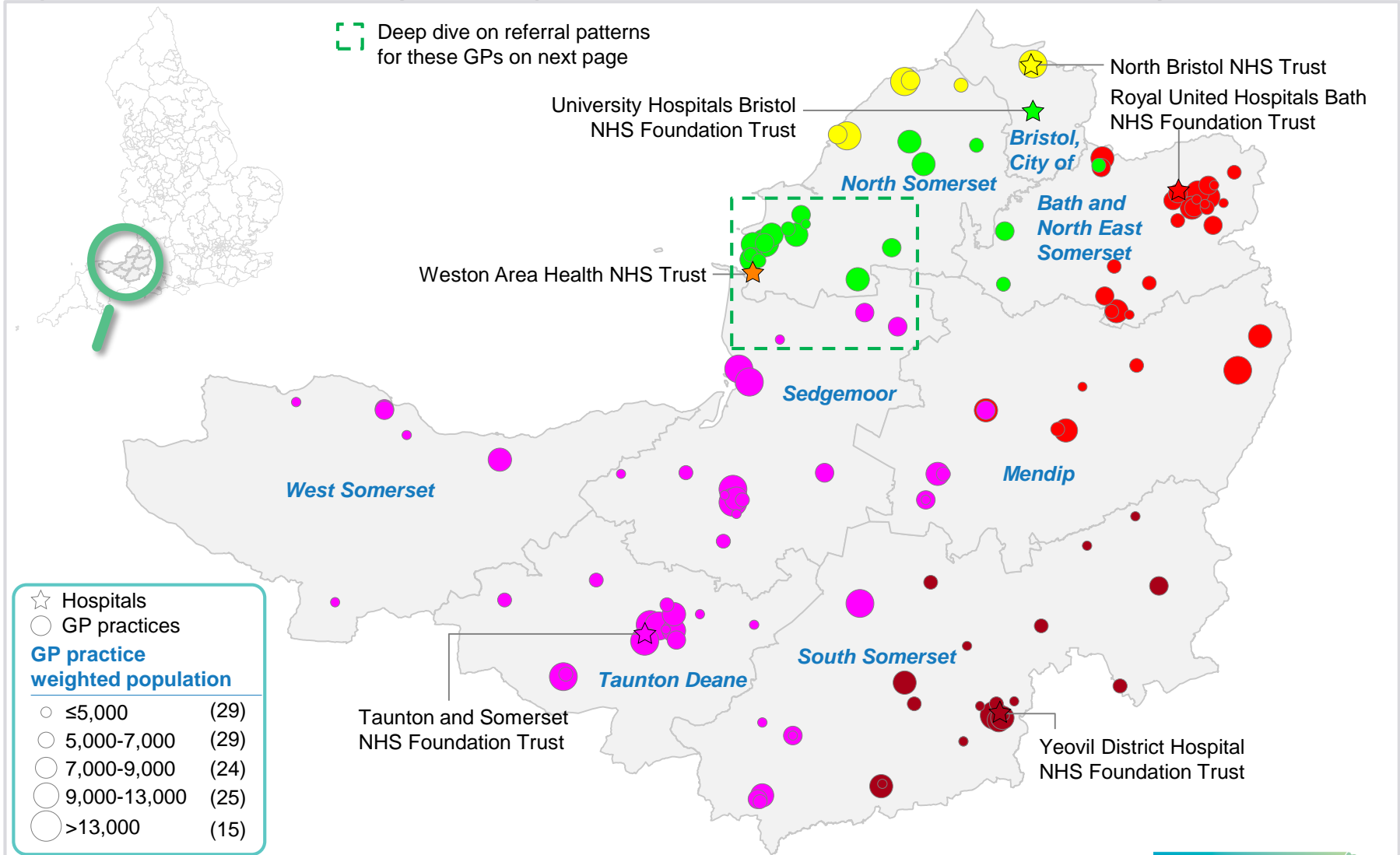
¹ Mendip Vale Medical Practice has merged with several other sites (including St George's surgery) in the time period and comparable data is not yet available

Antenatal and post natal care is provided for the majority of women in Weston



(Self)-referral patterns for place of delivery are largely geography based – this does not reflect wider antenatal and post natal provision

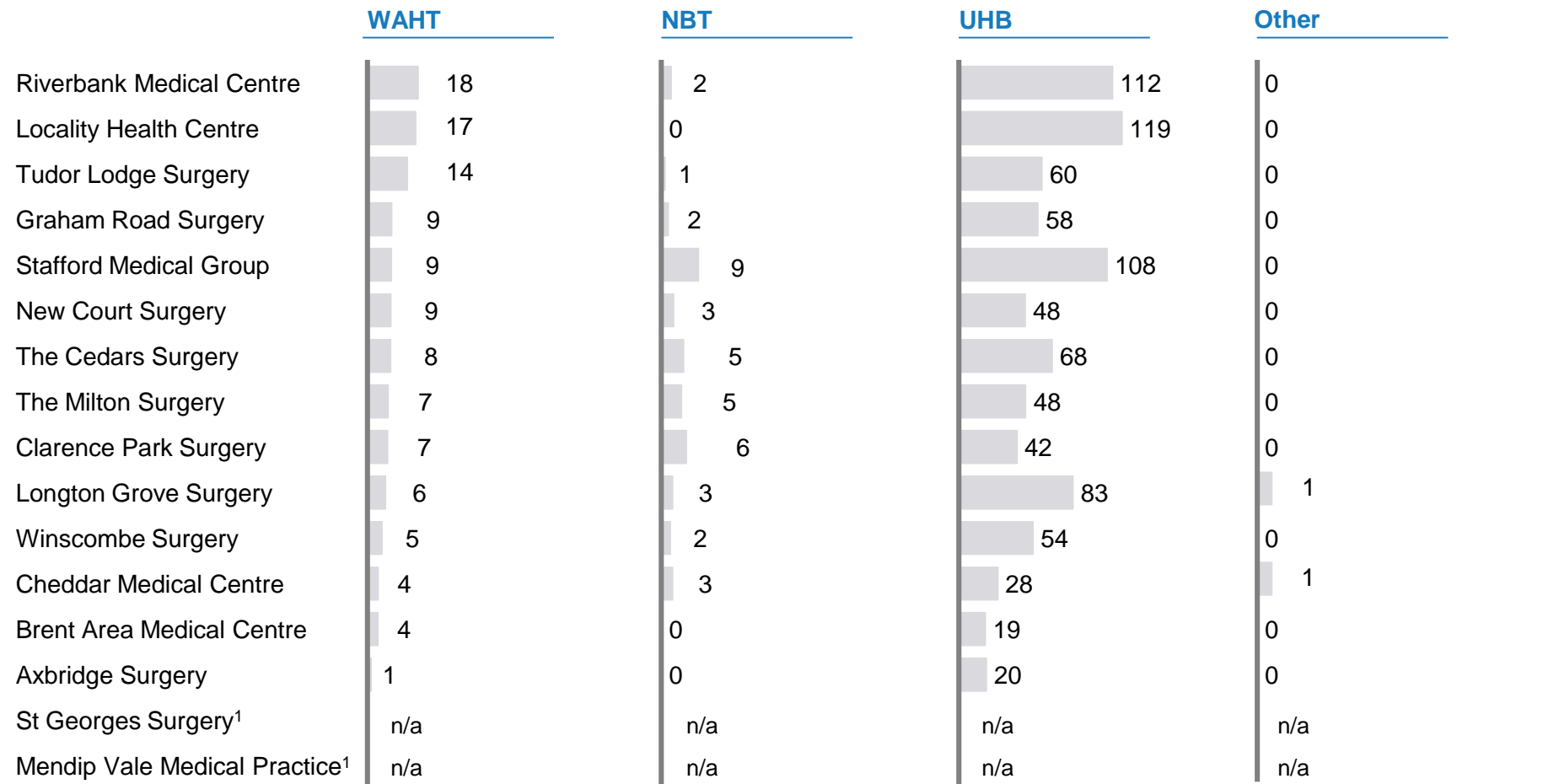
GP practices colour coded by the hospital where women choose for their delivery



(Self)-referral patterns for delivery for WAHT catchment area GPs

Note: Antenatal and post natal care provided for majority of women in Weston.

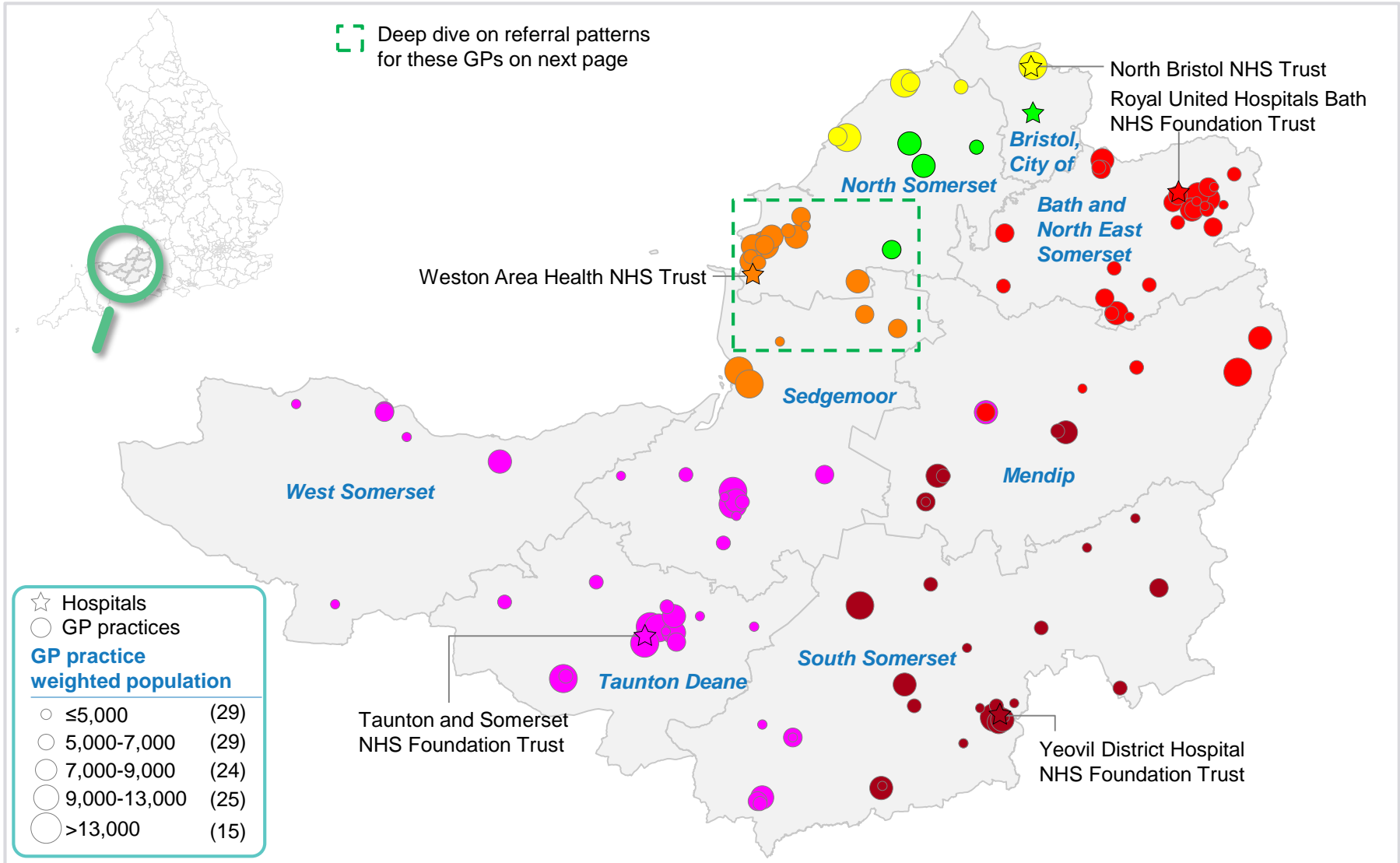
Number of births by trust per 10,000 weighted list



¹ Mendip Vale Medical Practice has merged with several other sites (including St George's surgery) in the time period and comparable data is not yet available

Referral patterns for elective GI surgery services are largely geography based across the region

GP practices colour coded by the hospital where most general surgery patients are referred to



Referral Patterns for elective GI surgery services for WAHT catchment area GPs

Number of elective abdominal and GI surgery admissions per 10,000 weighted list size²

