

# HEALTHY WESTON

PUBLIC DIALOGUE & CODESIGN THEMES

INDEPENDENT SUMMARY



OCTOBER 2017 – MARCH 2018



THE  
Evidence  
Centre

# Key messages

*Healthy Weston: Joining up services for better care in the Weston area* set out a vision for more joined up health and care services for Weston-super-Mare, Worle, Winscombe and the surrounding areas. Between 18 October 2017 and 2 March 2018, the *Healthy Weston* programme invited people to be part of a public dialogue and codesign process to help plan services. In total, **1,627** pieces of feedback representing 2,518 people were received including notes from workshops, survey forms, emails, letters and social media posts. An independent team compiled themes from feedback.

## Healthy Weston vision

The overall vision set out in *Healthy Weston* described services working in a more joined up manner, with strengthened and streamlined care inside and outside hospital. Amongst the 1,311 pieces of feedback that commented about the vision, 89% supported it in principle. People from different parts of the local area, men and women and those from all age and ethnic groups were equally likely to support or challenge the vision. Those that raised challenges were concerned about whether it would be feasible to implement the vision and whether the approach was a way to save money.

## Key things to consider

*Healthy Weston* described possible ways to improve how general practices work together, offer a hub of community services on the site of Weston General Hospital and develop a stronger more focused hospital. There were some overarching factors that people wanted taken into account, no matter what the topic. These included:

- the characteristics of the **local population** including the growing number of residents and tourists, increasing elderly and the needs of vulnerable groups
- **staffing issues**, including the need to recruit, retain and train staff to support better working across organisations and services
- the need to consider Weston in the context of other services and how services could be better **interlinked**
- issues with **transport**, including the limited availability and cost of public transport, difficulties driving to other areas and limited and costly parking
- issues with resources and **infrastructure** including adequate funding, buildings and information technology
- the **implementation approach**, including providing more details about potential developments and ongoing ways of being involved in planning

## Care outside hospital

The *Healthy Weston* survey asked about people's highest priorities for care outside hospital, including general practice and care in the community. Priorities included:

- GP clinics, community services and hospital services **working closely** together
- getting a healthcare appointment on the **same day**
- health services helping people to **look after themselves** and stay well

## Community hub at Weston General Hospital

*Healthy Weston* proposed offering a range of services in a hub on the site of Weston General Hospital, potentially including diagnostic tests, chemotherapy, services for children, services for the frail and elderly, mental health services and clinics for people with long-term conditions. 76% of feedback that commented about this supported this idea. Challenges and things people wanted taken into account included:

- worries about accessibility, including issues with **public transport** and parking
- concern that this approach would result in **less quality or quantity** of services
- perception that services need to be **specialised**, not all 'lumped together'
- the need to **separate** some groups from others, for instance older people or those with mental health needs could be seen separately from children

## Stronger, more focused hospital

The Accident and Emergency (A&E) Department at Weston General Hospital is temporarily closed between 10pm and 8am due to long-standing difficulties recruiting enough permanent doctors to run the service safely overnight. *Healthy Weston* suggested that some people who needed emergency care may be able to be **admitted directly to hospital wards** rather than being admitted through A&E. 33% of feedback that commented about this supported this approach. Concerns included how decisions about admission would be made, whether there would be enough staff available to support admissions to wards and the impact that this could have on other services including wards and ambulance teams.

75% of all feedback received raised concerns about the provision of A&E more generally. People believed that Weston General Hospital should have a 24 hour A&E service due to the large and growing local population, concerns about the perceived safety, cost and inconvenience of travelling elsewhere in an emergency, pressure on ambulance services, and the limited capacity of other A&E Departments to cope.

*Healthy Weston* stated that the **midwife-led unit** at Weston General Hospital had a relatively low number of births. 22% of feedback that commented about this supported asking families who wanted to use a midwife-led unit to have their babies at Bristol, with care before and after birth in Weston. 46% did not support this and 32% did not mind either way. Challenges raised included difficulties, cost and perceived safety issues travelling whilst in labour, reduction in choice and wanting to sustain existing good quality local services. An alternative proposed was to rotate midwives through both Bristol and Weston, so midwives could keep their skills up to date.

## Planning next steps

People who took part in workshops were reportedly positive about the *Healthy Weston* approach to involving people and wanted to continue being involved. In the *Healthy Weston* survey, people were asked about criteria that the NHS should take into account when weighing up different possibilities. The criteria prioritised were:

- population numbers and needs (48% of survey responses)
- time to travel to services when it is an emergency (48%)
- number and type of staff available to run the service safely (41%)
- ways the NHS could be more efficient (23%)

The NHS has committed to consider all feedback when planning next steps.

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This document was prepared by The Evidence Centre, an independent organisation helping teams use information for improvement. The document sets out feedback provided by people from Weston, Worle and surrounding areas. The feedback represents people's opinions, rather than objective facts. Views from a wide range of people are included and not every person who provided feedback will agree with all of the points raised. The opinions expressed do not represent an official view from the NHS, partner organisations, organisations that responded or The Evidence Centre.

5 March 2018

# Healthy Weston

*Healthy Weston: Joining up services for better care in the Weston area* set out the NHS' vision for more joined up health and care services for Weston-super-Mare, Worle, Winscombe and the surrounding areas. The stated aims were to:<sup>1</sup>

- support local people to stay well
- look after people at home or in the community, keeping them out of hospital
- help those who go to hospital get home faster, with support if needed
- develop stronger general practice services alongside community services
- join up health and social care services to support people more effectively
- reduce the gap between levels of health for poorer and wealthier people
- deliver better health and social services to the people who need them most such as frail people, children, pregnant women and vulnerable people including those with mental health needs, learning difficulties or drug or alcohol issues
- secure a strong and vibrant future for Weston General Hospital

The *Healthy Weston* programme is part of the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership, which is made up of 15 local health and care organisations. NHS North Somerset Clinical Commissioning Group is facilitating the programme.

Between 18 October 2017 and 2 March 2018, the *Healthy Weston* programme invited individuals and organisations to be part of a public dialogue and codesign process to consider improving services in Weston. This built on feedback previously received from local people, which reportedly helped to shape *Healthy Weston*. The dialogue process involved gathering feedback from:

- an event for organisations across health and social care
- eight meetings open to the public
- six workshops about children's services, maternity care, vulnerable groups, older people, care homes and services at the site of Weston General Hospital
- five meetings open to staff from healthcare organisations
- visits to 27 committees, community groups and voluntary sector organisations
- an online survey
- Facebook posts and tweets posted on the Clinical Commissioning Group's pages, in response to advertised posts or mentioning 'Healthy Weston'/'HealthyWeston' or 'Weston General Hospital'
- emails, letters or telephone feedback submitted to the programme

Local people and organisations provided feedback about *Healthy Weston* and suggested factors that the NHS should take into account when planning next steps. This document summarises themes from the feedback, highlighting where people were positive about the proposed direction of travel and areas of challenge. The summary was compiled by an independent team, outside the NHS.

1 Wording drawn from *Healthy Weston: Joining up services for better care in the Weston area* released by the NHS in October 2017.



# Independent summary

## Process used to compile feedback

The *Healthy Weston* programme reportedly read all of the feedback received during the public dialogue period to help plan next steps. The programme also wanted a straightforward summary of the most commonly recurring themes across all of the types of feedback.

The programme shared survey responses, copies of correspondence and notes from dialogue events with an independent team. The independent team read every piece of feedback, numerically coded each comment within the feedback and drew out recurring themes using qualitative and quantitative methods. The themes summary was provided to the NHS within one working day of the conclusion of the dialogue period. The independent summary of themes did not seek to describe the detail of individual responses and is not a substitute for reviewing individual correspondence, meeting notes or surveys.

## Caveats

There are some things to bear in mind when interpreting the themes summary:

- The feedback represents people's **opinions**, rather than objective facts.
- Views from a wide range of people are included and not every person who provided feedback will agree with all of the points raised.
- The themes cannot be generalised to represent the opinions of all people in Weston and the surrounding areas. It summarises what people who took the time to provide feedback contributed.
- The extent to which themes could be compiled was influenced by the level of detail in feedback. For instance, some notes from meetings were not detailed and some survey responses or tweets stated support or challenge for a particular approach without noting the reasons for this view.
- The number of pieces of feedback that mentioned each theme was counted. However caution is needed when interpreting these numbers because **one 'response' or piece of feedback did not necessarily equate to one person**. Pieces of feedback varied in size and scale, with some comprising a short tweet from an individual, others a letter representing an entire organisation and others being notes from meetings with many participants, for example. It would not be appropriate to count a meeting with 30 people as the same as a survey form from one person. Notes from meetings comprised just 3% percent of pieces of feedback, but these meetings included 950 people. The number of pieces of feedback that mentioned each theme was included to illustrate the extent to which themes recurred, but this does not represent the proportion of the population or of all people engaged who may hold a certain view.

# Feedback received

## Types of responses

Between 18 October 2017 and 2 March 2018, the *Healthy Weston* programme received **1,627 pieces of feedback**, representing comments from at least 2,500 people and organisations. Table 1 lists the types of feedback from which themes were compiled.

Overall, 96% of responses came from people sharing their own views, 1% were from groups or organisations and 3% were notes from meetings or workshops. The groups that provided feedback included voluntary sector organisations, statutory services and a lobby group.

