

13 June 2019

Weston General Hospital  
Grange Road, Uphill  
Weston-super-Mare  
Somerset  
BS23 4TQ

Dr Jonathan Hayes  
Clinical Chair

Ms Julia Ross  
Chief Executive

NHS Bristol, North Somerset and South  
Gloucestershire Clinical Commissioning Group  
South Plaza  
Marlborough Street  
Bristol BS1 3NX

Tel: 01934 636363  
Direct Line: 01934 647001  
Website: <http://www.waht.nhs.uk/>

Dear Jonathan and Julia

### **Healthy Weston Public Consultation**

The Weston Area Health NHS Trust Board welcomes the Healthy Weston consultation and especially its aim to assure the future of Weston General Hospital. As you will know, our Board is keen to ensure that the vast majority of hospital healthcare remains locally accessible to the people of Weston-super-Mare, its environs and to a proportion of the Somerset population; a population with significant variations in its demographic and epidemiological characteristics. Whilst we appreciate that our Executive colleagues will have shared some of the Board's position on the Healthy Weston proposals in their normal work across the system, the Board especially wished to formally share our response to the consultation proposals so that they might be taken into account in your decision making process. This response follows the structure of your consultation document.

1. Having GPs admit more people who need emergency care directly to a hospital bed, which would be available 24 hours a day.

*The Board considers the development of direct admission pathways (such as the fractured neck of femur pathway already delivered) to the hospital is an important provision especially during the night time. The Board support this proposal and would encourage the opportunity to maximise the number of appropriate pathways.*

2. Having GPs work alongside hospital staff in the A&E, to treat patients who need urgent care but don't need to be seen by a specialist doctor.

*The Board continues to encourage a multi-disciplinary approach to the front door of A&E which we envisage will improve patient outcomes, reduce patient waits and improve flow across the hospital. We have welcomed presentation by colleagues who make up Pier Health at our Board Meeting and were encouraged by the enthusiasm they have of attracting GPs who seek a portfolio career to include providing hospital based services. We are keen for the hospital to play its part in helping to recruit and retain GPs and other emergency care clinicians. The Board supports this proposal.*

3. Having the A&E Department open from 8.00 am to 10.00 pm, seven days a week, as it has been temporarily since July 2017.



*The Board made the decision to temporarily close the A&E Department overnight because we couldn't guarantee the provision of safe staffing levels. It has been the Board's stated approach that we would seek to improve the staffing of the A&E Department to support a safe re-opening of the department for the commissioned 24 hour period. 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.*

*The Trust is awaiting feedback from the Care Quality Commission which will include comment on the current 14/7. This is likely to fall outside the consultation period; however, it will be pertinent to any next steps. This will be forwarded to the Clinical Commissioning Group when available.*

4. Providing critical care for very ill people in a High Dependency Unit at Weston General Hospital, with the most seriously unwell people who need an Intensive Care Unit being cared for in Bristol or Taunton.

*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.*

5. Providing emergency surgery where possible during the day. People who need immediate surgery overnight, or more complex cases, would have surgery in Bristol or Taunton before being returned to Weston General Hospital for ongoing care, once they are well enough.

*The Board recognises the challenge with regard to overnight emergency surgery at our hospital which could detrimentally impact patient safety over time due to low numbers. Whilst we recognise that the effect of this change potentially impacts a small number of patients, our population would benefit from improved ambulatory access for those requiring emergency surgery in the daytime rather than sending them to other hospitals. The Board supports the proposal to move overnight emergency surgery from site.*

6. Developing a joined up (integrated) team focused on supporting frail older people, including community and hospital specialists and Social Care workers.

*The Board is proud of the development of the North Somerset Frailty Services and the Front Door Services delivered by our Team. Undoubtedly this work would benefit further from greater integration which we support. Our current experience of high numbers of elderly patients awaiting domiciliary care in order to be discharged demonstrates just how important it is that we redesign care for our older and more frail patients.*

7. Providing urgent care for children at Weston General Hospital from 8.00 am to 10.00 pm, seven days a week. Currently it is 9.00 am to 8.00 pm, five days a week.