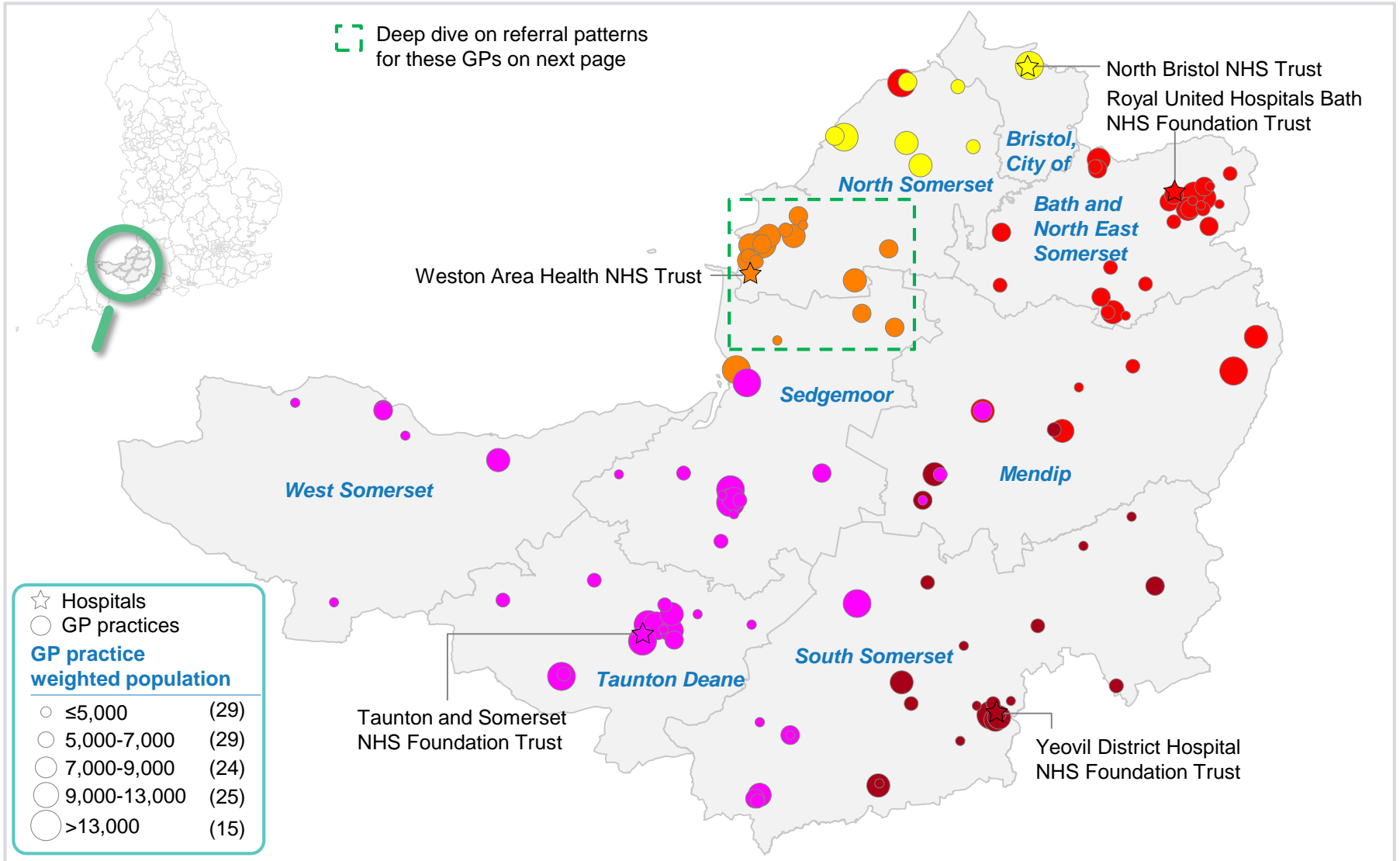
| | WAHT | NBT | UHB | T&S | Other |
|---|------|-----|-----|-----|-------|
| Longton Grove Surgery | 251 | 44 | 14 | 1 | 0 |
| Tudor Lodge Surgery | 211 | 20 | 9 | 0 | 0 |
| New Court Surgery | 187 | 26 | 16 | 0 | 1 |
| The Cedars Surgery | 184 | 22 | 7 | 1 | 0 |
| Clarence Park Surgery | 179 | 15 | 6 | 3 | 4 |
| Riverbank Medical Centre | 170 | 33 | 7 | 0 | 2 |
| The Milton Surgery | 169 | 20 | 16 | 1 | 4 |
| Winscombe Surgery | 165 | 25 | 14 | 0 | 6 |
| Graham Road Surgery | 163 | 11 | 7 | 0 | 2 |
| Stafford Medical Group | 154 | 29 | 15 | 0 | 1 |
| Axbridge Surgery | 144 | 7 | 9 | 36 | 11 |
| Locality Health Centre | 136 | 33 | 6 | 0 | 2 |
| Cheddar Medical Centre | 125 | 13 | 15 | 45 | 13 |
| Brent Area Medical Centre | 110 | 4 | 4 | 23 | 4 |
| St Georges Surgery | n/a | n/a | n/a | n/a | n/a |
| Mendip Vale Medical Practice ¹ | n/a | n/a | n/a | n/a | n/a |

¹ Mendip Vale Medical Practice has merged with several other sites (including St George's surgery) in the time period and comparable data is not yet available

² Includes patients assigned to general surgery, hepatobiliary and pancreatic surgery, Upper GI, and colorectal surgery treatment functions

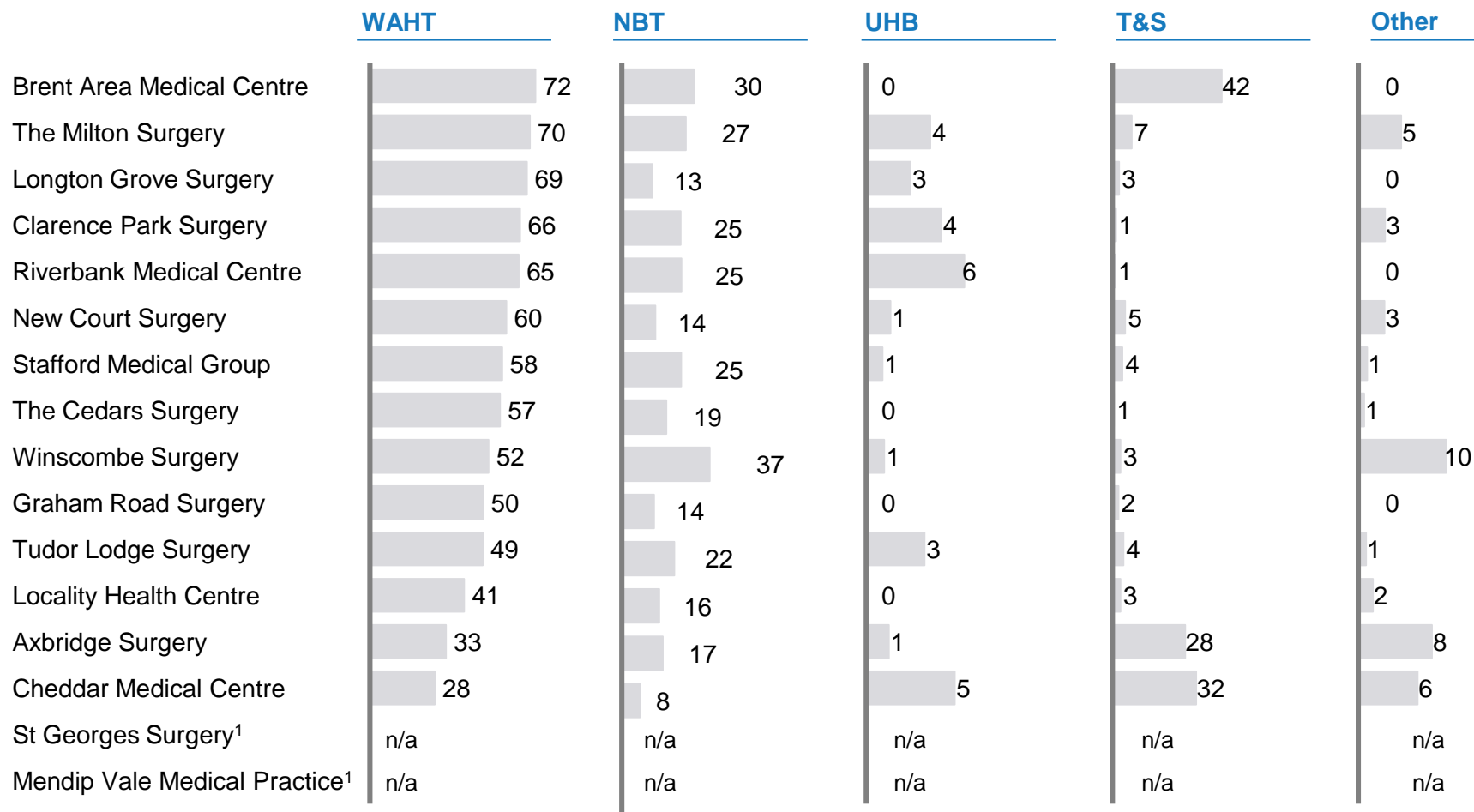
Referral patterns for elective orthopaedics services are largely geography based across the region

GP practices colour coded by the hospital where most trauma & ortho patients are referred to



Referral Patterns for elective orthopaedics services for WAHT catchment area GPs

Number of elective orthopaedic admissions per 1000 weighted list size

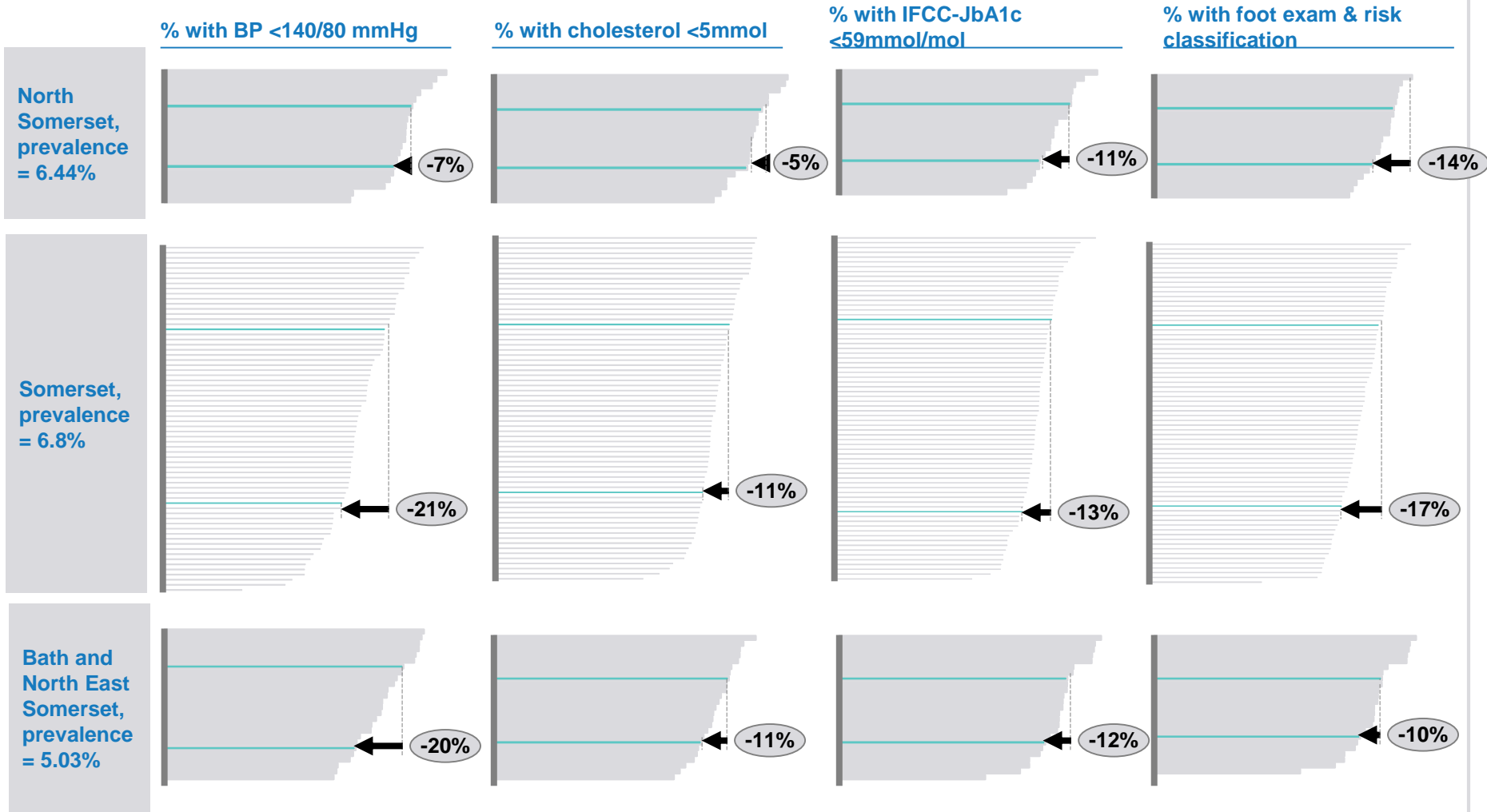


¹ Mendip Vale Medical Practice has merged with several other sites (including St George's surgery) in the time period and comparable data is not yet available

Best practice indicators for diabetes therapy, by GP practice compared with peer CCG areas

← Difference from top and bottom quartiles

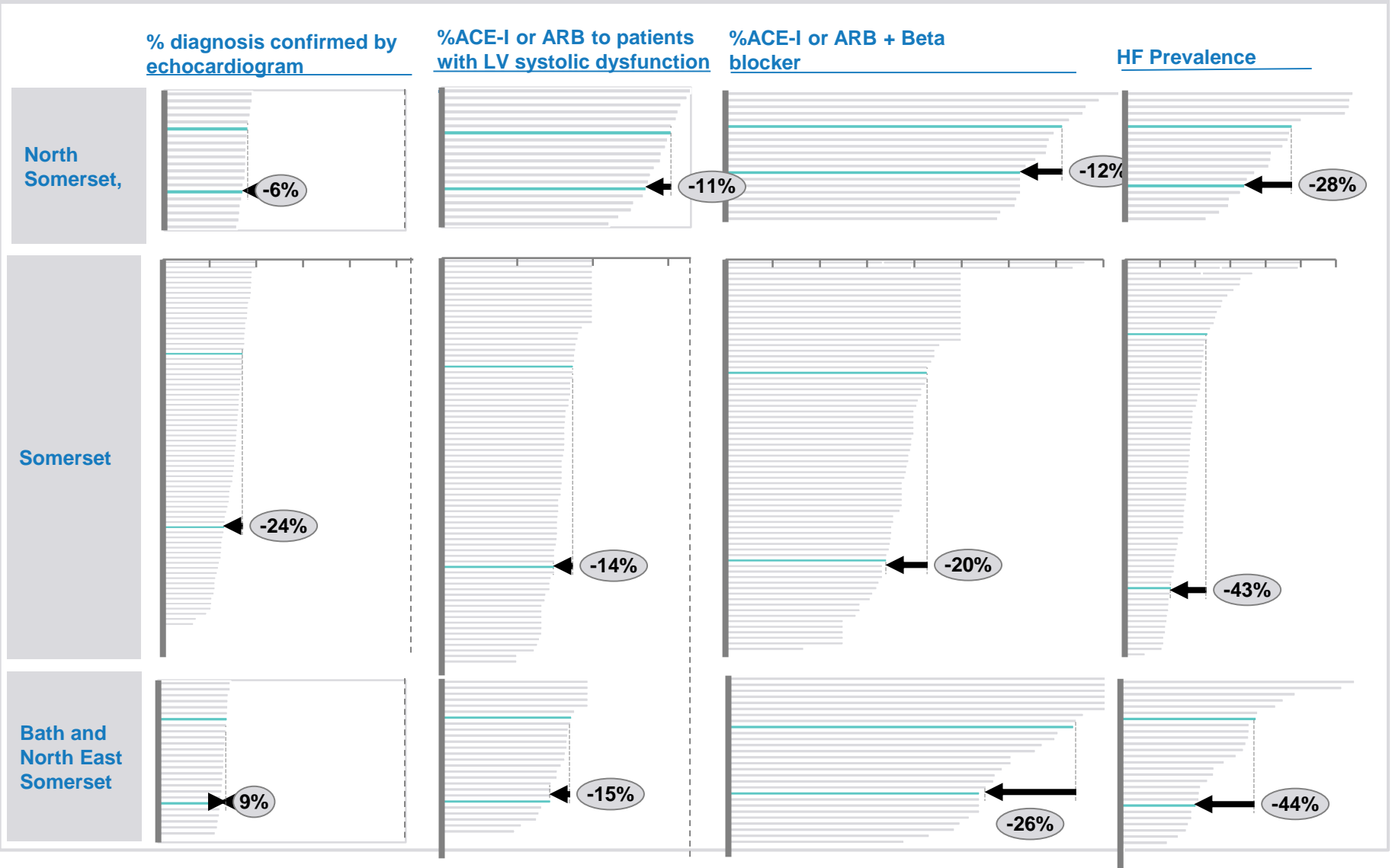
Activity by GP practice per 1,000 weighted population



Best practice indicators for heart failure, by GP practice compared with peer CCG areas