Table 1: Sources of feedback included in the independent summary of themes

Source of feedback	Number of pieces of feedback	Number of people represented
Surveys	1,342	1,334 + 8 groups
Social media posts	224	222 + 2 groups
Notes from meetings and workshops	46	950
Letters and emails	15	10 + 5 groups
<b>Total</b>	<b>1,627</b>	<b>2,518 + 13 groups</b>

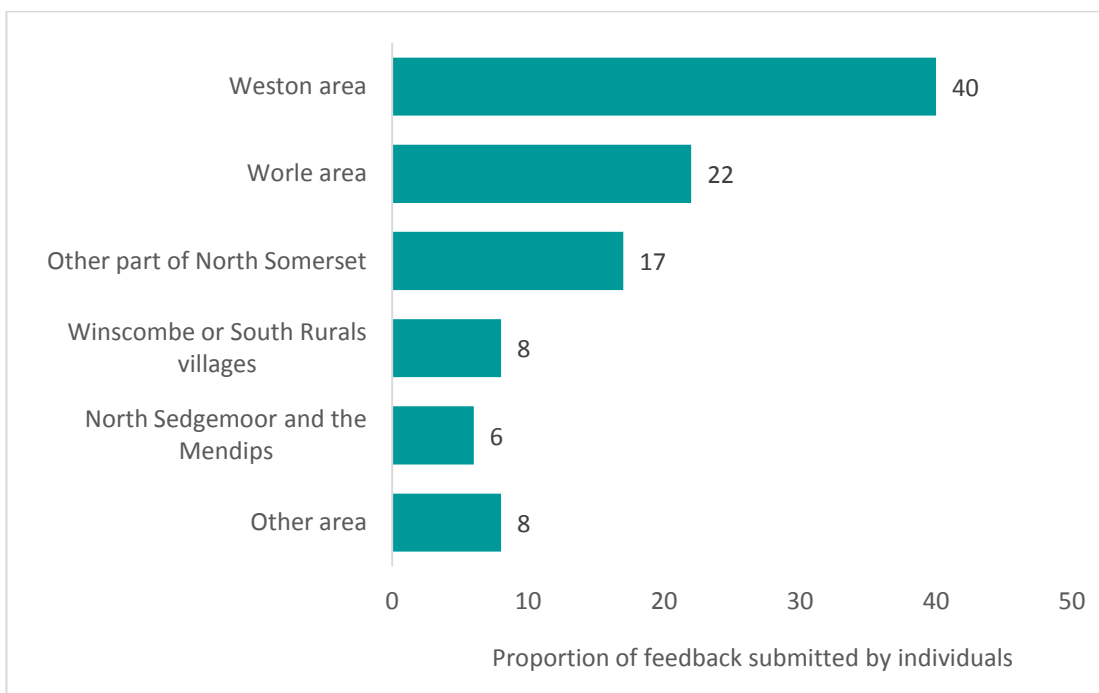
Note: People and groups who provided more than one piece of feedback are counted multiple times in these figures.

## Characteristics of people providing feedback

Where people shared their own individual views, where known about two fifths were from Weston (40%) and one fifth were from Worle (22%), with most of the rest from surrounding areas (see Figure 1). Eight out of ten of people who provided feedback said they were people who used services, carers or members of the public (80%) and 13% were workers providing health or care services (see Figure 2).

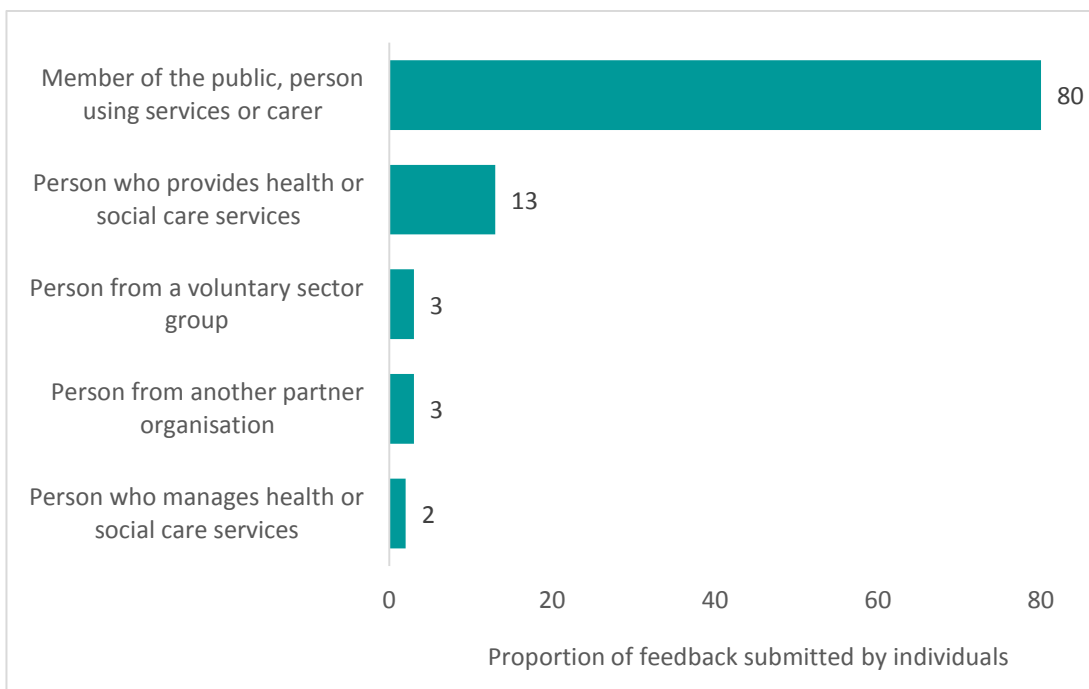
Two thirds of feedback submitted by people sharing their own views was from women (68%) and one third from men (32%). Three people identified their gender as 'other.'

Figure 1: Place of residence of people who provided feedback



Note: based on 1,305 pieces of feedback from individuals that stated their place of residence.

Figure 2: Types of people who shared their views

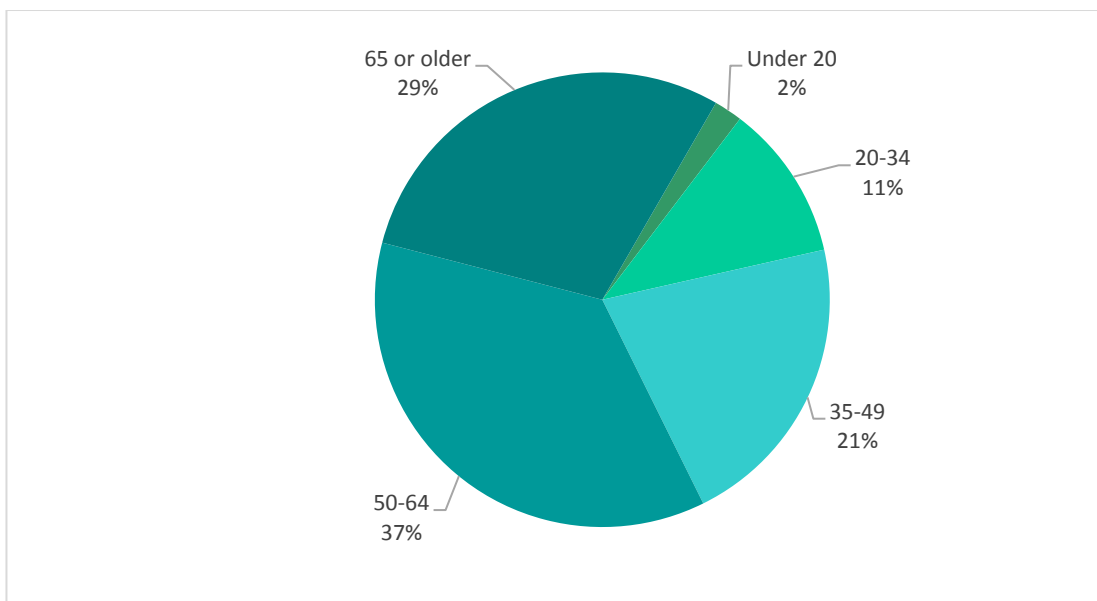


Note: based on 1,304 pieces of feedback from individuals who stated their 'main role'.



Only people who completed surveys were asked about their age and ethnic group. This information was collected to help the *Healthy Weston* programme understand whether a wide range of people participated in the dialogue. Two thirds of surveys submitted by people sharing their own views were from those over the age of 50 (66%, see Figure 3). 97% of surveys submitted by individuals were from people who identified as White / White British, 1% were Asian / Asian British, less than 1% were Black / Black British and 2% said they were from other ethnic groups.

Figure 3: Age groups of individuals responding to the Healthy Weston survey



Note: based on 1,315 survey responses from individuals.

The *Healthy Weston* survey also asked about people's health conditions and their use of health services. One quarter of individuals who completed the survey said they had a long-term physical health condition (25%), 8% had a physical disability and 8% said they had a mental health condition. Fourteen percent said they were an unpaid carer of someone with a health condition and 8% a parent of a child aged under five years. The *Healthy Weston* team can use this information to check whether people providing feedback have similar characteristics to the local population. These characteristics can also be used to understand whether some groups of people are more likely to support or challenge aspects of the *Healthy Weston* approach.

60% of people who answered the survey as an individual said that they had used general practice services in the past six months, 7% said they had used community health services in the past six months, 17% had used the Weston Accident and Emergency Department in the past six months and 6% said they had been admitted to hospital in Weston in the past six months. The *Healthy Weston* team can use this information to gauge whether those engaging in the dialogue process were more or less likely than the general population to have used various health services recently.

This type of information was not available from people who provided feedback at meetings, in workshops or via social media or correspondence.



# Overall vision

## Key points



1,311 pieces of feedback commented about the overall *Healthy Weston* vision (81%).



On average, nine out of every ten pieces of this feedback were positive (89%) and one out of ten raised challenges.

Feedback was particularly positive about encouraging health and care organisations to work together.

Some pieces of feedback wanted more information about how things would work in practice. Others were concerned that the vision outlined in *Healthy Weston* was based on a desire to save money.

*Healthy Weston* described a vision of health and care services working more cooperatively to address the needs of local people, with the people using services at the heart of decision-making. The emphasis was on enhancing general practice care, integrating community services and creating a stronger, more focused hospital. Feedback that explicitly commented on the *Healthy Weston* vision was generally favourable. For example, **89% of survey responses said they would be happy for health and care organisations to be encouraged to work more closely together.** One percent said they would not be happy with this and 10% said they would not mind either way.

*“There is a large ‘gap’ between medical and social services which needs closing quickly. If it is done correctly it should save lives, time and money.”*  
(Survey from member of the public)

*“There has always been a division between health and social care services. We need more joined up working to provide a more effective service tailored to individual needs.”* (Survey from person who provides health or care services)

Men and women and those from different ethnic groups were equally likely to be positive. The older people were, the less likely they were support encouraging health and care organisations to work more closely. Similarly those from North Sedgemoor and the Mendips were slightly less likely than other areas to support this.<sup>2</sup>

<sup>2</sup> Throughout this document, any references to differences between groups are based on statistical significance tests at the 95% level of confidence ( $p < 0.05$ ). This means that it is unlikely that the differences noted occurred by chance.