*The growing population and high number of summer visitors to Weston-super-Mare makes this proposal a strong enhancement which the Board supports.*

8. 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.

*The Trust have worked closely with Avon and Wiltshire Mental Health Partnership NHS Trust to deliver services for patients with mental health, yet recognise that our A&E Service is often not the most appropriate setting for those who require urgent services. The Board support this proposal.*

9. Having more planned operations at Weston General Hospital. By 'planned' we mean surgery that is scheduled, not done in an emergency.

*Through our own feedback from patients we know that further elective surgery completed closer to home is their ambition. Our Orthopaedic Consultants continue to work with regional partners to enable more work to be repatriated to Weston Area Health NHS Trust, yet the Board recognise that there has to be a seed change in the system's commissioning of this service to fully implement this ambition. The Board support this proposal.*

10. Having General Practitioners working more closely together in larger groups.

*Our patients, especially those who attend our A&E with minor ailments advise that improving access to general practice would enhance their interaction with the local NHS. As above, the Board were heartened by the recent presentation from Pier Health.*

*Items 6-10 describe a short list of enhancements / additions to services at Weston General Hospital. The Board recognise that these form part of the wider Healthier Together programme and look forward to the development and delivery of other local services at our hospital for our population, where we would especially highlight the need for further improvements to mental health services for our patients.*

11. 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.

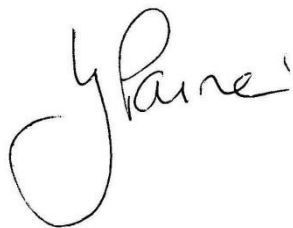
*The Board have discussed the longer term ambition (which we consider as the original Model 27b) and conclude that as presented, it could be a threat to the provision of sustainable hospital services in Weston-super-Mare. Over the period of the Healthy Weston consultation we have seen a larger than normal 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 BNSSG. Simon Stevens stated in his recent lecture to the Royal Society of Medicine:*

*“But the fact is that in many [deprived] communities, there is a sense that these services are at risk of being eroded. This is being driven by the concentration of certain capital-intensive equipment. And at the same time, [by] the digitisation of [healthcare] interactions which are hollowing out the district general hospital model as conceptualised by the 1962 hospital plan for England. So, in many parts of the country people are concerned about the future of their hospital services and that shows up as protests, it shows up as a political activity and it shows up as a sense of the tide going out from a number of these communities. I don't think we should ignore those views. One of the things that the health service has got to get right over the next five to ten years is not only thinking about the clinical case for change, which may indeed be strong in services such as stroke, major trauma and certain other disciplines, but also to get more creative in [developing] staffing and clinical models that will enable us to sustain some of these services in communities where their absence will produce all kinds of second and third order effects in terms of jobs and economic impact and social cohesion”.*

*The longer term ambition must, therefore, consider how best to avoid these symptoms whilst encouraging greater integration of services (which the Board supports) so that safe healthcare is delivered 'without barriers' to our population, many of whom find travel to other towns and cities distressing and difficult to achieve (for instance) with reducing bus services. The Board also seek to assure our staff that the hospital is a great and secure place to work and that many of their career aspirations can be satisfied through local employment.*

We and our Board colleagues continue to support the Healthy Weston Programme and its aspiration for a stronger and more focused hospital in Weston. We trust that our specific responses to the consultation questions are clear and will be given your fullest consideration.

Yours sincerely

A handwritten signature in blue ink that reads "Grahame Paine". The signature is written in a cursive style with a large, looped initial 'G'.

Grahame Paine  
**Chairman**

A handwritten signature in blue ink that reads "James Rimmer". The signature is written in a cursive style with a large, looped initial 'J' and a long, sweeping underline.

James Rimmer  
**Chief Executive**