← Difference from top and bottom quartiles

Activity by GP practice per 1,000 weighted population

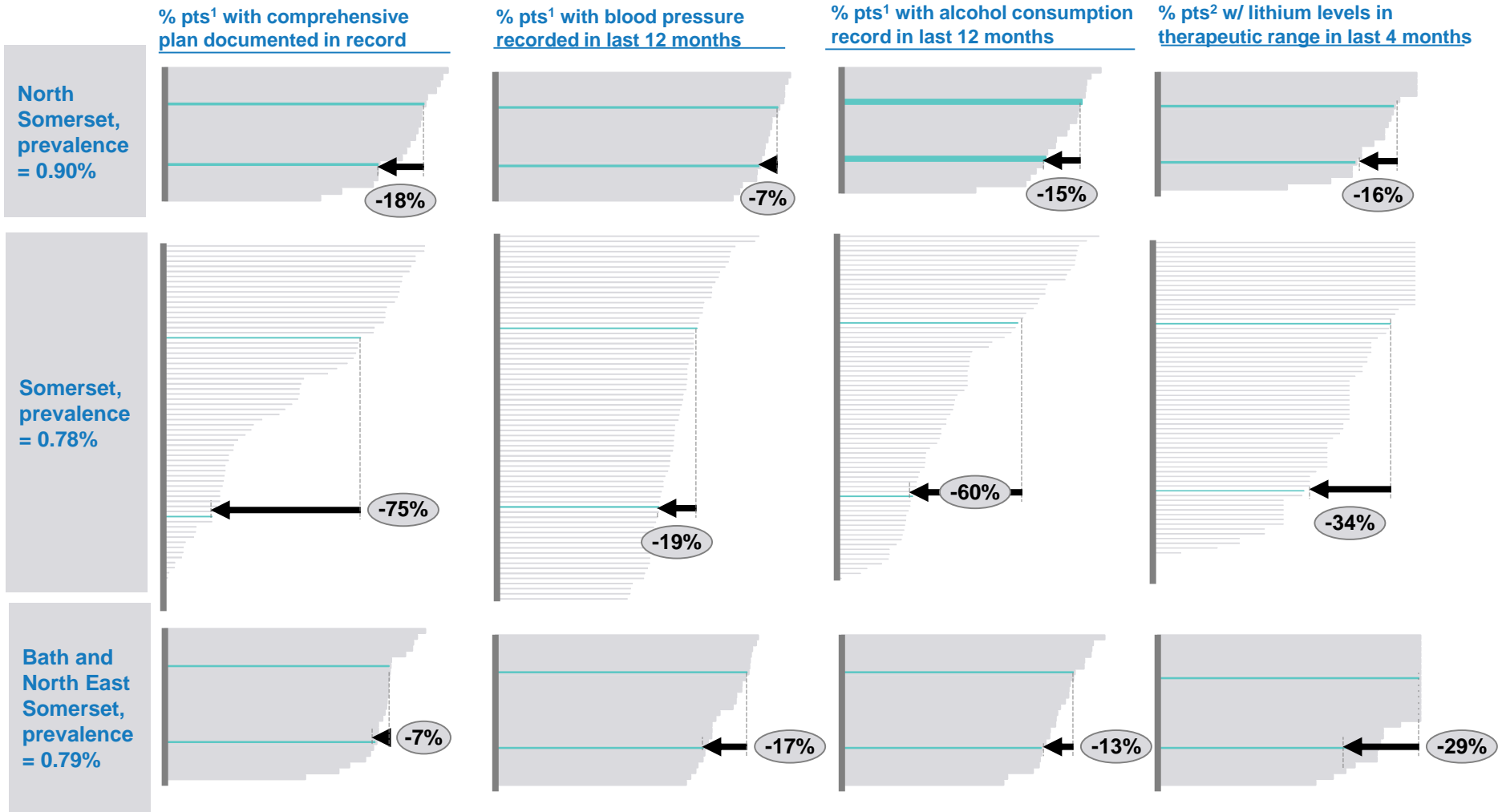


Source: QOF 2016/17

Best practice indicators for mental health therapy, by GP practice compared with peer CCG areas

← Difference from top and bottom quartiles

Activity by GP practice per 1,000 weighted population



1 Patients with schizophrenia, bipolar affective disorder, or other psychoses

2 Patients on lithium therapy

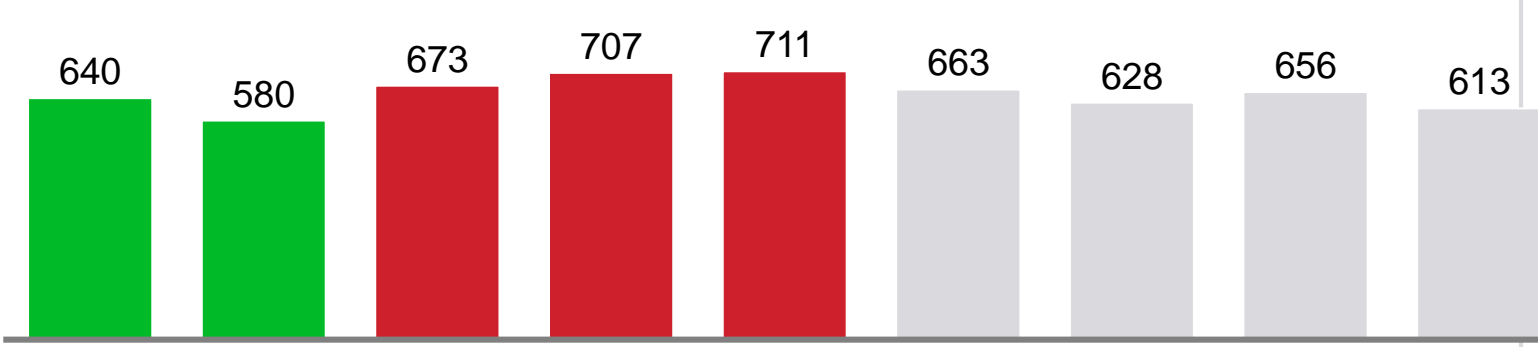
Source: QOF 2016/17

North Somerset has greater inpatient bed days per weighted population than peers, however lower than Bristol and South Gloucestershire.

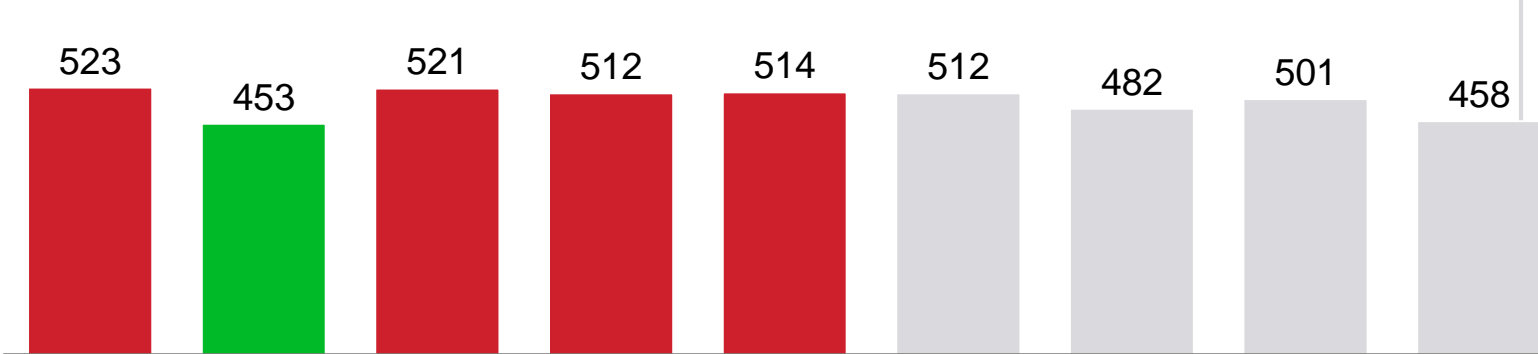
■ Performance above England average
 ■ Performance below England average

Inpatient bed days per 1,000 WP

Total



Emergency



Somerset Bath & NE Somerset North Somerset Bristol² South Glouc² Peer Group Average¹ Peer Group Top Quartile England Average England Top Quartile

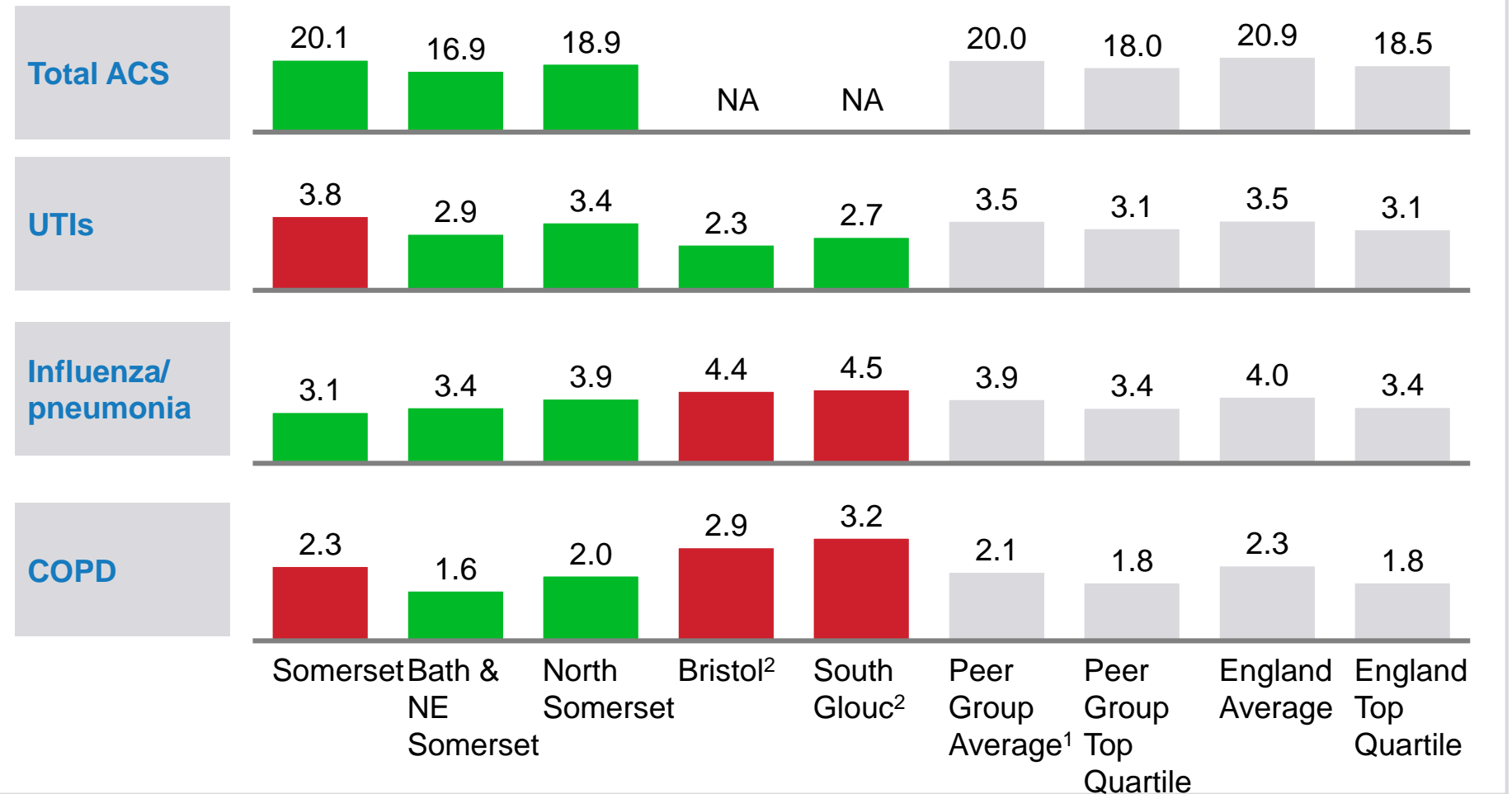
1 Peer group: Prospering UK CCGs 2 SUS data 2016/17, General and Acute weighted population from NHS England 14/15 and 15/16 CCG allocations

Source: HES 2016/17 M13 APC, C/o NHS Digital. Excludes regular attenders

Ambulatory Care Sensitive admissions are lower in North Somerset than the national average

■ Performance above England average
 ■ Performance below England average

Admissions for ambulatory sensitive conditions per 1000 WP

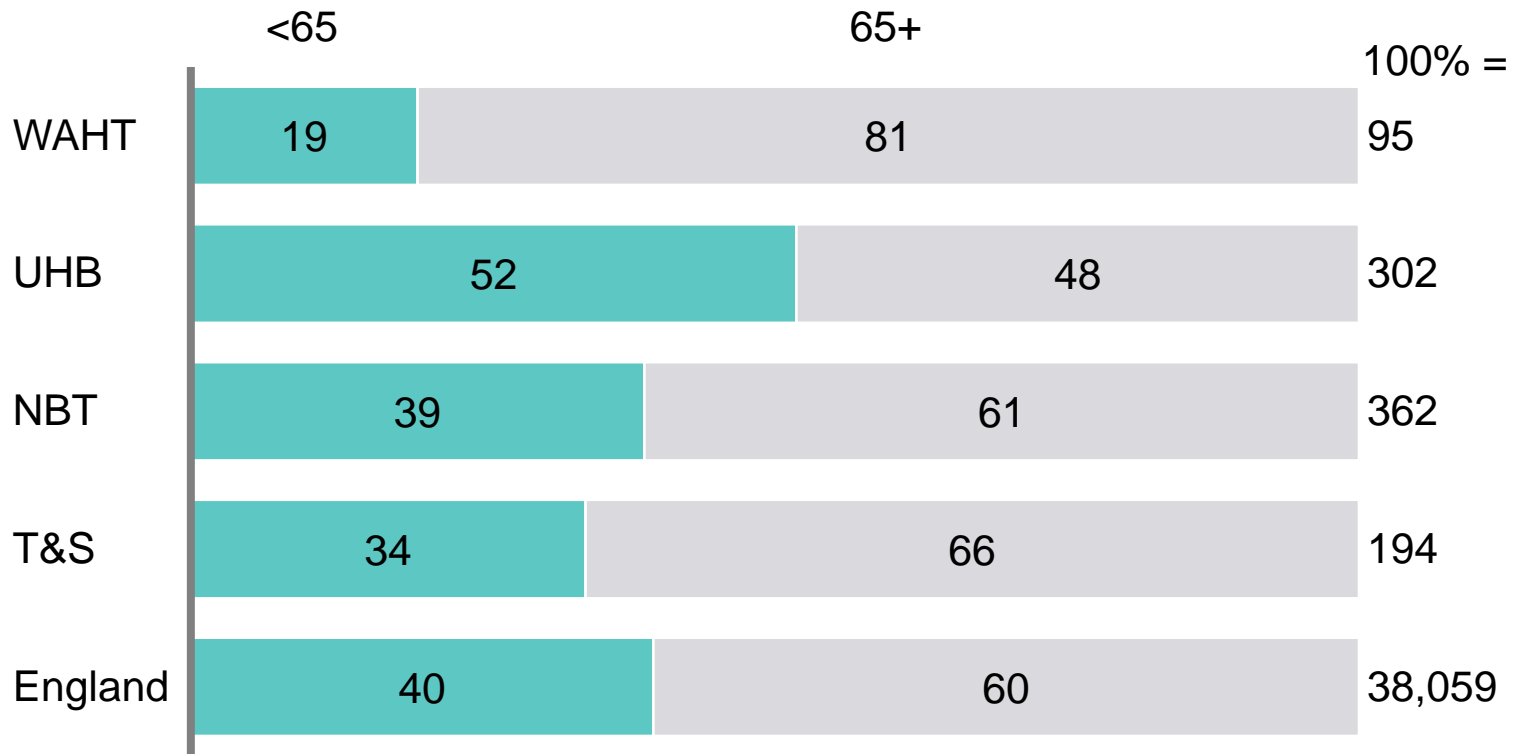


1 Peer group: Prospering UK CCGs 2 SUS data 2016/17, General and Acute weighted population from NHS England 14/15 and 15/16 CCG allocations

Source: HES 2016/17 M13 APC, C/o NHS Digital. Excludes regular attenders

WAHT, NBT and T&S all have large proportion of bed days due to people aged 65+

Hospital bed days in over 65s as a percentage of all bed days, 2016/17, % (total in 'k)



Not case mix adjusted.