Some pieces of feedback suggested the broad vision was positive, but that more information was needed about how ideas would be put into practice and the specifics of how health, social care and the voluntary sector would work together more effectively (17 pieces of feedback).

Features of the *Healthy Weston* vision that were deemed particularly positive included:

- an opportunity for better coordination and patient-centred care (178 pieces of feedback)
- the potential for easier access to services (88 pieces of feedback)
- better use of resources (69 pieces of feedback)
- improved services and support for vulnerable groups, children and the elderly (48 pieces of feedback)
- a welcome focus on prevention and self-care (8 pieces of feedback)
- the perception that plans were based on evidence and what has worked well in other areas (6 pieces of feedback)
- the potential to use information technology to greater effect (6 pieces of feedback)
- the innovative nature of the approach, deemed by some to be exciting and different (4 pieces of feedback)

**About one out of every ten pieces of feedback raised challenges** about the overall *Healthy Weston* vision. The most common concern was that the vision was an attempt to save money or was a result of not having adequate resources to maintain current services.

*“This is a laudable statement of intent. However so far as we can ascertain, there is little money to achieve this so it may not happen properly or efficiently, if at all. If it does happen it will rely increasingly on volunteers or families. This is no way to plan for the NHS of the future.”* (Email from group)

Two pieces of feedback suggested that *Healthy Weston* appeared to assume that there were enough services available and that the main improvement needed was integration of these services, whereas in this view there were significant gaps in services.

The overall impression was that people and organisations that provided feedback thought that the underpinning vision of *Healthy Weston* was of merit, but questioned the rationale and how such ideas would work in practice. There was a concern that services may be withdrawn or less accessible than currently.

# Things to consider

## Key points



Whether people were commenting about the overall *Healthy Weston* vision or specific types of services, there were some cross-cutting issues that people thought the NHS should consider. 550 pieces of feedback commented about things that the *Healthy Weston* programme should take into account when planning next steps (41%).

These included:

- characteristics of the **local population**, including growing numbers of residents and new housing developments, increasing numbers of elderly residents, additional demands from tourists and addressing inequality and the needs of vulnerable groups (5% of all pieces of feedback received mentioned this)
- **staffing issues**, including the need to recruit, retain and train staff to support better working across organisations (11% of all pieces of feedback received)
- the need to consider Weston in the context of other services and how services could be better **interlinked** (7% of all pieces of feedback received)
- issues with **transport**, including the limited availability and cost of public transport, difficulties driving to other areas and limited and costly parking (3% of all pieces of feedback received)
- issues with resources and **infrastructure** including adequate funding, buildings and information technology (IT) (7% of all pieces of feedback received)
- the **implementation approach**, including providing more details about potential developments, building the reputation of existing services and continuing to engage with local people during the planning process (4% of all pieces of feedback received)

In total 550 pieces of feedback provided 805 comments about overarching issues relevant to the *Healthy Weston* vision and services covered within it. These were issues that cut across different aspects of care rather than responding to suggestions about specific services (which are described overleaf).

## Population characteristics

Eighty pieces of feedback suggested that *Healthy Weston* should take into account the characteristics of the local population when developing plans. People suggested that:

- it is important for services to accommodate the growing population in Weston, Worle and surrounding areas, including influxes due to tourism (45 pieces of feedback)
- there are a growing number of elderly people living in Weston and surrounding areas (11 pieces of feedback)
- services should be developed to take account of particularly vulnerable groups and health and social inequalities (9 pieces of feedback)
- a lot of people from outside the country might be using health services and services may be reliant on international staff (8 pieces of feedback)
- it is important to make sure that services are appropriate for local people (7 pieces of feedback)

Examples of feedback emphasising the need to consider population characteristics included:

*“Weston and area has a large and growing population with many poverty-stricken people, elderly, single parents, mentally ill etc. Travelling to Bristol or Taunton is stressful, expensive and confusing for many local people.”* (Survey from member of the public)

*“Think about the projected population e.g. new build housing in Weston, increasing number of families requiring health care - what services will they need?”* (Survey from person providing health or social care)

*“I would support an integrated, well-resourced community service and this should be based on in depth research about the local needs rather than adhering to central government cuts. I strongly believe in the NHS as a service and not a business for profit for shareholders and in my opinion proper research is required about the needs of the local population and the results should then be the driving force before any changes are made.”* (Survey from member of the public)

The *Healthy Weston* programme identified some population groups as particularly in need of detailed consideration and hosted workshops to discuss ways to improve services for these groups. The NHS took detailed notes at these workshops and the details are not replicated here. However Boxes 1, 2 and 3 provide brief summaries of some of the suggestions made for supporting children and young people, the frail elderly and vulnerable groups.

### Box 1: Examples of suggestions about developing services for children

In January 2018, 25 people took part in a workshop to identify how health and care services could better meet the needs of children and young people. Participants included members of the public, parents, health and care professionals, the voluntary sector, mental health services and others. Recommendations from the group included:

- all aspects of *Healthy Weston* need to include care for children and youth
- it is not just the child, but also their family that needs to be considered
- services such as children's centres need to be retained
- extend the hours during which services are available broader than 9am-5pm
- it would be helpful to have joined up IT systems and shared records
- it would be helpful to have a physical location to provide joined up care
- address gaps in mental health support for children
- consider joint budgets for health and social care
- workforce training and development is needed to support integrated working
- any developments to services need to be evaluated
- the *Healthy Weston* codesign process should be continued and extended

This box does not seek to replicate the detailed notes from the event, but rather to briefly summarise some of the key points to give a flavour of feedback.

### Box 2: Examples of suggestions about developing services for frail older people

In January 2018, about 28 people took part in a workshop to consider how health and care services could better meet the needs of frail older people. Participants included members of the public, carers, health professionals, social services, the voluntary sector, mental health services, care homes and others. Suggested priorities included:

- focusing on joining up existing services, streamlining and sharing information
- proactive preventive care to keep people more independent and well
- addressing issues related to public transport and difficulties travelling
- learning what has worked and not worked in other areas, and why
- promoting the community hub widely
- considering a mobile hub, with services that travel to villages
- working with care homes to reduce admissions and do advance care plans
- ensuring that staffing requirements are thought through for all services
- having realistic timeframes and implementation plans for *Healthy Weston*

Support was expressed for clusters of general practices working together and a community hub.

Detailed notes were taken at the event. This box does not seek to replicate that detail, but rather to highlight some of the key points.

### Box 3: Examples of suggestions about developing services for vulnerable groups

In January 2018, about 30 people took part in a workshop to identify the needs of groups who may benefit from targeted support, including those with learning disabilities, mental health issues and the homeless. Participants included members of the public, the voluntary sector, health professionals, mental health workers, social care workers and others. Suggestions included:

- using language to describe people and services that is sensitive, not stigmatising
- helping people help themselves, including peer support and school health promotion
- offering more signposting and navigation to existing services
- working closely with the voluntary sector to maintain and expand services
- ensuring transport is available / free to help people get to services
- having multiple community hubs, virtual hubs or 'crisis cafes'
- offering services outside routine 9am-5pm hours
- offering support for people in crisis, including people to talk to about issues
- multiagency provision of recovery services spanning all sectors
- developing technology and apps that can be recommended across agencies
- sharing records across services
- having a shared care plan across services to help care for the 'whole person'
- identifying the 100 people who use services most for targeted support

This box does not seek to replicate the detailed notes from the event, but rather to briefly summarise some of the key points to give a flavour of feedback.

## Staff issues

Another factor that people wanted the *Healthy Weston* programme to consider was the personnel delivering health and care services. There were 182 pieces of feedback about this. People said:

- more effort should be made to attract staff to Weston, including medical and nursing staff for hospital, mental health and community health services (62 pieces of feedback)
- the number of managerial and administrative staff should be reduced so more funds could be diverted to hiring and retaining frontline staff (55 pieces of feedback)
- changes to services and uncertainty about the future can impact on staff morale and recruitment and retention. Some thought there was a need to focus more on engaging staff in the development process and providing reassurance (22 pieces of feedback)
- there was thought to be undue reliance on agency staff (18 pieces of feedback)
- more focus should be placed on training workers to help provide more joined up services (9 pieces of feedback)
- it is important to upskill teams to better communicate with people about what they are doing and why, including vulnerable groups (9 pieces of feedback)
- rotational posts with other trusts should be considered to allow services to be offered in Weston and to help teams keep up to date with their skills (6 pieces of feedback)
- professionals should work more closely with family members and carers, recognising them as an important member of the team (2 piece of feedbacks)

Examples of the types of comments people provided about issues related to staffing included:

*“I feel services could be improved by offering permanent members of staff incentives to stay on this type of contract rather than locuming. This could be better pay, the trust offering training to extend their knowledge and career progression. The more we can offer to staff members who are new in post, the more motivation people have towards their jobs and patient care. A lower staff turnover would mean better, safer and a continuous standard of patient care.”*  
(Survey from person who provides health or care services)

*“Better staff training and appreciation. You would then rely less on agencies, keeping costs down and keep valuable hardworking staff within the trust if you only put money and services into your own staff who want to develop their roles further and help out in this crisis our amazing lifesaving NHS is facing.”*  
(Survey from person who provides health or care services)

*“The larger trust should take over Weston as a satellite, and skilled staff from the larger teaching hospitals have rotation in Weston. More money should be put into prevention and self-care and primary care services should work together more closely.”* (Survey from person who provides health or care services)



## Interlinkages across services

Some people were eager for more work to be undertaken with health, social care and voluntary sector partners and to understand the broader implications of *Healthy Weston*. Ninety-nine pieces of feedback commented about this. People mentioned that:

- mental health should be included in any plans (24 pieces of feedback)
- health and social services should work in a more joined up way and any health plans should be mindful of changes happening in social care (18 pieces of feedback)
- it was important to think about how Weston links with Bristol and other places, rather than viewing Weston in isolation (14 pieces of feedback)
- it was important to improve communication between services (11 pieces of feedback)
- developing services in Weston could reduce pressure on services in Bristol (10 pieces of feedback)
- the NHS should work alongside the voluntary sector (10 pieces of feedback)
- children's services should be included in any plans (8 pieces of feedback)
- there should be more focus on handovers in the system where a person's care transfers from one agency to another (2 pieces of feedback)
- it was important to have parity of provision across neighbouring areas (2 pieces of feedback)

Examples of comments provided about considering context and interlinkages included:

*"I think third sector organisations such as Citizens Advice Bureau and Addaction (amongst many others) have a role to play in prevention and early identification of problems, especially in the mental health area. NHS funding needs to be shared with these organisations to support the heavy load of mental health problems."* (Survey from person who works in the voluntary sector)

*"Mental health services need a radical rethink. They are extremely poor, particularly for children. Creative ways of improving services should be looked at. Preventative services should be prioritised. Bureaucracy should be slashed as should the management structure. Commissioning needs totally rethinking. It's not just about money if services can be more effective."* (Survey from member of the public)

Two pieces of feedback wanted to understand how a planned merger of local clinical commissioning groups in April 2018 would affect the *Healthy Weston* programme.

