WESTON-SUPER-MARE TOWN COUNCIL

Town Mayor: Councillor Mike Lyall

Town Clerk: Malcolm L. Nicholson LL.B, DMS, PSLCC



Julia Ross, CEO Bristol, North Somerset & South Glos CCG South Plaza Marlborough Street Bristol BS3 3NX

28th March 2019

Dear Ms Ross,

MOTION TO COUNCIL – 21ST JANUARY 2019
RESTORATION OF A 24/7 ACCIDENT AND EMERGENCY SERVICE
AT WESTON GENERAL HOSPITAL

Thank you for your letter dated 5th February. I placed this before the Town Council for consideration at its full meeting on Monday 18th March.

My council is pleased that that there is a consultation process as requested and notes that there are 'similarities' between the consultant's model and the options put forward by the CCG. My Town Council remains of the strong opinion that, to meet the needs of the rapidly growing population of the town and area, there should be a restoration of a 24/7 Accident and Emergency service at Weston General Hospital in accordance with the carefully crafted proposals from the consultants' body.

My Council requests that the CCG respond to a number of specific questions on your proposals for Weston General Hospital. I attach a copy of the questions to which my council would request an answer within 14 days of receipt of this letter.

I look forward to hearing from you in response.

Yours sincerely

Malcolm L Nicholson LL.B, DMS, PSLCC

Town Clerk

Copies to

Jonathan Hayes – Bristol, North Somerset and South Glos CCG

Margaret Blackmore – Chair, Patients' Council, Weston General Hospital

Grove House, Grove Park, Weston-super-Mare, Somerset BS23 2QJ. Tel: 01934 632567

E-mail: admin@wsm-tc.gov.uk Website: www.wsm-tc.gov.uk



Statement:

Following Ms Julia Ross's letter dated 5.2.19 addressed to Town Clerk, Weston super Mare Town Council, this Council would formally ask that the Bristol, North Somerset and South Gloucestershire Commissioning Group respond to the following questions on their proposals for Weston General Hospital. This Council requests a reply in writing within the next 14 days.

Question	Answer
What provisions do you have in your model to provide care to patients with illnesses and injuries after 10pm?	
Would they call an ambulance?	
How many General Practitioner vacancies are there in North Somerset?	

What provisions are there for patients who need stabilisation but don't necessarily need tertiary care after 10pm? Would they go to Bristol or Taunton?
anywhere else in the country, managed to attract General Practitioner to this type of model?
the Bristol, North Somerset & South Gloucestershire Commissioning Group have that they will be able to find enough to establish, and maintain, the resilience of their model? Has an out of hours acute service based around Group Group in the service based around Group in the ser
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The Weston Consultants believe that their model is viable but wish to pilot it to ensure it is robust. Does the Bristol, North Somerset and South Gloucestershire Commissioning Group support such a pilot?
Would downgrading of Intensive Care Unit mean that all surgical emergencies will have to be transferred to Bristol?
Would downgrading of Intensive Care Unit mean that Weston hospital cannot accept any emergencies at any time of day?

If the consultant's model is viable but there are anxieties over resilience, how can the Bristol, North Somerset and South Gloucestershire Commissioning Group help?	The consultants at Weston have proposed a 24/7 Emergency Department model (to be implemented in 3 phases). What has the Bristol, North Somerset and South Gloucestershire Commissioning Group done to help support this initiative?	When will this pilot begin?

Bristol's Hospitals Trust are there plans for a single Emergency Department servicing both the BRI and Weston General Hospital? There is a major trauma 24/7 Emergency Department just 3.4miles from the BRI at Southmead. Why is the proposal for Weston Emergency Department 14/7, when the traveling distance is much further? Currently 24/7 Emergency Department is commissioned for the residents of Bristol, through Emergency Departments in Southmead and BRI. Then why would the Bristol, North Somerset and South Gloucestershire Commissioning Group not wish to commission 24/7 Emergency Department services at Weston, if these can be provided safely?	
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Following the coming together of Weston Area Health Trick and India.	Following the coming together of Weston Area Health Trust and United Bristol's Hospitals Trust are there plans for a single Emergency Department servicing both the BRI and Weston General Hospital?

How can the Bristol, North Somerset and South Gloucestershire Commissioning Group reassure the residents of Weston super Mare that there is no long-term plan to turn Weston Hospital into an Elective Treatment Centre and Frailty Service with all major elective and emergency services being provided in Bristol?
represents a high quality service, why are there no plans to implement this model across Bristol and reduce Emergency Department activity at Southmead and BRI?
Is it the policy of the Bristol, North Somerset and South Gloucestershire Commissioning Group to ensure an equity of access to high quality out of hours emergency care uniformly across the Bristol, North Somerset and South Gloucestershire Commissioning area?

Does the CCG acknowledge that the clinical outcomes from Weston's ITU are a least as good as those of neighbouring Trusts?	Does the Bristol, North Somerset and South Gloucestershire Commissioning Group recognise that their proposal may impact on the longstanding clinical pathways for specialist emergency care, such as patients with cardiac problems that may require acute interventions or stroke patients that may require the same?	Have the Bristol, North Somerset and South Gloucestershire Commissioning Group considered a model that allows for Weston to expand as an acute centre of secondary care, with the transfer of secondary care services from the BRI to allow the BRI to develop its tertiary care services?