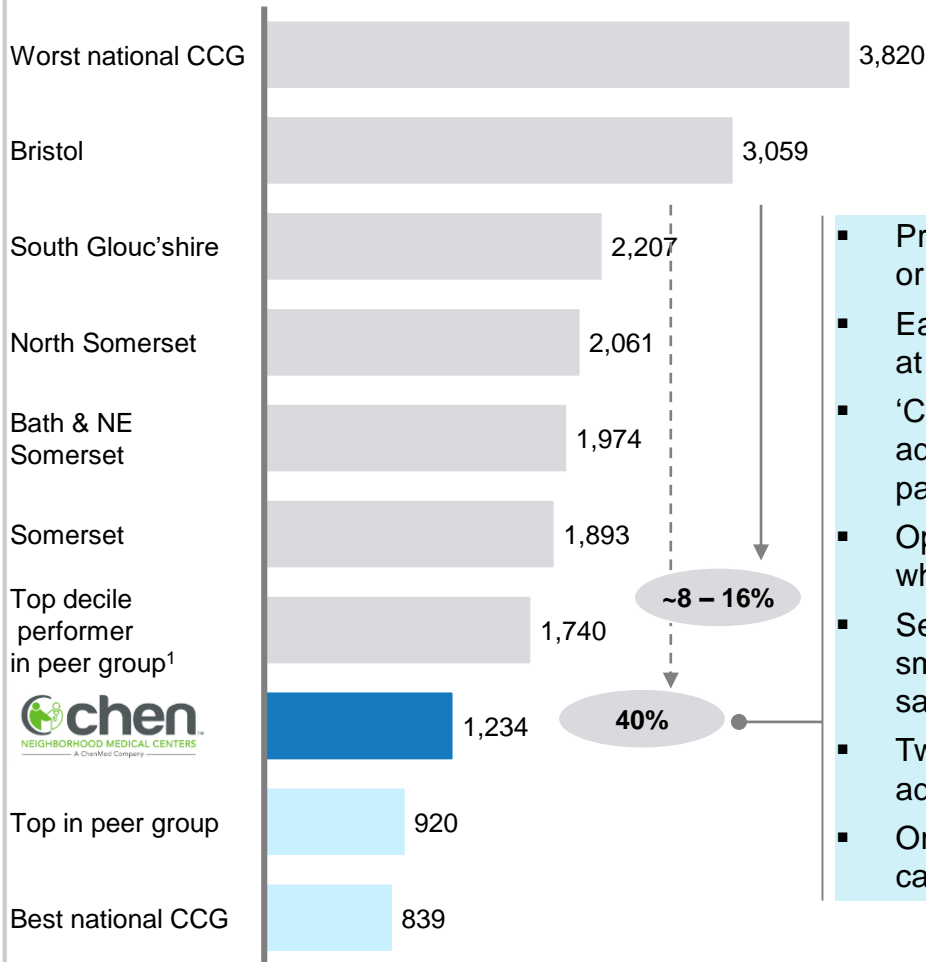
Share of hospital bed days accounted for by patients aged 65+ by GP practice (2016/17)

| GP Practice ¹ | Weston Area Health Percent | North Bristol Percent | Taunton & Somerset Percent | University Hospitals Bristol Percent |
|--|-------------------------------|--------------------------|-------------------------------|---|
| Axbridge Surgery ¹ | 83 | 48 | 57 | 27 |
| Backwell Medical Centre | 86 | 67 | 58 | 72 |
| Brent Area Medical Centre ¹ | 68 | 30 | 66 | 40 |
| Cheddar Medical Centre ¹ | 84 | 52 | 65 | 36 |
| Clarence Park Surgery | 88 | 62 | 0 | 24 |
| Clevedon Medical Centre | 87 | 56 | 50 | 63 |
| Graham Road Surgery | 70 | 45 | 38 | 28 |
| Harbourside Family Practice | 89 | 62 | 0 | 59 |
| Heywood Family Practice | 53 | 75 | 33 | 76 |
| Locality Health Centre | 53 | 34 | 0 | 3 |
| Long Ashton Surgery | 67 | 69 | 50 | 64 |
| Longton Grove Surgery | 86 | 55 | 0 | 20 |
| Nailsea Family Practice | 77 | 76 | 82 | 81 |
| New Court Surgery | 78 | 43 | 20 | 40 |
| Portishead Medical Group | 82 | 77 | 22 | 66 |
| Riverbank Medical Centre | 70 | 30 | 0 | 23 |
| St Georges Surgery | 77 | 50 | 20 | 9 |
| Stafford Medical Group | 76 | 43 | 1 | 16 |
| Sunnyside Surgery | 93 | 65 | 71 | 72 |
| The Cedars Surgery | 81 | 56 | 0 | 23 |
| The Milton Surgery | 81 | 38 | 17 | 23 |
| The Village Surgery | n/a | n/a | 25 | n/a |
| Tudor Lodge Surgery | 81 | 58 | 38 | 30 |
| Winscombe Surgery | 87 | 64 | 33 | 27 |
| Worle Medical Practice | n/a | n/a | 0 | 23 |
| Mendip Vale Practice | 81 | 63 | 55 | 38 |
| Yeo Vale Medical Practice | n/a | 0 | 0 | 5 |

¹ All North Somerset practices includes as well as 3 Sedgemoor practices in the WAHT catchment area: Axbridge, Brent Area and Cheddar Medical Centre

Bed days per 1,000 population over 65 yrs by local area in England and internationally

Hospital bed days per 1,000 over 65 population, 2016/17



- Primary care organisation in USA only serving people aged 65 or above, most of whom have LTCs
- Each GP has a list of 450 patients, with patients each having at least monthly 20 minute appointments
- 'Care Team' supporting each GP able to manage their administration, basic clinical tasks (e.g., basic history) and patient care coordination
- Operate in dedicated elderly care neighbourhood centres, which include free transport, X-Ray and on-site specialists
- Senior Medical Director performance manages GPs against small metric list, including hospital utilisation and patient satisfaction
- Twice weekly meetings involving all GPs to discuss all hospital admissions
- Organisation payment based on total cost of care full risk capitation to primary care

¹ Peer group defined as Prospering UK ONS Cluster. Top decile East Leicestershire and Rutland; Top peer CCG Nottingham West; Best national CCG NHS Lancashire North CCG

SOURCE: HES 2016/17 APC M13, c/o NHS Digital; Chen Med

- Local population and their health and care needs
- Acute care
- Out of hospital: Primary care
- **Out of hospital: Community, mental health and social care**
- Out of hospital: Ambulance services
- Financial position

Community care services

☆ Outstanding

● Good

● Requires improvement

● Inadequate

- **North Somerset Community Partnership** (NSCP) is a Community Interest Company (CIC) that **provides healthcare services** on behalf of the CCG to the people of North Somerset
- Organisation is **staff owned** and was founded in 2011, **employing over 750 staff**
- Contract value is in excess of **£28.5m per year**
- Majority of services that NSCP provides are **adult community focused** and are usually **delivered in the patient's usual place of residence**, with a number of clinics based across the area
- Services include: district nursing, rapid response, therapies and a range of specialist services.
- NSCP run **the minor injuries unit (MIU) at North Somerset Community Hospital** in Clevedon and provides a number of children's services including school nursing and health visitors
- **Community paediatric** services are provided by **Weston Area Health Trust**

North Somerset Community Partnership, March 2017

Overview and CQC inspections

Overall good

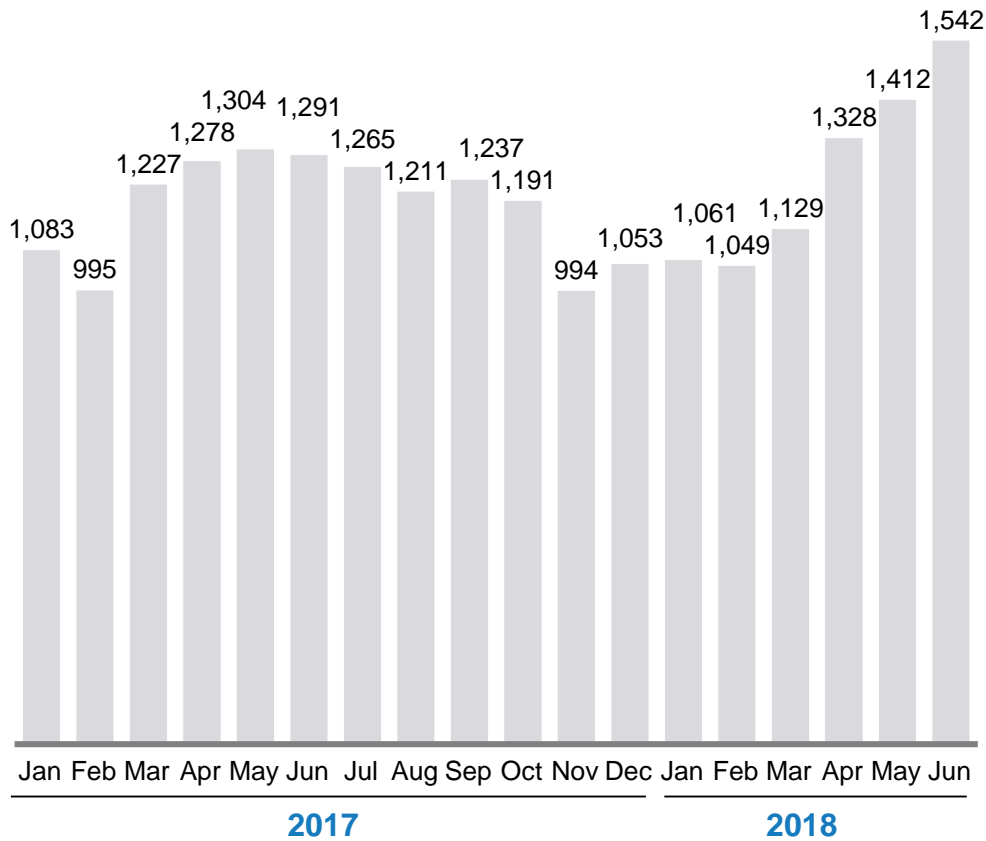
| | |
|------------|---|
| Safe | ● |
| Effective | ● |
| Caring | ● |
| Responsive | ● |
| Well-led | ● |

CQC inspections and ratings of specific services

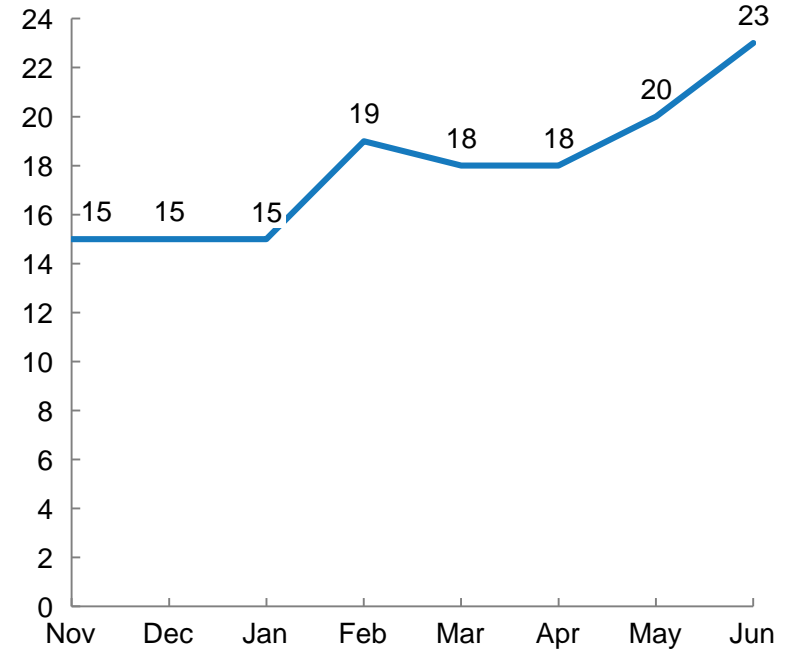
| | |
|--|---|
| Community health services for adults | ● |
| Community health services for children, young people and families | ● |
| Community mental health services for people with learning disabilities or autism | ● |
| Urgent care services | ● |
| End of life care | ● |