## Transport and infrastructure

Responses highlighted that there may be challenges in achieving the *Healthy Weston* vision. A common area of concern was the extent of financing and infrastructure available, with 164 pieces of feedback commenting about this. People said:

- many people in Weston and surrounding areas do not drive and there were perceived to be poor public transport links, making it difficult to travel to other centres. Public transport infrastructure, car parking and travel affordability was deemed to be an essential issue for consideration in planning (54 pieces of feedback)
- there was perceived to be inadequate funding available to implement *Healthy Weston* ideas (70 pieces of feedback). Some felt that a solution to this would be to introduce charges for some services or for non-attendance at appointments or to pay more tax to fund the NHS (17 pieces of feedback)
- better use of information technology could save money and help to share records across services. This included improving computer record systems and using videoconferences, teleconferences and smartphone apps to support better access to care (19 pieces of feedback)
- there was a need to consolidate and improve buildings and facilities (5 pieces of feedback)
- the availability of ambulances would need to increase if *Healthy Weston* plans were to succeed (4 pieces of feedback)

Examples of the types of comments made about travel and infrastructure included:

*“Cost of travel to distant hospital for frail, sick, disadvantaged and people without family support seems to be an unacknowledged barrier. Bus travel when ill can be impossible. Taxi fares are prohibitive for many. Elderly cancer patients are told there is no transport help available. This is a major issue for old and young alike and must not be overlooked if services are to be distant.”*  
(Survey from member of the public)

*“Consider disabled/older people who don’t drive. If you put services further away ensure transport is provided or accessible. To spend an hour waiting for a bus to get to a hospital is not acceptable.”* (Survey from member of the public)

*“Weston needs to become seriously more efficient - more up to date systems and processes and IT. Every day professionals are slowed by inefficiencies in the tools they work with. Improve these, improve guidelines, and streamline the administrative processes and we can have more time to look after patients.”*  
(Survey from person who provides health or care services)

## Implementation approach

Ninety-seven pieces of feedback provided suggestions about how the *Healthy Weston* vision could be implemented or potential challenges with the implementation approach. Comments included:

- self-care and prevention should be included in any plans (27 pieces of feedback)
- it is important to build up the reputation of services so that staff want to work locally and people are confident using local services (10 pieces of feedback)
- more information is needed about potential approaches, the financial model and efficiencies (9 pieces of feedback)
- continuity of care should be considered in any plans (9 pieces of feedback)
- it is essential to have a clear plan and accountability for delivery, positioned as the start of an ongoing process (8 pieces of feedback)
- risk factors and interdependencies need to be acknowledged (7 pieces of feedback)
- the NHS should be run as a service, not a business (7 pieces of feedback)
- strong leadership is needed (6 pieces of feedback)
- records could be analysed to identify who to target for specialised care and self-care support (5 pieces of feedback)
- the programme timescale may be unrealistic, with a lot to be done in a short period (3 pieces of feedback)
- the service usage statistics provided by the programme may not be accurate (3 pieces of feedback)
- avoid terms such as ‘patients; and ‘vulnerable’ as these may be disempowering (2 pieces of feedback)
- it is important to evaluate or audit any changes made (1 piece of feedback)

Examples of the types of comments people and organisations made about planning, implementation and communication issues included:

*“Delivering prevention needs a robust action plan: This is long overdue – it is time to stop just talking and thinking about prevention and health and wellbeing – we need to make real strides, and quickly. For starters, we have to seriously start to make inroads into reducing the high rate of avoidable complications due to the continued unsatisfactory preventative approaches to chronic disease management.”* (Email from health professional)

*“One of the big issues is the rate at which staff are leaving NHS and care service providers. To my mind this is an area where, when credible progress is being made, communicating with staff to demonstrate things are improving is essential. If people have hope of a better future and can see change for the better they are less likely to ‘give up’ and leave. This is not a routine staff communication exercise... it is rather full blown marketing exercise to sell the improving NHS as an attractive prospect – giving hope where right now things are not looking so good.”* (Email from member of the public)

# Care outside hospital

## Key points



41 pieces of feedback commented about suggestions to enhance general practice services (3%).



12% of comments made about this were positive, 57% raised challenges and 31% made suggestions or asked for more information. A single piece of feedback could include both positive points and challenges.

Key concerns were:

- difficulties getting GP appointments (41 pieces of feedback)
- worries about transport and travelling further for general practice care (20 pieces of feedback)
- potential issues with continuity of care (11 pieces of feedback)

Design ideas suggested to enhance general practice included:

- ensuring that general practices take **advance bookings** for appointments, rather than requiring people to telephone at 8am each day to book a slot (20 pieces of feedback)
- offering **out-of-hours** appointments including before and after standard office hours and at weekends (10 pieces of feedback)
- upskilling general practice staff to **signpost** to local services and support self-care (8 pieces of feedback)
- **upskilling** general practice staff to listen to people and speak with them respectfully, including vulnerable groups (5 pieces of feedback)
- GPs or nurses with special skills **visiting local general practices** to run specialist clinics, rather than residents travelling to see specialists (3 pieces of feedback)
- examining how tasks currently undertaken by GPs can be done by others (1 piece of feedback)

In addition, the *Healthy Weston* survey asked people about their highest priorities for care outside hospital, including general practice and care in the community. Priorities included:

- GP clinics, community health services and hospital services working closely together
- being able to get a healthcare appointment on the same day
- health services helping people to look after themselves and stay well

As well as the overarching things that people asked the NHS to consider described in the preceding section, there were some comments about specific components of the *Healthy Weston* vision for care outside hospital.

Care outside hospital includes general practice, community services and other healthcare services that provide ongoing support in local areas on a day-to-day basis. The NHS reported that more than 90% of contact with health services happens through general practices. The *Healthy Weston* vision is for general practices to work more closely with each other, and with other health, community and care services. This might mean that individual general practices pool their resources and expertise and work as clusters. For example, a general practitioner (family doctor) or general practice nurse who has particular skills in caring for people with diabetes might see people with diabetes from across the local area, not solely people registered with their practice. *Healthy Weston* is also considering whether general practice buildings are fit for purpose and how to bring more services together under one roof.<sup>3</sup>

This section describes people's feedback about the *Healthy Weston* vision for care outside hospital.

## Enhanced general practice services

Most pieces of feedback did not state whether or not they supported the *Healthy Weston* vision for general practice services. 41 pieces of feedback provided 172 comments about this. More challenging than supportive comments were made.

Suggested enhancements to general practice that feedback was most positive about included:

- the planned use of technology, such as having appointments using telephone or videoconferences (6 pieces of feedback)
- potential benefits for vulnerable groups (5 piece of feedback)
- the possibility of improved access to care (3 pieces of feedback)
- widening the range of professionals providing care, acknowledging that not everyone needs to be seen by a general practitioner (2 pieces of feedback)
- the focus on prevention and self-care (2 pieces of feedback)
- the possibility of social prescribing and signposting via care navigators (2 pieces of feedback)

Examples of comments included:

*“Grouping GP surgeries together to make one large practice may be a good idea as long as we then don't have to travel out of area to get an urgent same day appointment.”* (Survey from member of the public)

*“If I could get my prescription... over the phone or by Skype, I definitely would. It's hard finding time to attend an appointment when you work full-time, and I'd rather my GP spent time on patients whose needs are more troublesome than mine. I'm also not too fussed about seeing a doctor or the same person - I'd definitely be more bothered about getting an appointment quickly, when/if I needed one.”* (Survey from member of the public)

3 Wording drawn from *Healthy Weston: Joining up services for better care in the Weston area* released by the NHS in October 2017.

Ninety-eight pieces of feedback raised challenges about potential new approaches for general practice. The things that people expressed most concern about were:

- difficulties getting appointments, with people concerned about approaches that required them to telephone at 8am to book an appointment rather than being able to book days in advance (41 pieces of feedback)
- worries about transport and travelling further for general practice care (20 pieces of feedback)
- potential issues with continuity of care, especially if moving to clusters of practices (11 pieces of feedback)
- vulnerable groups who rely on primary care finding it difficult to travel further to other general practices (11 pieces of feedback)
- gaps in staff training and an aging general practice workforce nearing retirement (8 pieces of feedback)
- problems sharing records between services (3 pieces of feedback)
- mergers into larger practices or clusters could mean job losses for administrative staff (1 piece of feedback)
- inadequate buildings and facilities (1 piece of feedback)
- concern that those with specialist skills supporting a range of practices would be overburdened (1 piece of feedback)
- a perception that clusters were for the benefit of GPs, not people using services (1 piece of feedback)

A perceived lack of access to general practice appointments was the most common feedback about this topic and people did not feel that changes being considered as part of *Healthy Weston* would alleviate these issues:

*“Some people in the group fed back about their difficulties in accessing GP services. Appointments hard to get, phone lines being engaged from early in the morning and when finally getting through all appointments having been allocated. Thought the idea of practices working together to share workforce was a very good idea. But worried this might overburden specialist staff even more if they had to work across many practices.”* (Notes from meeting)

*“It would be nice if our own GPs could become a bit more accessible. To be told that there are no available appointments often in a time scale of 6-8 weeks is not really on!!!”* (Survey from member of the public)

People also raised questions about how clusters of general practices would work day to day and whether there would be any benefits for local people:

*“Don’t close / merge GP surgeries! Not everyone can travel easily, My GP surgery is in walking distance and I have always gotten an appointment when needed - I don’t want it to change.”* (Survey from person providing health or care services)

*“Ever expanding GP practices are increasingly being operated to the convenience of the doctors and the needs and wants of patients, that used to be the highest priority, are now the last considerations to be made.”* (Survey from member of the public)

## Other suggestions for general practice care

Some feedback suggested that it was important to consider how services provided for people in care homes could be streamlined (7 pieces of feedback). A workshop was run to develop how general practices could work with care homes. Box 4 provides a brief summary of the key points raised.

Other design ideas suggested to enhance general practice care were:

- ensuring that general practices take **advance bookings** for appointments, rather than requiring people to telephone at 8am each day to book a same-day slot (20 pieces of feedback)
- offering **out-of-hours** appointments, including before and after standard office hours and at weekends (10 pieces of feedback)
- upskilling general practice staff to **signpost** to local services and support self-care (8 pieces of feedback)
- **upskilling** general practice staff to listen to people and speak with them respectfully, including vulnerable groups (5 pieces of feedback)
- GPs or nurses with special skills **visiting local general practices** to run specialist clinics, rather than residents travelling to see specialists (3 pieces of feedback)
- examining how tasks currently undertaken by GPs can be done by others (1 piece of feedback)

Examples of comments made in this regard included:

*“Services need to be available to meet demand of shift workers and minimise time away from work. I could go to a 7am appointment but there aren't any available and therefore I have to have time off work.”* (Survey from member of the public)

*“An overhaul of the generally unpleasant procedures involved in getting a GP appointment is our biggest gripe - nowhere else in the country refuses to let you book an appointment in advance so you can make sure you can take time off work to attend, rather than insisting you call at 08:30 on the day and hope you can be seen, as you are already going to have to not turn up to work on time.”* (Survey from member of the public)

#### Box 4: Examples of feedback from workshop about supporting care homes

In January 2018, 16 people attended a workshop to consider approaches for improving the way health services work with care homes. Participants included representatives from care homes, general practices and other health services. Residents currently keep their usual GP when they start living at a care home, meaning that many general practices may be serving people in the same care home. Workshop participants were asked for feedback about changing this to have one general practice assigned to each care home, so that all residents in the home were served by the same practice.

Potential positives with this approach were thought to be:

- possibility of developing a relationship between a home and a GP
- possibility of more rapid and streamlined care
- simple model which mirrors other zoning approaches

Suggested challenges with this approach were:

- reducing choice for residents and their families
- lack of continuity of care for residents transferring from their usual GP
- disincentive for residents to move to homes, if they needed to lose contact with their usual GP who they may have known for many years
- concern that the approach is for the benefit of general practices, not taking account of what residents might prefer
- may take some time to embed if residents do not want to switch GPs
- may mean more work and travel for some practices

Questions were raised about how practices would be assigned to care homes.

Care home representatives thought that more could be done to build trust between care homes and health services and to upskill care home teams. It was suggested that there could be more education about how to reduce ambulance callouts by care homes and additional support for nurses in care homes to undertake activities that might currently be completed by GPs.

Participants said they thought the *Healthy Weston* engagement approach was new and valuable and were eager to continue joint planning.

This box does not seek to replicate the detailed notes taken at the workshop, which the *Healthy Weston* team said were used to help shape ongoing planning. Feedback about the model is not generalisable to the views of others, particularly as the sample was small and others were not asked publicly to comment on the suggested approach during the dialogue period.



## Important aspects of care

People who completed a *Healthy Weston* survey were asked how important different aspects of care outside hospital were to them. Most survey responses thought that it was important for health services to work closely together (98%), for health services to help people keep themselves well (92%), to be able to get an appointment on the same day (89%), and not to have to travel any more than five miles further than currently for a non-urgent appointment (89%, see Figure 4). Fewer people thought that it was important to be able to have an appointment with a professional without seeing them in person (57%) or to always see a doctor rather than another well-trained health professional (61%).

Women were more likely than men to say it was important to always see the same health professional for non-urgent appointments and to not have to travel any more than two miles further than currently to access healthcare. People from minority ethnic groups were more likely than others to say that it was important to get all services in one place, be able to get appointments on the same day and always see a doctor, rather than another well-trained health professional. The older people were, the more likely they were to say that it was important to always see a doctor. People from Weston were less likely to think this was important than those from other areas.

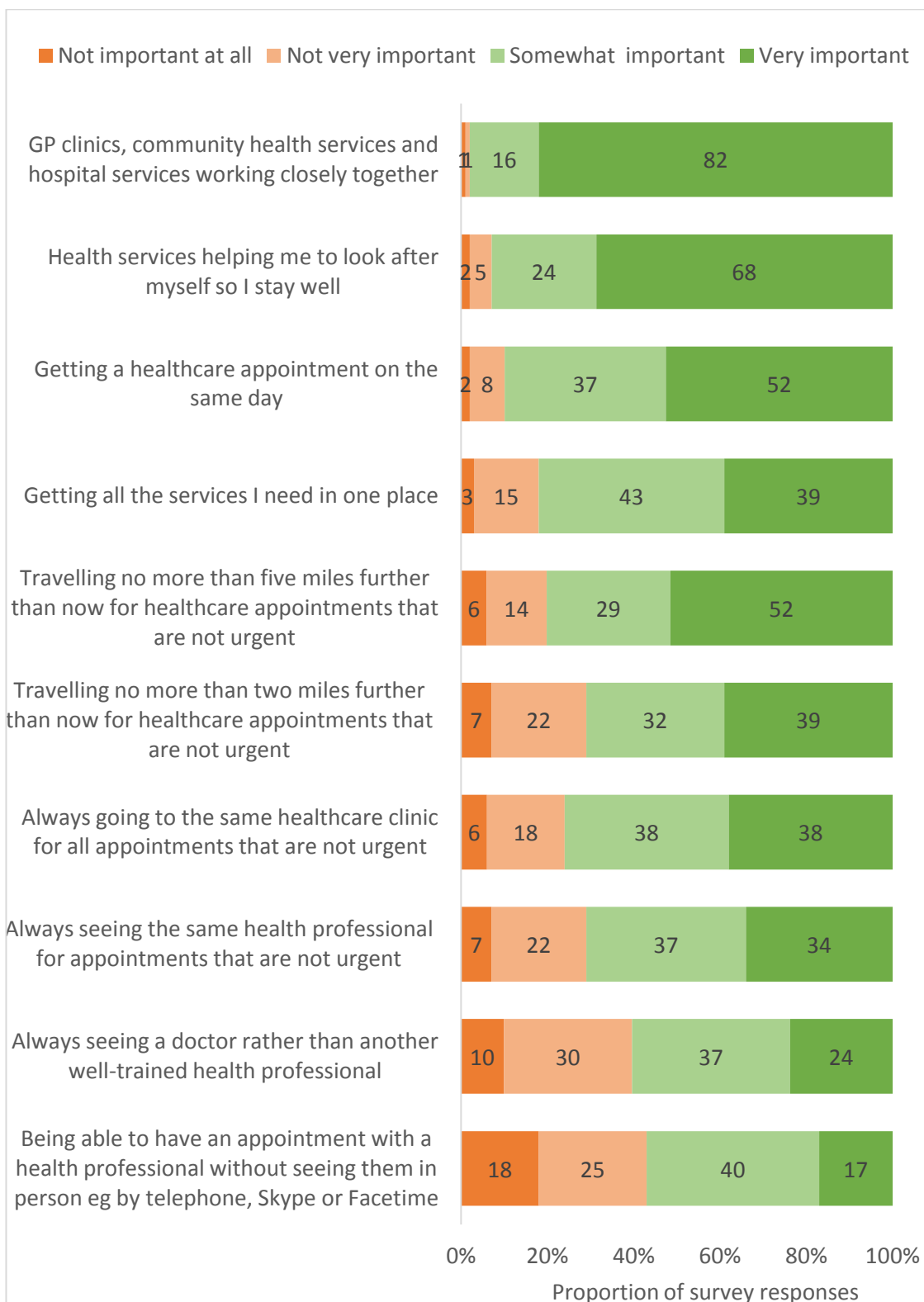
When asked to choose their single highest priority from a list, the most commonly mentioned factors were:

- GP clinics, community health services and hospital services working closely together (30% of survey responses that answered this question)
- getting a healthcare appointment on the same day (18%)
- health services helping people to look after themselves so they stay well (10%)
- always seeing the same health professional for appointments that are not urgent (9%)
- getting all the services needed in one place (9%)

The top priority areas remained the same no matter where people lived, their age, ethnicity or gender, or how frequently they used general practice services.