NSCP Minor Injury Unit Attendance Data

Patient attendance data 2017 / 18



Average Waiting Time – 2017 / 18 minutes

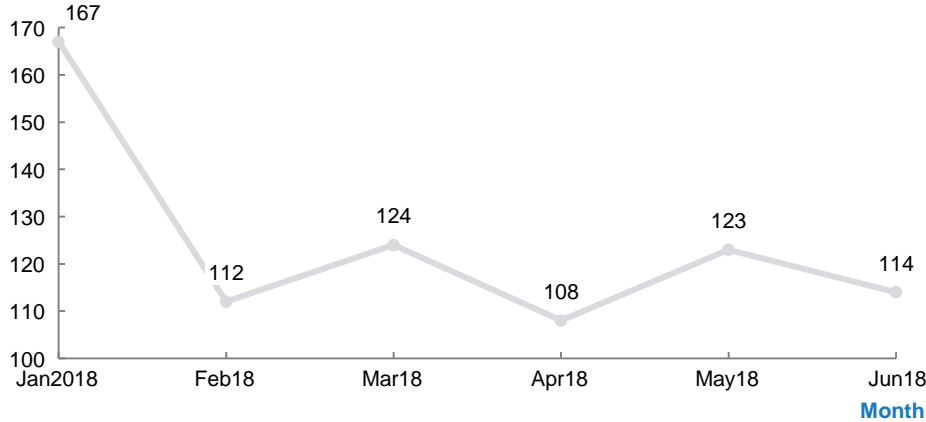


Discharge to assess and community delays in Q1 2018



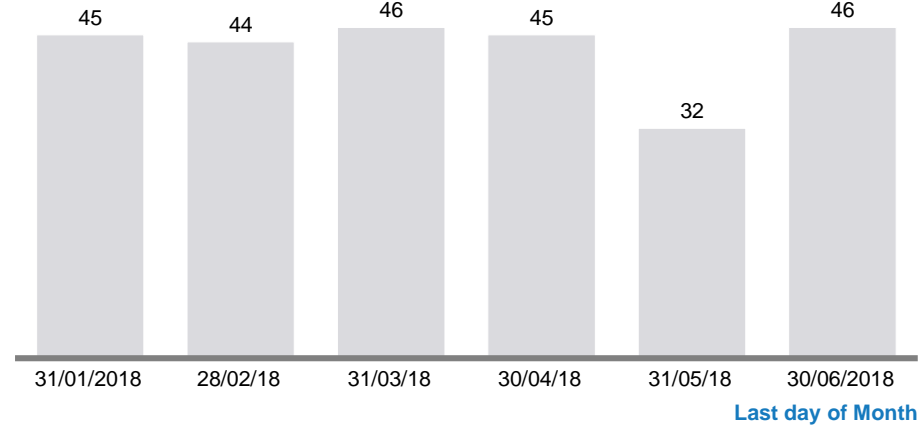
Discharge to Assess Referrals

Number of Referrals



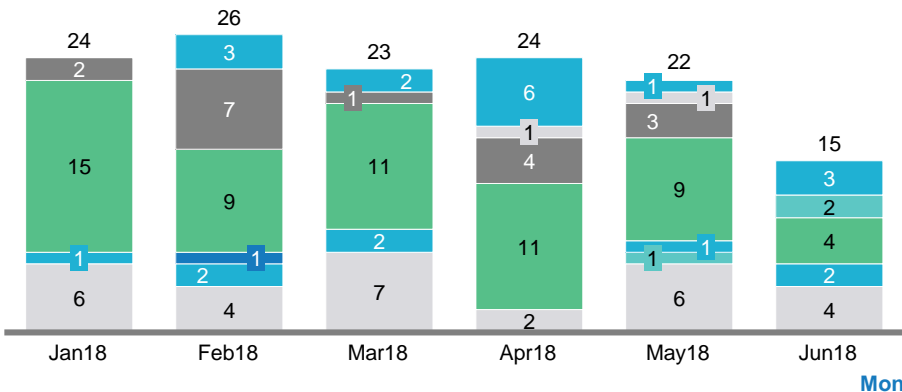
Discharge to Assess Caseload

Number of Patients



Community Delays: Reasons

Number of Patients

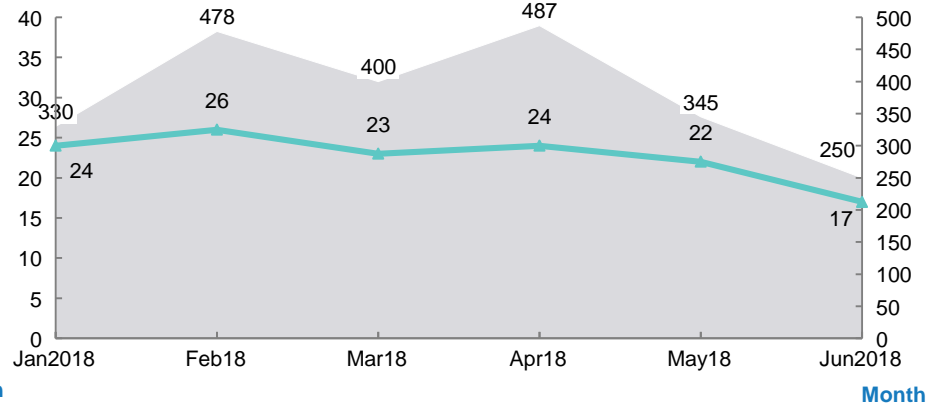


- N/A healthcare need
- 4.2 Awaiting placement - non-funded
- 7.1 Patient or family choice
- 4.1 Awaiting placement
- 1.10.1 Awaiting MDT assessment
- 1.5 Awaiting Acute OT assessment
- 5.1.2 Awaiting POC-non funded
- 1.4.2 Awaiting Social care assessment
- 5.1.1 awaiting POC-funded

Community Delays: Impact

Number of Patients

Total G2G days this month

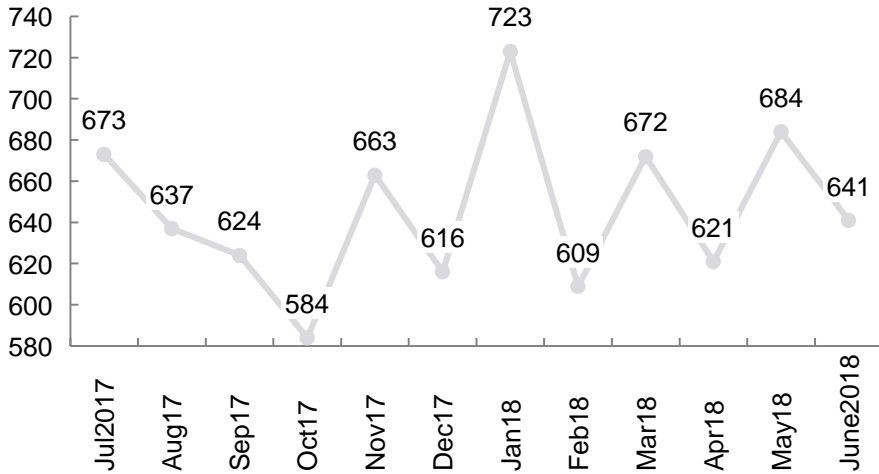


- Total green to go (G2G) days this month
- ▲— Number of patients

District/community nursing referrals and contacts

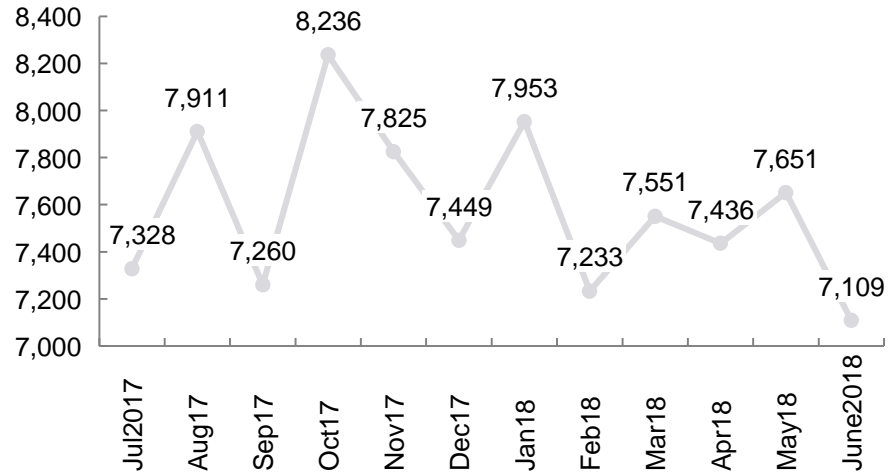
Referrals

Number of referrals¹



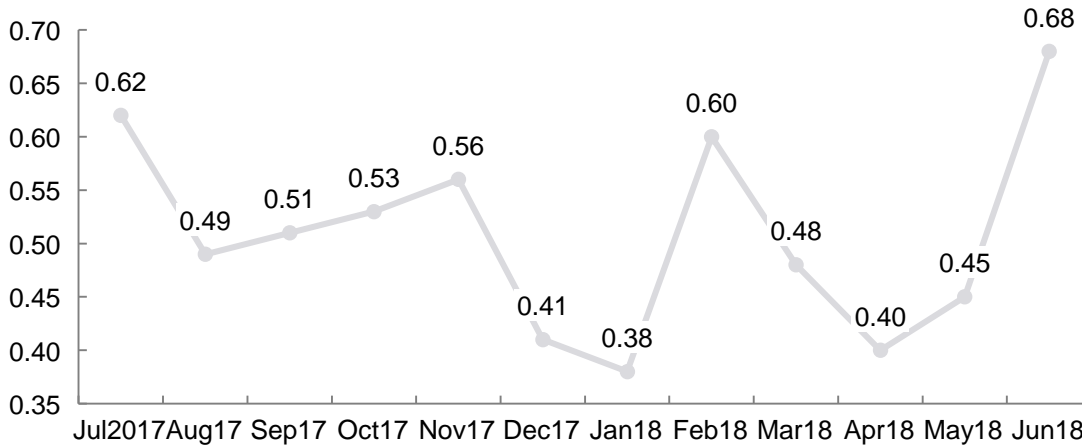
Face to face Contacts

Number of face to face contacts



DNAs & failed Visits

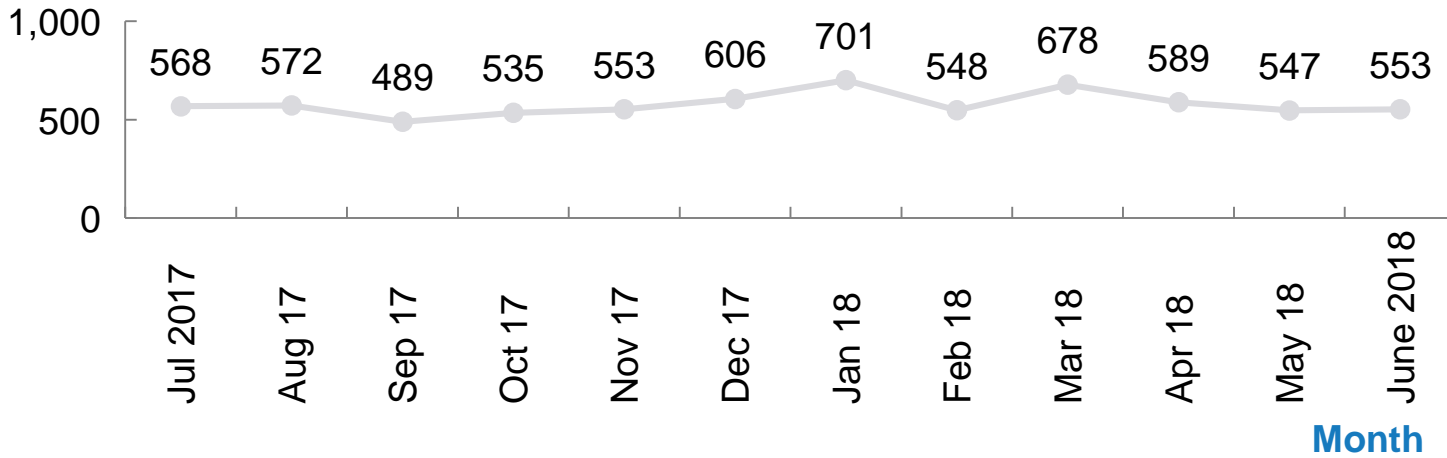
DNA rate %



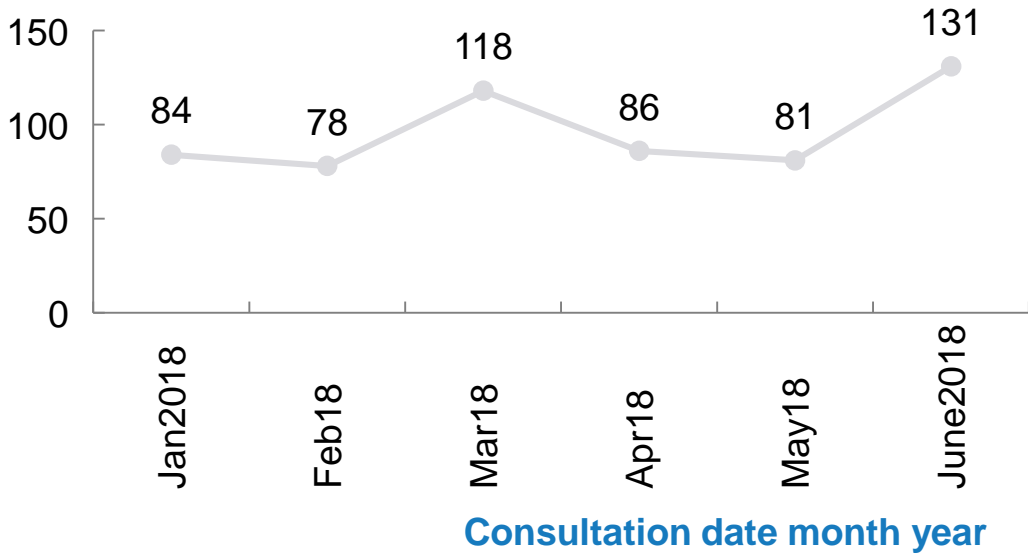
¹ Not adjusted for days per month

Rapid response referrals and admission prevention

Referrals (Clinical Hub)