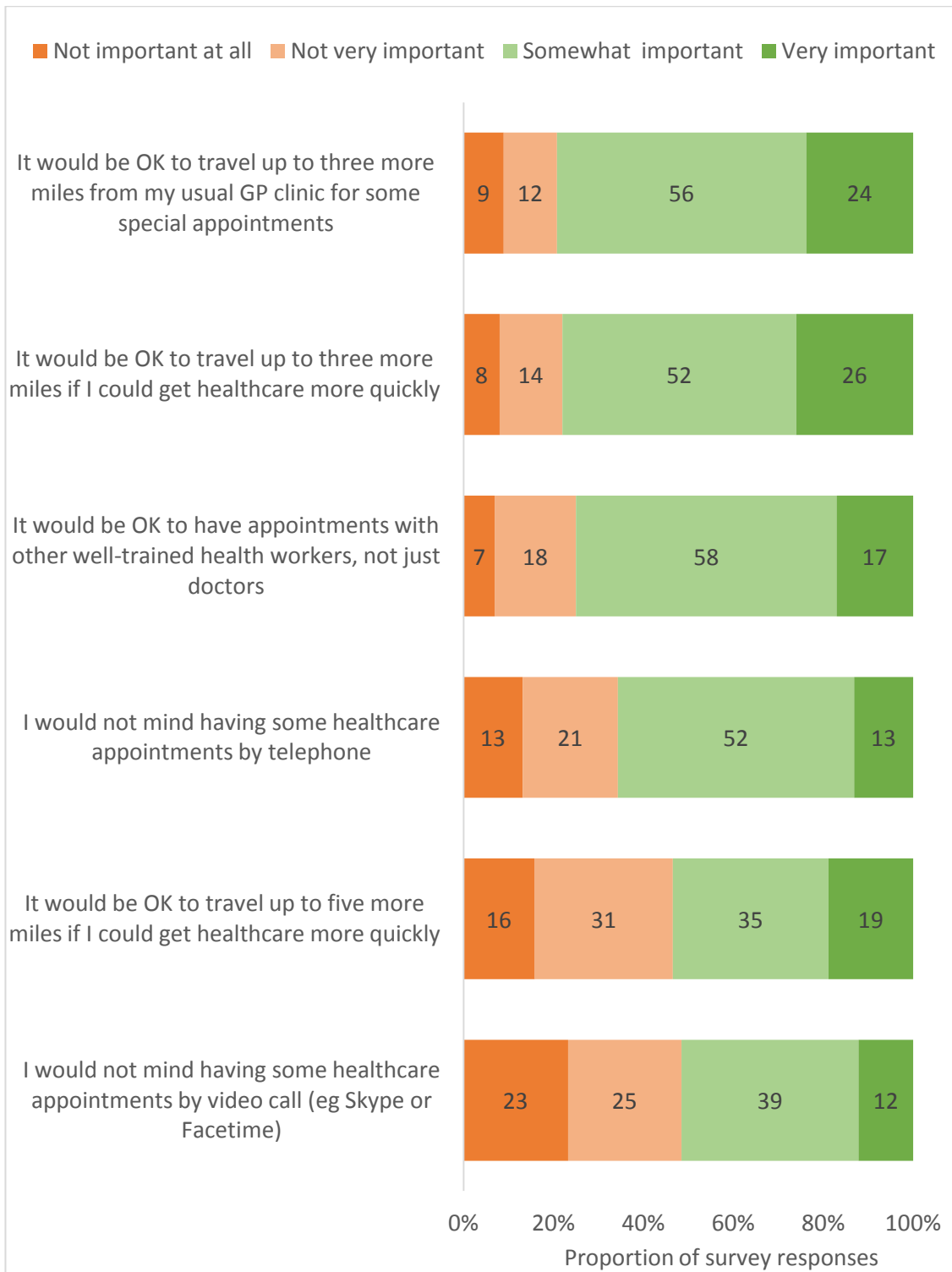
People who answered the survey also commented about the possibility of grouping some services together at one location. The *Healthy Weston* programme is considering this in the context of clusters of general practices working together as well as a hub of community services. About eight out of ten people said it would be acceptable to travel three more miles than their current general practice for some special appointments (80%) or if they were able to get healthcare more quickly. The same proportion said it would be acceptable to see another health worker rather than always seeing a doctor (75%). Two thirds said that they would not mind having appointments by telephone (65%, see Figure 5). Fewer people were positive about potentially travelling five miles more for quicker care (54%) or having appointments by videoconference (51%). The trends were similar no matter where people lived or their age, gender or ethnicity.

Figure 4: Perceived importance of various aspects of health services in the community



Noted: based on 1,342 survey responses to the question 'Now we'd like to focus on health services outside hospital. How important are these things to you?' Not all responses commented about every issue.

Figure 5: Perceived importance of factors that may make it possible to group services



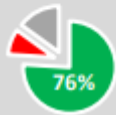
Note: based on 1,342 survey responses to the question 'We may be able to provide better care if some services are grouped together in one location. Do you agree or disagree with these things?' Not all responses commented about every issue.

# Community hub

## Key points



*Healthy Weston* is considering providing a 'one-stop shop' on the site of Weston General Hospital with many community health services in one place, especially for people who might have extra needs such as children, older people or those with long-term physical or mental health conditions. 1,308 pieces of feedback commented about the potential for developing a hub of services on the site of Weston General Hospital (80%).



76% of pieces of feedback that commented about this thought it was a good idea to develop a hub of health and care services in one place, 9% did not and 15% did not mind either way.

### Areas of concern included:

- worries about accessibility, including issues with public transport from rural areas and a lack of parking (61 pieces of feedback)
- concern that this approach would result in less quality or quantity of services (55 pieces of feedback)
- perception that services need to be specialised, not all 'lumped together' (27 pieces of feedback)
- the potential need to separate some groups from others, for instance older people or those with mental health needs could be seen in a different area from children (25 pieces of feedback)

### Design ideas proposed for consideration in further planning were:

- inclusion of a **broader range of services** in the hub, including voluntary sector services and social care (31 pieces of feedback)
- including 'step down care' to **support people after discharge** from hospital (17 pieces of feedback)
- **more than one hub** in different locations or using a hub and spoke model to provide some services more locally (12 pieces of feedback)
- having a **care coordinator** to help people navigate through services (7 pieces of feedback)
- having a **mobile hub** of professionals visiting villages (6 pieces of feedback)

A cornerstone of the *Healthy Weston* vision is having a 'hub' of community healthcare services on the site of Weston General Hospital. This community hub may include rapid access to diagnostic tests, specialist mental health advice, physical and mental healthcare for children, chemotherapy and cancer services, clinics for people with long-term conditions and blood transfusions, for example. The stated aim is for general practitioners, hospital, mental health and social care staff and volunteers to work more closely together to meet the needs of local people. *Healthy Weston* suggested that Weston General Hospital could become a recognised centre of excellence for key services such as caring for frail older people and delivering planned surgery such as hip and knee replacements.<sup>4</sup> This section describes people's feedback about the *Healthy Weston* vision for a community hub on the site of Weston General Hospital.

Surveys and comments at meetings were largely positive, with 76% of pieces of feedback that commented about this saying they would be happy with this approach, 9% not being happy and 15% not minding either way. People from different parts of North Somerset, men and women and those from different age and ethnic groups were all equally likely to be supportive or challenging.

In the *Healthy Weston* survey, almost nine out of ten responses said that Weston General Hospital would be a good centre for people who might need many types of services in one place (86%). One in seven responses did not think this was the case (14%). Box 5 describes some of the key points made in a workshop to consider this approach.

Members of the public and health and care professionals often spoke positively about the potential of this idea to encourage more joined up working between services, convenience for people using services and efficient use of resources.

*"It makes sense to have access to everything in one place. Sometimes people have to travel quite a distance to appointments and for hospital stays which can be problematic for the patient and the family. To have everything in one place just saves people time from going from one place to another. Working people could also benefit from this. I would think that bringing services together would also help cut some costs and overheads for the NHS."* (Survey from member of the public)

*"One base enables multiagency input, communication and cross agency resolutions for complex needs but a nominated key worker for each individual is necessary to coordinate and ensure outcomes are adequate to meet the needs of the patient. If implemented successfully it provides more efficiency, patient focused services and less stress for the patient by not needing to repeat the same facts several times to different agencies."* (Survey from person who provides health or care services)

*"I have worked in many different services over 48 years, health, education and social services and many people suffer from more than one difficulty. Joined up services will support people better and also make it easier for professionals to network productively."* (Survey from a retired health professional)

4 Wording drawn from *Healthy Weston: Joining up services for better care in the Weston area* released by the NHS in October 2017.

### Box 5: Suggestions made in a workshop about developing a community hub

In February 2018, 31 people took part in a workshop to consider approaches for bringing community health services together in one location on the site of Weston General Hospital. Participants included members of the public, voluntary groups, health and care professionals, care homes and others. Some of the workshop comprised brainstorming possible services to include in such a hub. However some overarching suggestions included.

- the hub should include a mix of health, voluntary, mental health and social services
- navigators and care coordinators could help signpost people to services
- transport to and from the site is a challenge so need to explore ways to tackle this including volunteer transport services, virtual bus tickets and a virtual hub
- a virtual hub available by telephone or online could signpost and provide advice
- offer workshops, clubs and drop-in sessions to support self-care and healthy living
- there could be a wellbeing café, food café and Citizens Advice Bureau
- vulnerable people such as rough sleepers or individuals with learning disabilities may find it physically and psychologically challenging to visit the hospital site so multiple hubs or 'spokes' may be needed to enhance access
- could consider looking at records to identify those in most need and inviting them to attend the hub proactively
- good IT systems need to be in place to share records and support referrals
- multiagency access to a single patient record would improve coordination
- services should not be duplicated as a result of the hub, so existing services may need to move or be joined up as 'spokes'
- staff should be trained together to support better coordination and cross-organisation working
- the hub needs to look and feel nice and help people find their way around

This box does not seek to replicate the detailed notes taken at the workshop, which the *Healthy Weston* team said were used to help shape ongoing planning.

693 pieces of feedback provided 1048 comments about the potential for a community hub. Sixty percent of the comments were positive (631 comments). The most commonly mentioned positive aspects of a community hub approach included:

- the opportunity for better coordination and person-centred care (178 pieces of feedback)
- the potential for easier access to services, including for children, the elderly and vulnerable groups (136 pieces of feedback)
- support for mixing physical and mental health and health and social care (87 pieces of feedback)
- convenience, including the potential to save time and reduce stress as long as people could visit all the services they needed on the same day (78 pieces of feedback)
- perceived good use of resources (69 pieces of feedback)
- the potential for reduced travel if services were available at one location (53 pieces of feedback). These pieces of feedback tended to emphasise that there would need to be good public transport services seven days per week or free / subsidised transport services
- the value of this approach in addressing the needs of the growing local population (12 pieces of feedback)
- the potential to enhance staff capacity using integrated models so specialists could see those with the most complex needs (12 pieces of feedback)
- the potential to use IT effectively using this approach (6 pieces of feedback)

The most commonly perceived challenges with a community hub approach included:

- concern about accessibility, including issues with public transport from rural areas and a lack of parking (61 pieces of feedback)
- concern that this approach would result in less quality or quantity of services (55 pieces of feedback)
- perception that services need to be specialised, not all 'lumped together' (27 pieces of feedback)
- the potential need to separate some groups from others, for instance older people or those with mental health needs may be seen in a different area from children (25 pieces of feedback). It is important to note that in the *Healthy Weston* survey the 113 people who said they had mental health needs did not raise this as an issue
- the importance of having good infrastructure to support the approach, including adequate staffing and an appropriate environment (23 pieces of feedback)
- perception that there may be less consistency and continuity of care and fewer relationships built with professionals (17 pieces of feedback)
- perception that the aim is to reduce cost rather than improve services (13 pieces of feedback)
- concern that there would be long waiting lists (10 pieces of feedback)
- worry that the location would be unsafe if it is too far from people who need help (7 pieces of feedback)
- concern that this approach will not address growing population numbers (6 pieces of feedback)
- dislike of the term 'care campus' or 'community'. Alternatives suggested included healthy living hub or wellbeing hub (5 pieces of feedback)
- barriers to overcome with IT and sharing records (5 pieces of feedback)
- difficulties with financing or sharing funding (3 pieces of feedback)

Whilst travel issues and accessibility were the most common concerns about developing a community hub, people were also worried that this may mean a downgrading of existing services or a reduction in funding.

*“The approach to the Care Campus model appears to us to be a methodology utilised solely to narrow or close the funding deficit.” (Email from group)*

Thirty-two responses said there was not enough information to draw conclusions and that more information was needed about the location, access using public transport and services to be included. Some wanted to see evidence or examples of where this approach had worked elsewhere (3 pieces of feedback) and others wanted to know if the hub would be a separate building (9 pieces of feedback).

## Other suggestions about a community hub

Some pieces of feedback suggested other approaches to consider alongside a community hub. People wanted to know more about the **types of services** that would be available in the hub, with suggestions such as a food café, crisis café, night sitting service, domestic abuse support, diagnostic services and Citizens Advice Bureau (8 responses). Others suggested that the community hub should work more with the voluntary sector (9 pieces of feedback), mental health services (2 pieces of feedback), and promote sharing between health and social care (12 pieces of feedback).

Some suggested that there should be **multiple ‘one stop shops’** available, perhaps using a hub and spoke model to offer more localised services (12 pieces of feedback).

Some pieces of feedback said that the idea of integrating services was welcome, but that this need not solely focus on a physical location. It was suggested that **mobile hubs** would be useful, perhaps comprising a vehicle full of professionals and equipment travelling to different villages regularly and setting up in a community centre or church hall for the day. Alternatively a hub could be virtual, offering services online, by telephone or by videoconference (6 pieces of feedback).

*“Campus concept: The essence is to have the resources needed and the person concerned all in one place. This does not automatically mean a fixed single ‘bricks and mortar’ campus. It could mean a travelling ‘road show’ with a team accompanied by key bits of kit in vehicles (as for collecting blood donations, chest x-ray clinics etc).” (Email from member of the public).*

Others thought that there needed to be a central agency or **care coordinator** navigating a person’s journey through the system and good information about the services on offer and how to access them (7 pieces of feedback). There was a desire to focus on transitions of care and wrap services in any hub around the needs of people using services and their families (9 pieces of feedback). Some felt that focusing on specific groups of people such as those who are frail would be useful, as more support may help these people avoid admission to hospital (3 pieces of feedback).

Another suggestion was to include ongoing support after hospital discharge in the hub, such as ‘step down’ **rehabilitation flats** on the hospital grounds whereby people could stay for a few days if they were not able to return home immediately after discharge (17 pieces of feedback).



## Key points

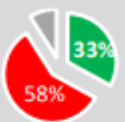


*Healthy Weston* contained a number of suggestions for developing a stronger, more focused hospital. 1,227 pieces of feedback commented about urgent and emergency services at Weston General Hospital (75%).

People were concerned with the temporary overnight closure of the Accident and Emergency Department. They thought there should be a 24 A&E service available locally due to the growing and aging population, the presence of tourists, concerns over safety when travelling elsewhere, lack of public transport, cost and inconvenience of travelling to another hospital for people using services and family members and concerns over impacts on the ambulance service.

Ideas suggested for consideration when planning A&E services included:

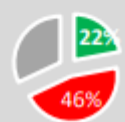
- setting up a minor injuries unit to cope with issues that are not emergencies (32 pieces of feedback)
- mobile clinics / buses to support people with minor injuries or 'pop up' clinics in shops or sports grounds (8 pieces of feedback)
- educating people about when to use various services, including 111 and A&E (7 pieces of feedback)



33% of pieces of feedback that commented about having direct admissions to wards rather than always admitting via A&E Departments thought this was a good idea. 58% did not and 9% did not mind either way.



754 pieces of feedback commented about families that wanted to use a midwife-led birth unit going to Bristol, with care before and after the birth being available in Weston (46%).



22% of pieces of feedback that commented about this said they would be happy if families who wanted to use a midwife-led unit went to Bristol. 46% were not happy and the rest said they would not mind either way (32%).

Design ideas to consider during planning about maternity services included:

- extending the range of services available in Weston to accommodate women at higher risk (80 pieces of feedback)
- more promotion of the midwife-led unit (24 pieces of feedback)
- rotating midwives through different centres to keep their skills up to date (22 pieces of feedback)

## Urgent and emergency care

The *Healthy Weston* vision suggested that the care at Weston General Hospital needs to change to provide the services that people need most and to address financial and clinical challenges. The programme planned to work with neighbouring hospitals in Bristol and Somerset to identify the services that Weston General Hospital is best placed to provide and which services may be more effectively offered by another hospital.<sup>5</sup>

The Accident and Emergency (A&E) Department at Weston General Hospital is temporarily closed from 10pm-8am due to difficulties recruiting the right number of permanent doctors to run the service safely at night. *Healthy Weston* examined alternative ways of offering care to people traditionally seen in A&E and the types of urgent and emergency services best provided by Weston Hospital or by a neighbouring hospital.

Comments about A&E were the most common feedback received during the public dialogue period. 75% of all pieces of feedback received contained one or more comments about A&E. 1,227 pieces of feedback provided 1,696 comments about this.

In the *Healthy Weston* survey, seven out of ten responses said they understood the reasons why the A&E at Weston General Hospital needed to look at different ways to do things (70%) and three out of ten did not (30%). Two fifths said they had enough information about how people who need emergency care overnight can get help (40%) and three fifths did not (60%). The older people were, the less likely they were to say they understood the stated reasons or had enough information about how to get help in an emergency.

People provided passionate feedback about why an A&E Department was important for Weston and the surrounding areas:

*“How can a town that is getting thousands of new houses not have a functional A&E Department at night? This is a disgrace! Plus anyone having a cardiac arrest or life threatening conditions will have an approximate journey time to the nearest hospital of about 1 hour from Weston. Lives maybe lost because of this.”* (Facebook post from member of the public)

*“As a type 1 diabetic I have needed to be admitted to Weston General a few times via A&E, often out of hours. When admitted I rely on the support of the diabetic nurse at Weston hospital who knows me well. I know of other diabetic patients who have been admitted to other hospitals since the overnight closure which has resulted in longer stays due to communication issues between hospitals and unnecessary changes of medication due to different treatment regimes at different hospitals... As things are I am likely to put off coming in to hospital until the A&E is open again, which ultimately could put my life at risk.”* (Survey from member of the public)

5 Wording drawn from *Healthy Weston: Joining up services for better care in the Weston area* released by the NHS in October 2017.

Common themes in comments about A&E were:

### Population needs

- a perception that the number of residents, elderly people and tourists is growing in Weston so a 24-hour A&E is needed (239 pieces of feedback)
- perception that emergencies happen at night time, not just daytime, so a 24-hour A&E is needed in Weston (149 pieces of feedback)
- perception that A&E needs to be provided locally, whereas non-emergency services might involve travel (108 pieces of feedback)

### Travel

- concern that Bristol and Taunton are too far away (153 pieces of feedback)
- concern about extra pressure on the ambulance service needing to take people to other hospitals (90 pieces of feedback)
- concern that many people rely on public transport so getting to other hospitals would be difficult and expensive (76 pieces of feedback)
- perception that Bristol and Taunton are not convenient for relatives or visitors and this may be especially important for those who are disadvantaged and those with limited transport (57 pieces of feedback)
- concern about returning home after being taken to a hospital in Bristol or Taunton, particularly when reliant on public transport (29 pieces of feedback)

### Safety

- concern that delays incurred when travelling to a hospital elsewhere are unsafe and stressful (196 pieces of feedback)

### Other services

- suggestion that A&E Departments in neighbouring hospitals are already busy and may not be able to cope with extra demand (48 pieces of feedback)
- perception that A&E is needed for minor injuries, not just admissions (32 pieces of feedback)

### Other issues

- suggestion that politicians should get involved to support reopening A&E (31 pieces of feedback)
- concern that the A&E closure was supposed to be temporary (20 pieces of feedback)
- not believing the statistics provided by the *Healthy Weston* programme about the number of people using A&E overnight are accurate (16 pieces of feedback)
- concern that the temporary closure was having negative impacts, such as the hospital rushing to admit people prior to closing time, long ambulance queues outside A&E or people waiting until morning to visit (10 pieces of feedback)
- wanting to know more about potential partnership arrangements, mergers or links with Bristol (9 pieces of feedback)

## Direct admissions to wards

The *Healthy Weston* team stated that people in the Weston area with life threatening emergencies such as heart attacks or serious road traffic accidents have always been taken to Bristol or Taunton, so the temporary overnight closure of A&E did not affect these emergencies. However, during the temporary closure people with non-life threatening emergencies needed to use other services. The *Healthy Weston* programme stated that during the temporary closure an average of about ten people per night from the Weston area travelled to A&E Departments in other hospitals (by ambulance or on their own) and about half of these people were admitted to another hospital. The *Healthy Weston* programme is considering the potential for directly admitting people to wards at Weston General Hospital during the night, rather than all admissions needing to pass through an A&E Department.

The *Healthy Weston* survey asked how respondents would feel if people who needed to be admitted to Weston General Hospital between 10pm and 8am were directly admitted onto a ward rather than needing to be admitted through A&E. 33% of survey responses said they would be happy about this, 58% said they would not be happy and 9% said they would not mind either way. It is difficult to interpret this feedback because some respondents are likely to have been commenting about the temporary closure of the A&E Department rather than the concept of direct admissions to wards. Thus people may have said they were happy or not happy in relation to the temporary closure, not about direct admission to wards. Those from North Sedgemoor and the Mendips were least likely to be supportive compared to those living in other areas. There were no differences in the trends in feedback from women and men or those from different age or ethnic groups.

Some people said that they thought that direct admissions to wards would be feasible and a better use of resources.