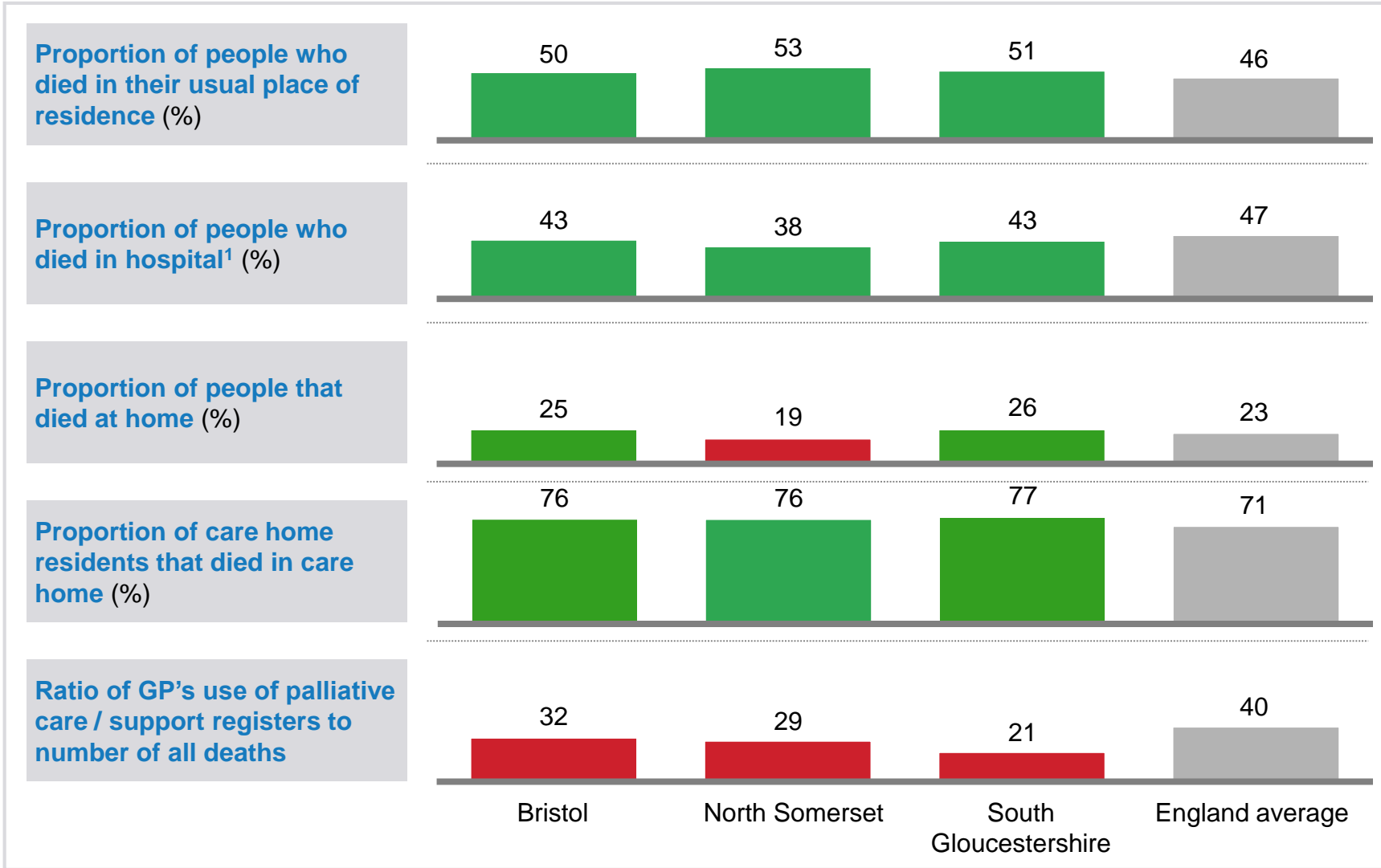


Admission prevention



End of life care for Bristol, North Somerset, and South Gloucestershire CCGs

■ CCG performance above England average
 ■ CCG performance below England average



¹ Lower percentage considered better performance for this metric

Social care services

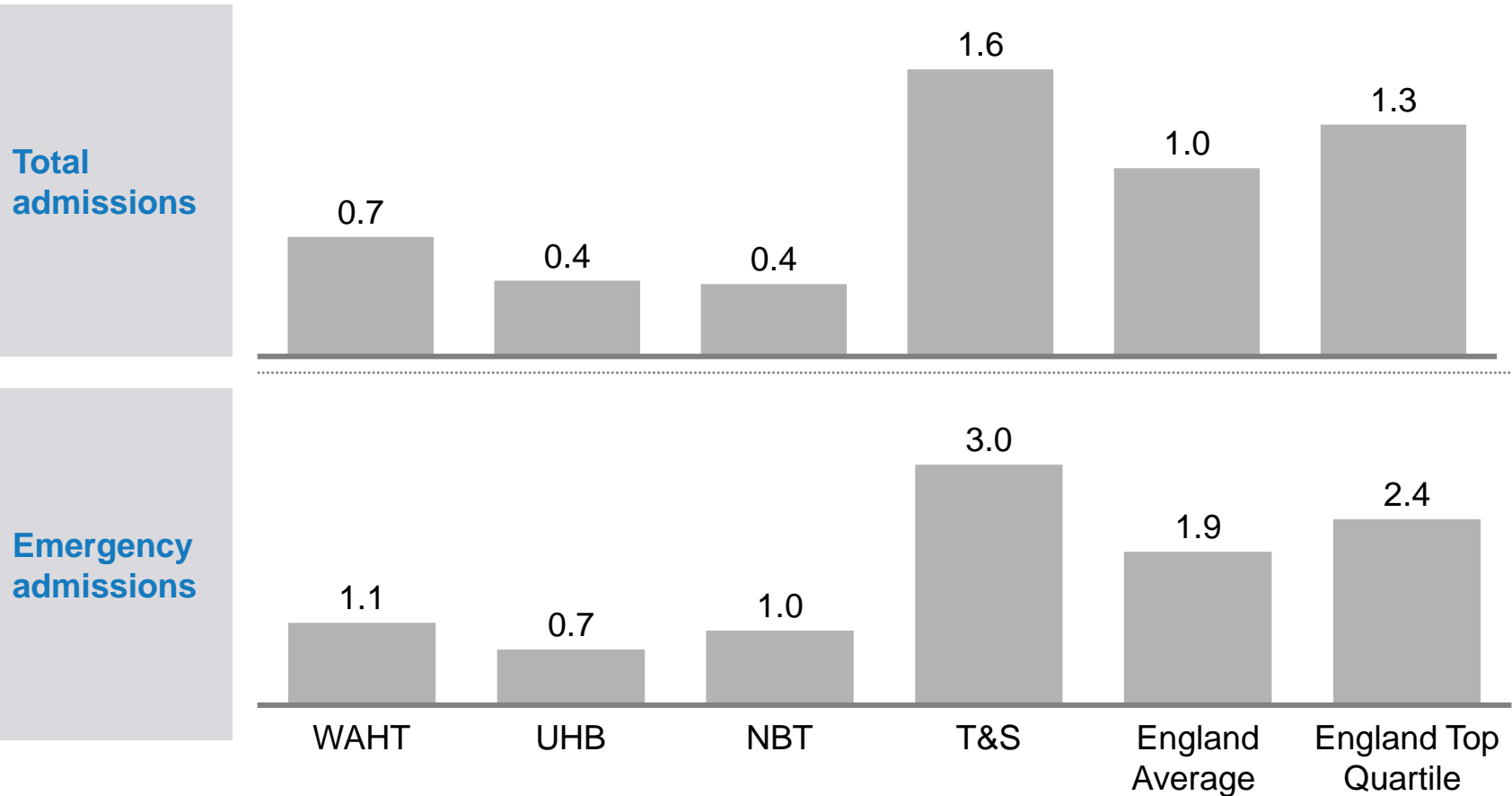
- **North Somerset Council** (NSC) commission and provide a **wide range of services** that are extremely relevant to the issues that this document seeks to address
- **Services managed by NSC** include:
 - Dementia
 - Learning disabilities
 - Mental health conditions
 - Personal care
 - Physical disabilities
 - Sensory impairments
 - Substance misuse problems
 - Caring for adults <65 years
 - Caring for adults >65 years
 - Children's services
 - Safeguarding adults & children
- There are **225 CQC listed care homes across North Somerset**

All figures for 2017/18

| | Number of Clients by Care Type | Number of Clients by Care Type (£M) |
|------------------|---------------------------------------|--|
| Residential | 660 | 27.42 |
| Nursing | 305 | 10.95 |
| Supported Living | 347 | 10.48 |
| Direct Payment | 343 | 7.67 |
| Homecare | 674 | 5.73 |
| Day Care | 188 | 1.93 |
| Extra Care | 118 | 1.26 |
| Shared Lives | 40 | 1.01 |
| Short Term Care | 162 | 3.37 |
| Total | 2,837 | 69.83 |

Weston Area Trust sees fewer discharges of elderly patients to new residential care settings than average

% Discharges in people aged 75 to care homes or hospices¹



¹ Excludes people who died in hospital and those whose living in a care home prior to admission

Source: HES 2016/17 M13 APC, C/o NHS Digital. Excludes regular attenders

Adult Mental health services are provided by Avon and Wiltshire Mental Health Partnership Trust for North Somerset

Summary of services provided by AWP

- Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is a significant provider of mental health services commissioned by a number of CCGs in a catchment area covering Bath and North-East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire (BNSSG), Swindon and Wiltshire. The North Somerset contract with AWP is in excess of £16m per year.
- AWP provides a range of mental health services for the adult population of North Somerset. Figure below summarizes the range of services provided and their key locations:

Inpatient services

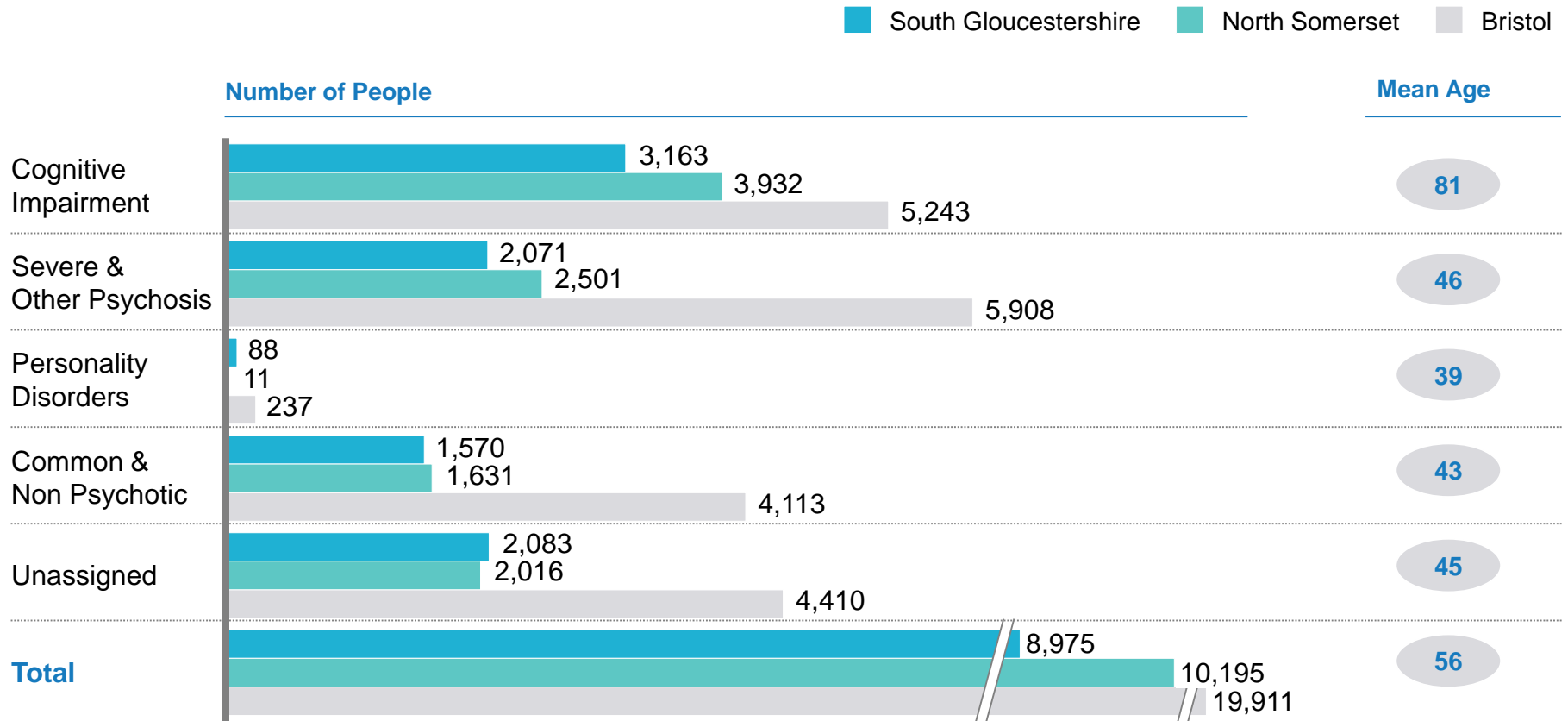
| | |
|---|---|
| Juniper Ward, Long Fox Unit, (Weston General Hospital) | Adult Mental Health Inpatient Beds X 18 |
| Cove and Dune Wards, Long Fox Unit, (Weston General Hospital) | Later Life Mental Health Inpatient Beds X 25 (Cove =15 & Dune=10) |
| Elmham Way, Wone | Community-based in-patient rehab beds x 7 |

Community services

| | |
|---|---|
| The Coast Resource Centre | <ul style="list-style-type: none"> Recovery Team Early Intervention in Psychosis IAPT I Positive Step Psychological Therapies Service Assessment Team (incorporating ex- PCLS functions) |
| Long Fox Unit, Weston General Hospital. | <ul style="list-style-type: none"> Intensive Team NSC AMHP Service A&E Hospital Liaison |
| Windmill House | <ul style="list-style-type: none"> Complex Interventions Team DEST Memory Team Later Life Therapies |
| Weston Super Mare Town Hall | <ul style="list-style-type: none"> Mental Health Triage Service (incorporating ex-PCLS functions) |
| Portishead Police HQ | <ul style="list-style-type: none"> MH Control Room and street Triage Service |
| Carlton Centre, Weston | <ul style="list-style-type: none"> Vocational Services |

Approximately 40k citizens in BNNSSG have been in contact with mental health specialists

- The BNNSSG STP Mental Health Cohort represents **5% of the population**

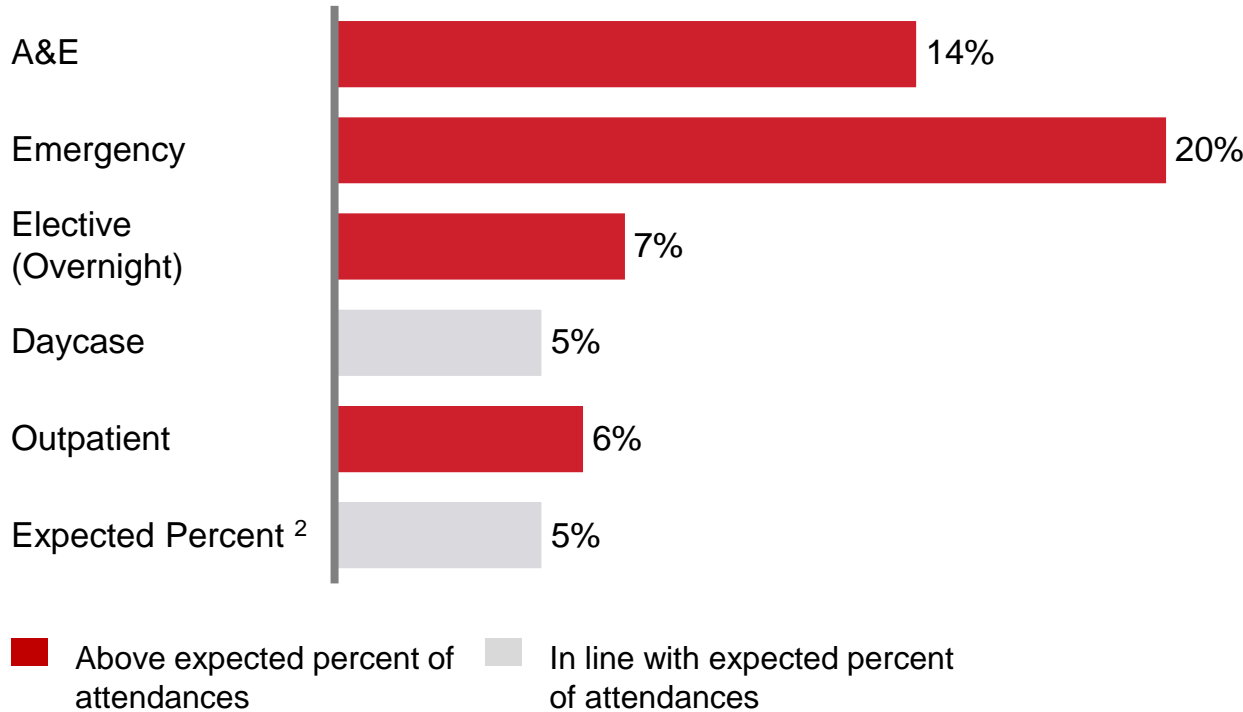


Citizens with mental health conditions utilise the acute care system at a much higher rate

Patient Rate of Use

- Despite making up **only 5% of the population**, patients with mental health conditions **represent a much higher percentage of attendances** at facilities across the CCG

Percent of total attendances made by patients with mental health conditions



According to a yellow paper commissioned by the BNSSG STP, **over £20M could be saved across the system** by reducing mental health patients use of the acute care system **to a level closer to that of their peers** nation-wide¹

¹ Only includes subgroups which may be amenable to change, based on published research, grey literature and modelling exercises; costs estimated using national tariff or reference costs and number of visits reduced

² Based on the fact that population is only 5% of total group

Source: "Making the case for integrating mental and physical health care" yellow paper, May 2017

- Local population and their health and care needs
- Acute care
- Out of hospital: Primary care
- Out of hospital: Community, mental health and social care
- **Out of hospital: Ambulance services**
- Financial position

Performance of ambulance services

Overview of current quality and performance against targets

The latest CQC inspection of South Western Ambulance Services NHS Foundation Trust SWASFT overall as “Good” along with the domains of Effective, Responsive and Well-led. The Trust was assessed as “Outstanding” for Caring and “Requires Improvement” for Safe.

SWASFT has been participating in a national pilot called the Ambulance Response Programme which measures performance differently from current national standards.

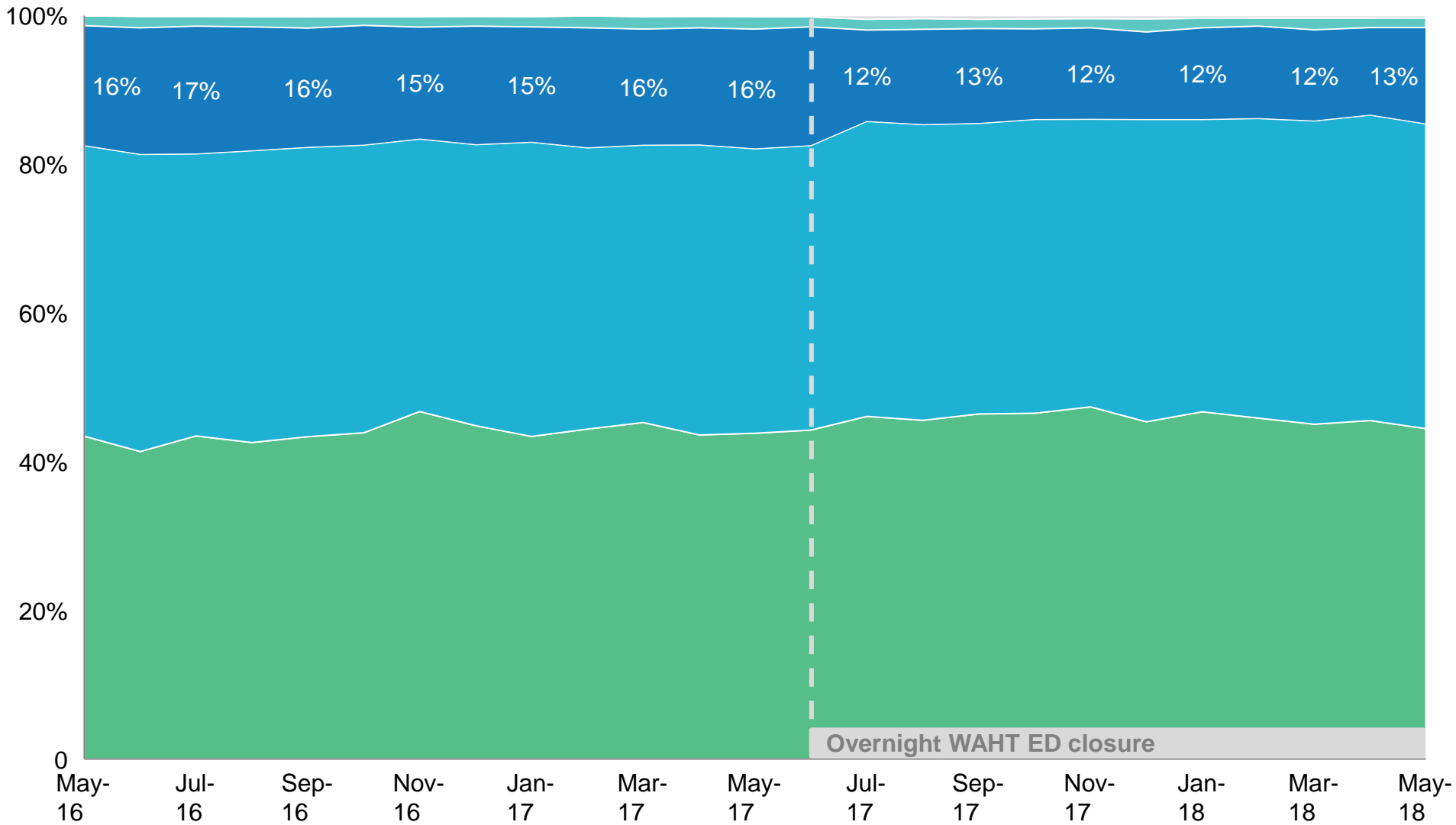
- Response times for Category 1 calls (life threatening injuries or illnesses) for SWASFT in August 2018 were better than national standards, however, some unpredictable spikes in demand continue.
- Time to call answer — ambulance services are expected to answer 95% of all 999 calls within 5 seconds. In August 2018 SWASFT reported a Mean call answering time of 5 seconds, 95th centile of 20 seconds and 99th centile of 60 seconds. All three metrics are better than the national average.
- Hospital handover delays continue to impact on available resource. In July 2018 there were 252 handovers involving North Somerset patients which took longer than 15 minutes equating to around 35 hours of lost time.
- Number of incidents per head of population for North Somerset is 38.59 per 1000 population, which is average against the other SWASFT areas.

* CCG performance data

Overnight ED closure resulted in ~4% points reduction in share of BNSSG ED conveyance

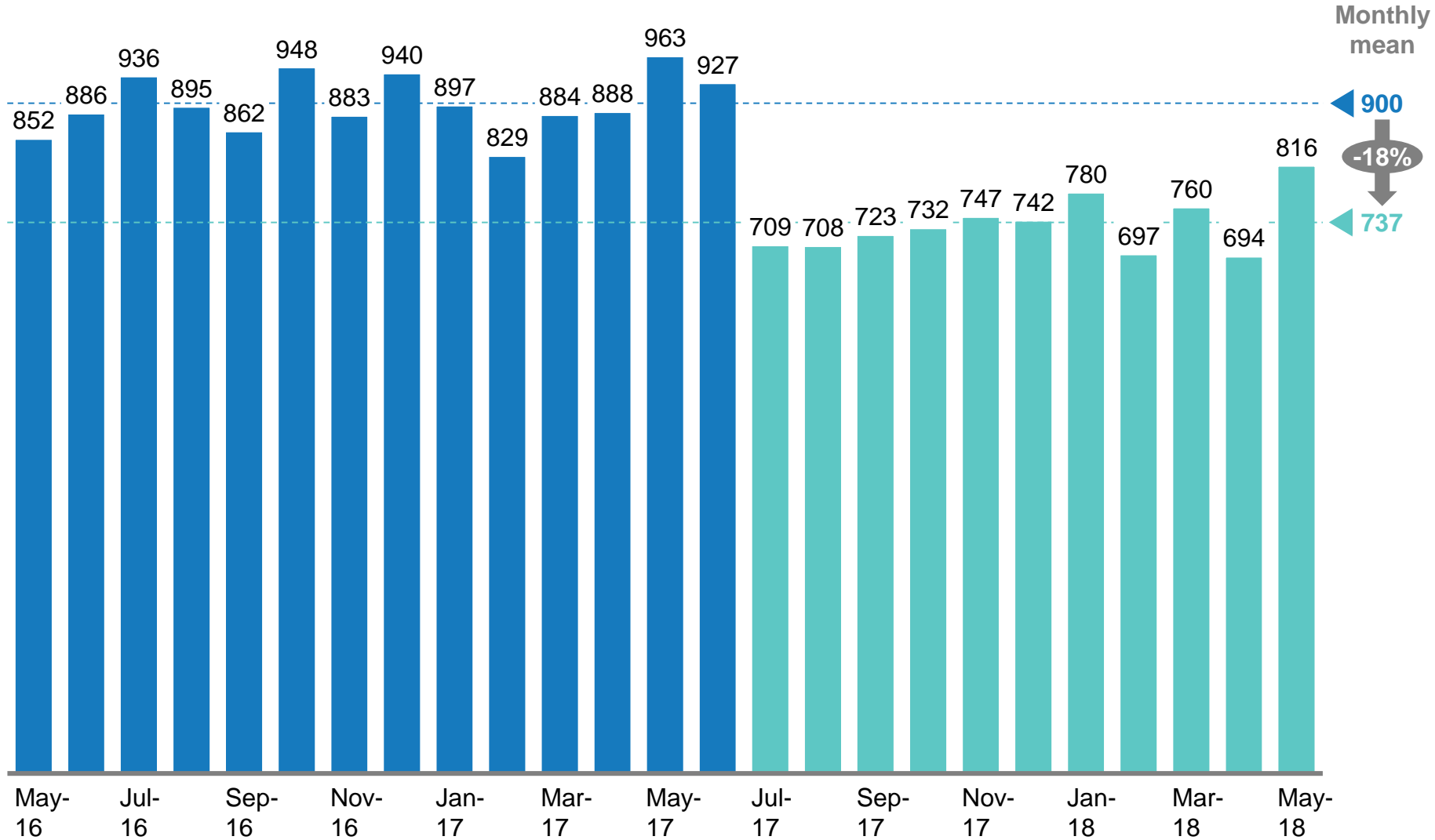
Share of ED conveyances by trust – BNSSG cases only

Other Bath WAHT NBT UHB



Closure of overnight ED at WAHT resulted in 18% reduction in average monthly WAHT conveyances from BNSSG

Number of WAHT ED conveyances – BNSSG cases only



SWASFT emergency responses times against targets

Overview of emergency response duration (min) / count (incidences)

2018/19 YTD, by category, BNSSG

■ Target met

■ Target not met

| | Mean | Target | 90 th percentile | Target | Count |
|-------------------------|-------|--------|-----------------------------|--------|--------|
| Category 1 | 7.0 | 7.0 | 12.2 | 15.0 | 3,974 |
| Category 2 | 24.0 | 18.0 | 51.6 | 40.0 | 24,664 |
| Category 3 | 65.7 | 60.0 | 163.8 | 120.0 | 11,955 |
| Category 4 ¹ | 164.2 | N/A | 337.5 | 180.0 | 465 |

Performance of NHS 111 services for BNSSG CCG

Performance against target for Jul 2018

| Metric | Performance – Jul 2018 | Standard | Commentary |
|---|------------------------|----------|---|
| Calls answered in 60 seconds | 96.6% | ≥95% | Strong improvement trend with target met for two consecutive months |
| Call abandonment | 0.5% | ≤5% | First time target met this year, recent performance of 8-10% calls dropped |
| Combined clinical contact (warm transfers plus call backs in 10 min) ¹ | 60% | ≥70% | Recent deterioration from above target results in the previous years |
| Referrals to Emergency Departments | 10.9% | ≤5% | Target has never been achieved. Causal factors include staffing pressures |
| Referrals to the ambulance service | 15.7% | ≤10% | Mixed performance traditionally, with strong growth trend; target not met this year |

¹ As a share of calls transferred to clinical advisor

- Local population and their health and care needs
- Acute care
- Out of hospital: Primary care
- Out of hospital: Community, mental health and social care
- Out of hospital: Ambulance services
- **Financial position**

System financial position including STF funding

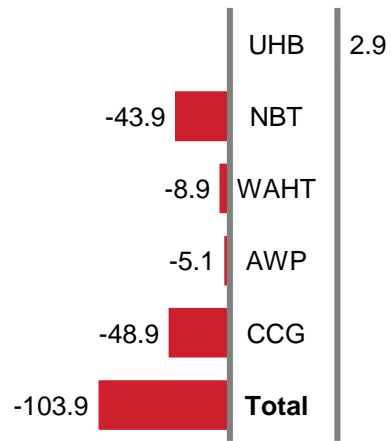


Deficit

Surplus

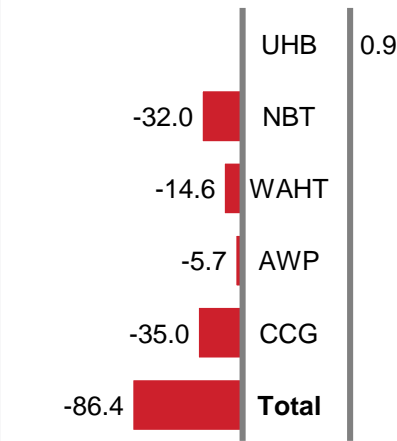
2016/17 Financial Position

£m



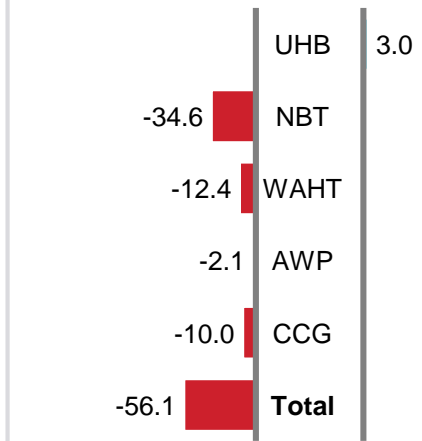
2017/18 Financial Position

£m



2018/19 Financial Position (Planned)

£m



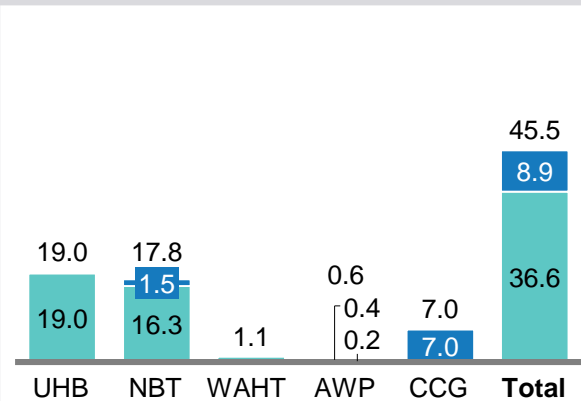
2016/17 STF Funding

£m



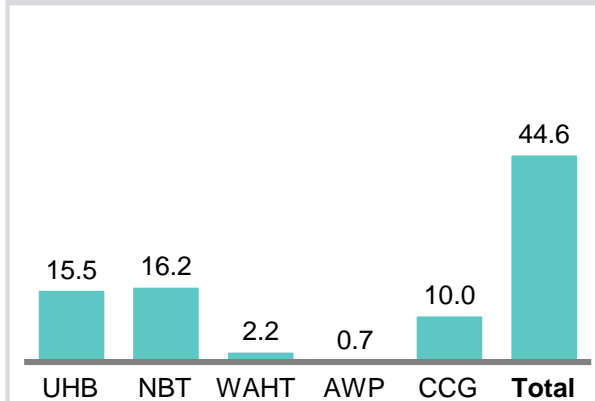
2017/18 STF Funding

£m



2018/19 STF Funding (Planned)

£m

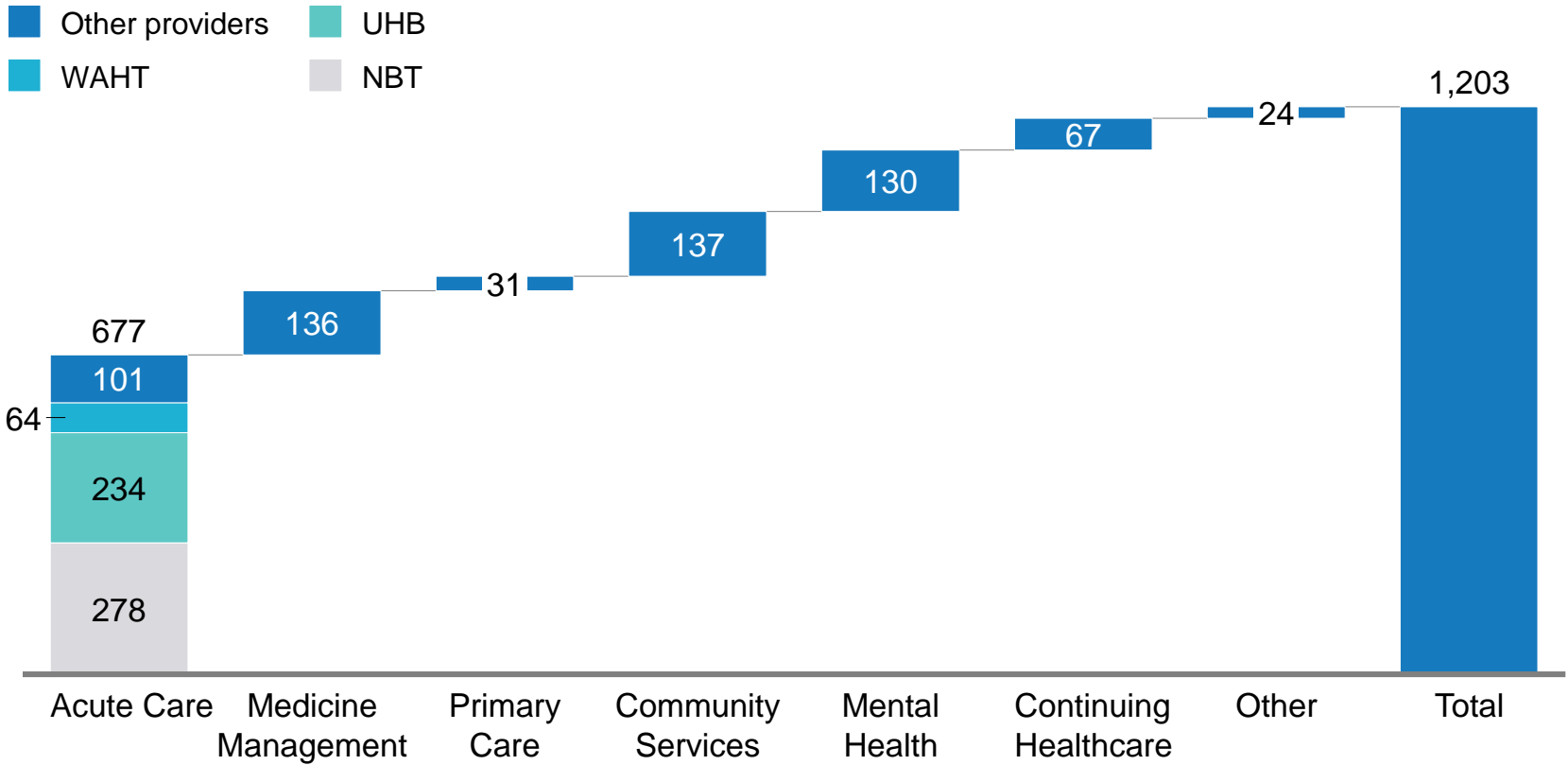


BNSSG CCG Cost Statement – 2017 / 18



Total Commission Cost, 2017 / 18

£m



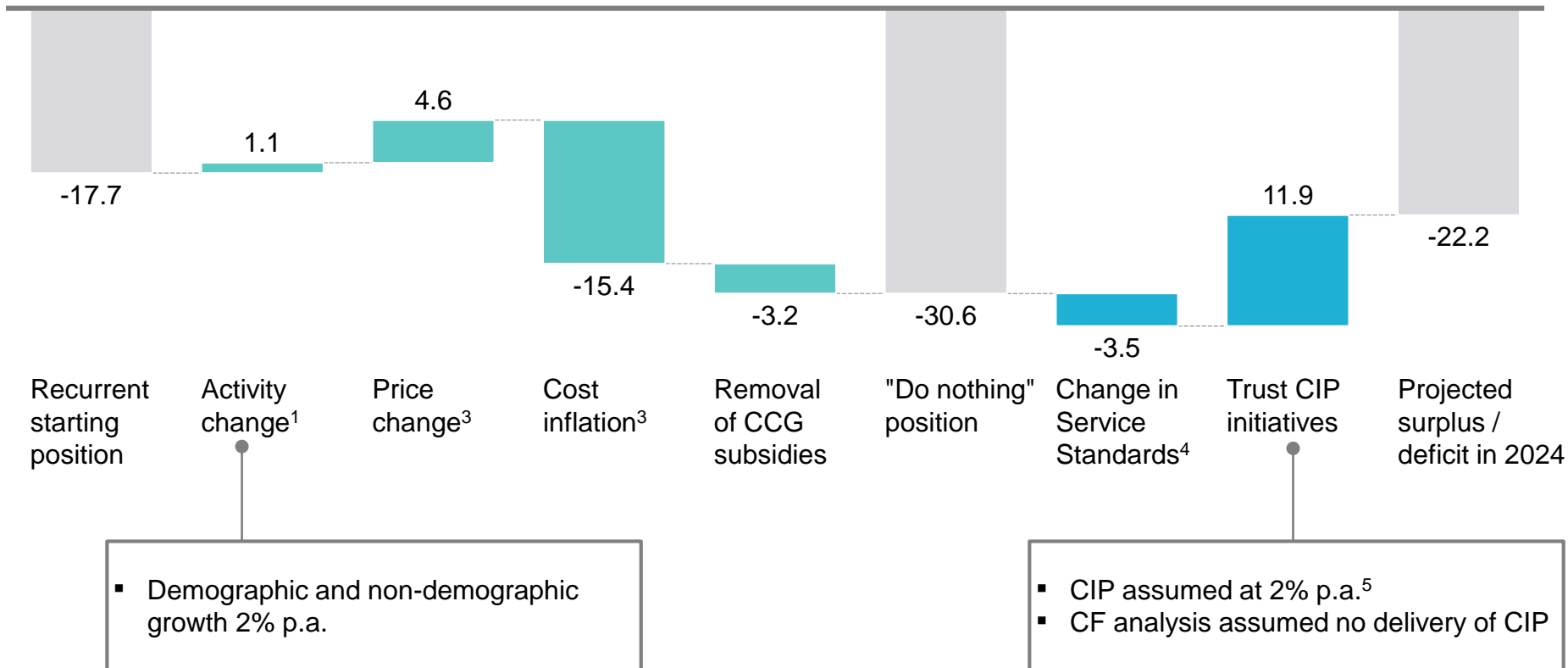
Acute care costs make up **56.3%** of total CCG costs

Even assuming no demand management WAHT deficit will increase to £22.2m by 2024

Demand management 0% p.a.²

- External factors on "do nothing"
- Impact of Trust "must dos" on "do nothing"

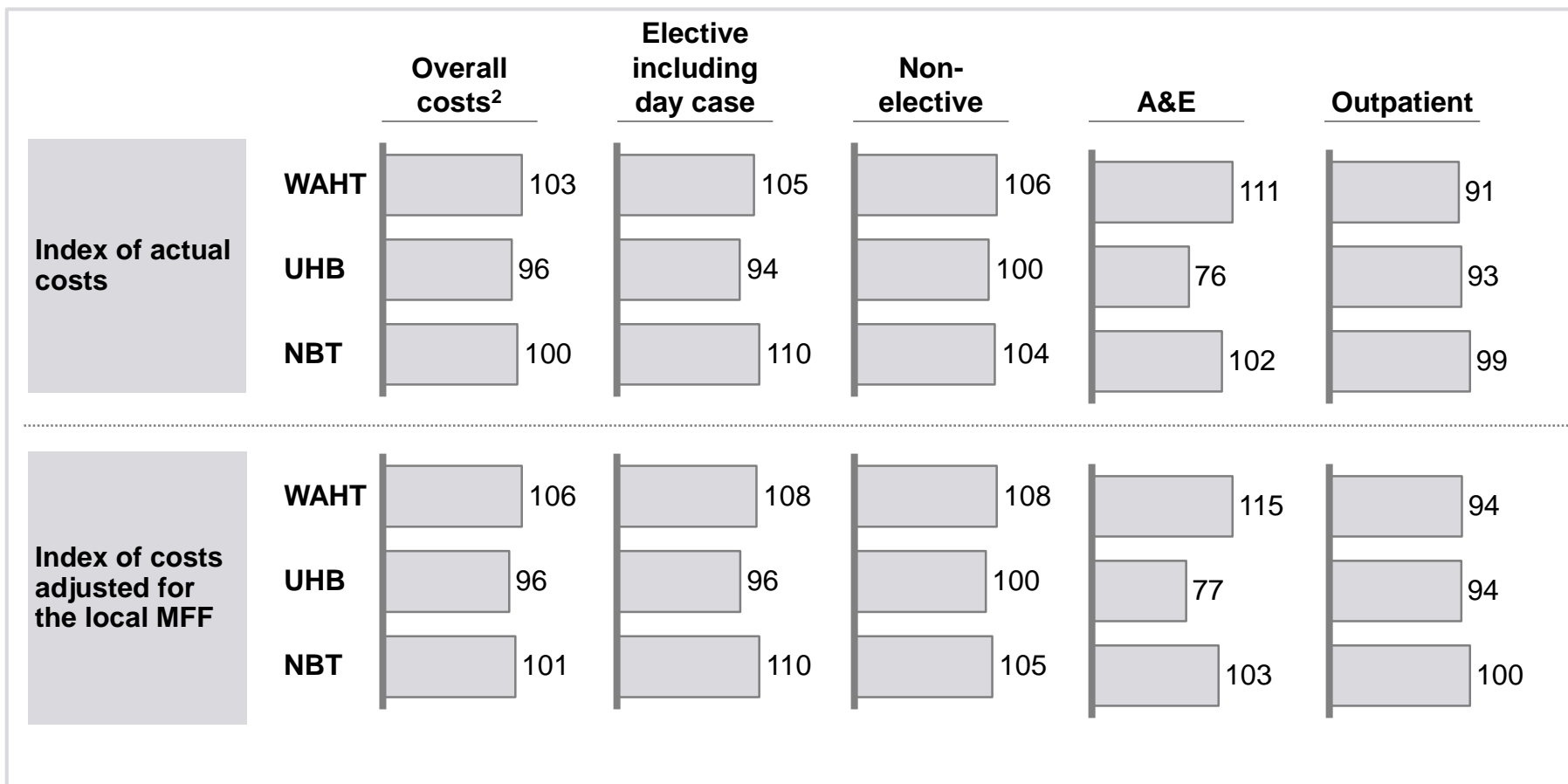
Baseline I&E projection for Weston NHS Trust from 2019 to 2024, £m



1 Assumptions from historical activity, ONS population projections and CCG assumptions, with new activity adding cost using a varying scaling factor;
 2 CCG currently has no view on its planned QIPP; historically achieved 1.8% in 2017/18 without provider support but will require additional support going forward to achieve new targets;
 3 Assumption from NHSI economic planning guidance;
 4 Assumed growth of 1% per year on permanent staff costs as per national assumptions – no current CCG assumptions;
 5 No current CCG assumptions

Services at Weston were higher cost than elsewhere in 2016/17, especially when adjusted for Market Forces Factors

Reference costs indexed to national costs (national average indexed at 100)¹



¹ National costs adjusted to the case mix of each hospital

² Excluding excess bed days

CF analysis: Repatriation of activity and consolidation of elective care could result in additional ~£9.5m of income for WAHT

| | | <u>Spells</u> | <u>Theatre sessions</u> | <u>Beds</u> | <u>Upper bound contribution: Full transfer</u> £ Millions | <u>lower bound contribution: Franchise model</u> £ Millions |
|-----------------------------------|---|---------------|-------------------------|-------------|--|--|
| Repatriation of existing services | Non-elective activity | 2,078 | 204 | 25 | 2.2 | - |
| | Elective activity | 894 | 307 | 7 | 2.0 | - |
| | Daycase activity | 2,233 | 909 | - | 1.5 | - |
| Elective inpatient consolidation | Non-complex orthopaedics | 3,321 | 1,107 | 21 | - | 1.8 |
| | Non-complex urology | 1,750 | 357 | 9 | - | 0.6 |
| Repatriation of new services | Repatriation of additional daycase activity | 3,489 | 488 | - | 1.4 | - |
| Healthy Weston | Healthy Weston: 24/7 A&E | - | - | - | -0.7 | -0.7 |
| | Healthy Weston: 14/7 A&E | - | - | - | -0.4 | -0.4 |

CF analysis: Taking all productivity and repatriation opportunities, modelling has suggested a gap of over £14m vs. do nothing by 2022/23

Scenario 1a:
Financial impact of the productivity scenario with a 24/7 A&E (£m)



Scenario 1b:
Financial impact of the productivity scenario with a 14/7 A&E (£m)