*“I hadn’t realised that the serious accidents/life threatening emergencies go to Bristol and Taunton anyway. Dealing with other emergencies by admission directly to hospital seems a good idea.”* (Survey from a person working in the voluntary sector)

*“I appreciate that it is costly to keep an A&E service open just to deal with 8 people. Would be better to put the funding towards more ambulances.”* (Survey from member of the public)

A total of 281 positive comments were provided about the potential for direct admissions to wards. They focused on the following areas:

- direct admission pathways mean that resources can be targeted to life saving incidents and those with the most serious needs (105 pieces of feedback)
- perception that the usage figures presented supported the potential for direct admissions rather than needing 24-hour A&E services (33 pieces of feedback)
- the potential for better use of resources (32 pieces of feedback)
- the principle being acceptable, as long as the methodology used was robust to ensure accessible care (29 pieces of feedback)
- direct admissions being a good approach given that there is no 'quick fix' to shortages of the staff needed to run A&E (27 pieces of feedback)
- perceived better care available at hospitals other than Weston, so people may rather go there (23 pieces of feedback)
- acceptability given ease of access to other hospitals at night (21 pieces of feedback)
- direct admission to wards may save ambulances time taking people to other hospitals (11 pieces of feedback)

Others raised questions about how direct admissions to wards would be managed in practical terms or suggested that there may be impacts on other services or safety issues.

*"I would need to understand HOW those admissions would work. Weston is chronically understaffed as it is - how could they take patients at night?"*  
(Survey from member of the public)

*"Because of the closure, ambulances are taking people further away. Even if some could be directly admitted to a ward others will still need to be taken to further hospitals, this means ambulances are not always available when needed by others or people in the area have to wait longer for ambulances to arrive. In some instances people feel it's quicker to get themselves to another hospital. All of this could lead to unnecessary fatalities."* (Survey from person who provides health or care services)

*"As a person with a chronic life threatening illness I feel very vulnerable with no local overnight emergency care. I don't drive and my condition is such that the current long wait for an ambulance and then 30 minute journey to Bristol or Taunton would quite possibly prove too late to save my life in an emergency. The inevitable red tape and procedure and box ticking for any relevant services to deem me 'appropriate' for admittance to a ward at Weston General Hospital could very possibly also be too long a delay and my life would be seriously at risk."* (Survey from member of the public)

In total 118 pieces of feedback challenged direct admissions to wards, including:

- staff shortages may mean there are not enough staff available to undertake direct admissions (27 pieces of feedback)
- concerns over who would decide about direct admissions, with worries that this may mean being seen by junior staff (20 pieces of feedback)
- it may be difficult to judge needs so people may not be admitted even though they should be (19 pieces of feedback)
- it could be confusing for people using services and ambulance crews about where people should go if it is uncertain whether or not they would be admitted (13 pieces of feedback)
- there may be an increase in avoidable admissions as professionals will not be able to undertake tests before admitting, as might be the case in A&E (9 pieces of feedback)
- it may reduce continuity of care if people not eligible for direct admissions are transferred to other A&E Departments rather than being cared for by practitioners they know in Weston (9 pieces of feedback)
- there is a lack of information available about the direct admission process so it is difficult to understand (8 pieces of feedback)
- direct admissions may impact negatively on the care of other patients in wards (7 pieces of feedback)
- direct admissions may take longer to access than A&E care so may not be safe (3 pieces of feedback)
- this approach may impact negatively on staff training and accreditation (2 pieces of feedback)
- there may not be beds available to admit people to wards (1 piece of feedback)

## Other suggestions about A&E care

Other design ideas about A&E put forward for consideration included:

- setting up a **minor injuries unit** to cope with issues that are not emergencies (32 pieces of feedback)
- **mobile clinics** / buses to support people with minor injuries or 'pop up' clinics in shops or sports grounds (8 pieces of feedback)
- **staff rotations** between different hospitals, using visiting specialists from other trusts or using telephone or IT support to keep services available at Weston (7 pieces of feedback)
- **educating people** about when to use various services, including 111 and A&E (7 pieces of feedback)
- A&E front of house service run by **general practitioners** (3 responses)
- offering a **transport service** to Bristol for care that does not require an ambulance, perhaps in partnership with the voluntary sector (3 responses)
- a more local **111 service**, including contact via video messaging (2 responses).
- **redirecting non-urgent cases** to other services rather than seeing them in A&E (2 pieces of feedback)

*“Sadly you cannot safely staff a level one emergency department, and any department not seeing regular emergency trauma type patients becomes deskilled and will not attract appropriately trained and experienced doctors or nurses. Therefore realistically you are looking at a minor injury unit.”* (Survey from person who provides health or care services)

## Maternity services

The midwife-led unit at Weston General Hospital is a centre for families with low-risk pregnancies where all care is provided by midwives and midwifery assistants. *Healthy Weston* stated that, based on national guidance, these midwifery teams need to see about 500 families per year to keep their skills up to date. About 170 families per year use the midwife-led unit at Weston General Hospital. *Healthy Weston* stated that maternity services need to be reviewed in partnership with other hospitals to consider how to provide birthing facilities that are sustainable and make best use of NHS resources.<sup>6</sup>

About eight out of ten responses to the *Healthy Weston* survey thought that it was worrying that the midwife-led unit sees 170 births per year rather than the 500 that might be needed (81%). One in five did not think this was worrying (20%). These trends were evident no matter where people lived or their age, gender or ethnicity.

In the *Healthy Weston* survey, meeting notes and other pieces of feedback, people provided feedback about how they would feel if families who wanted to use a midwife-led unit needed to go to Bristol to have their baby, with care before and after birth available locally in Weston. 22% of pieces of feedback that commented about this said they would support this, 46% said they would not and 33% said they did not mind either way. A number of survey respondents noted that they did not mind as they did not feel the question was relevant to their personal circumstances. There were no differences in the opinions of men and women or people living in different areas. Those aged 35-49 years were least likely to support travelling to a midwife-led unit in Bristol and those from minority ethnic groups were more supportive than others.

In total 754 pieces of feedback provided 1,008 comments about maternity care. One quarter of comments about this supported families having their babies in Bristol rather than Weston (262 pieces of feedback). These pieces of feedback commonly said:

- Bristol has specialised facilities available so it may be safer for families to have babies there (119 pieces of feedback)
- the Weston service is perceived to be unsafe currently (42 pieces of feedback)
- they themselves had a good experience at Bristol or elsewhere, with local antenatal and postnatal care in Weston so this approach can work well (40 pieces of feedback)
- this would be good compromise so the local midwifery service is not removed completely (36 pieces of feedback)
- this would be a better use of resources (25 pieces of feedback)

Examples of the feedback supporting birth care based in Bristol included:

*“The maternity unit is not well used and it can't be cost effective to keep it open for the numbers that use it.”* (Survey from member of the public)

*“Need to ensure staff maintain their competencies and provide an effective service. Discharge is often swift following childbirth so an alternative location would have impact for short duration.”* (Survey from person who manages health or care services)

<sup>6</sup> Wording drawn from *Healthy Weston: Joining up services for better care in the Weston area* released by the NHS in October 2017.

In total 677 pieces of feedback outlined reasons to oppose families needing to have their babies in Bristol. These people were most concerned about:

- it not being practical to travel to Bristol when in labour or visiting, including families travelling with siblings (193 pieces of feedback)
- wanting to use local services, which were perceived to be of good quality (185 pieces of feedback)
- ensuring that services were available for the large and growing population of Weston, including new housing developments (74 pieces of feedback)
- not being practical for those without cars, so may disadvantage the most vulnerable (44 pieces of feedback)
- potential safety issues for mothers and unborn babies needing to travel to Bristol during labour (40 pieces of feedback)
- lack of continuity of care from local midwives (37 pieces of feedback)
- wanting families to have a choice (37 pieces of feedback)
- concern that services in Bristol were already stretched (31 pieces of feedback)
- prohibitive costs to travel to Bristol (18 pieces of feedback)
- placing more pressure on the ambulance service (7 pieces of feedback)
- not believing the statistics provided about numbers of births or requirements for staff competencies (6 pieces of feedback)
- perceiving the approach as a way of saving money and cutting services (5 pieces of feedback)

Examples of comments challenging the suggestion to offer all birth services in Bristol included:

*“The only reason only 170 families per year use the maternity unit at Weston Hospital is that many people experience the slightest issues meaning they have to go to a hospital with obstetricians or if something went wrong during labour they would have to wait for an ambulance and then travel to Bristol. There quite often isn’t enough time to do this before serious complications occur so people don’t want to take the risk. If there were obstetricians based at this unit, thousands of families would use the services.”* (Survey from member of the public)

*“I don’t think it’s right to medicalise straightforward, uncomplicated deliveries. In the vast majority of normal low-risk pregnancies, the baby arrives just fine. And in those situations the most important factors for a straightforward birth are a calm, relaxing home-from-home environment and being supported by the people with the right skills. It’s best if this is someone who knows you already from antenatal appointments and can judge how best to support you through labour. We should be thinking how we can provide parents with better information about midwife-led birthing units and the evidence of positive outcomes.”* (Survey from member of the public)

*“Not everyone needs the same amount of care during childbirth, and transferring low-risk pregnancies to Bristol could mean there is then less care available for higher risk pregnancies who need more advanced care. It is essential that a woman has a choice of services and a low-risk unit in Weston could be much more convenient for a number of women. It also means that continuity of care is more likely, as it is important that a woman has a midwife she knows / trusts to help her through childbirth.”* (Survey from member of the public)



Box 6 summarises key points from a workshop exploring some specific approaches to maternity care.

#### Box 6: Feedback from a workshop exploring two approaches to maternity care

In February 2018, 20 people took part in a workshop to provide feedback about possible models for maternity services in Weston. The participants were health professionals working in maternity services in Weston and Bristol. No people using services or voluntary groups took part. Participants were asked for feedback about two models. In one approach, the midwife-led unit would be available in Weston, but not be open at all times. Women wanting to use it would need to telephone when in labour and the unit would be opened for them. All midwives would be based in the community rather than in hospital. In the second model, there would be no midwife-led unit in Weston. Midwives based in the community would continue to support home births but families wanting to give birth in a midwife-led unit or hospital would need to travel to Bristol.

After hearing information presented by the *Healthy Weston* team, the health professionals that attended the workshop reportedly thought that it was not sustainable to continue offering a midwife-led unit in Weston 24-hours a day, seven days a week. They did not support one of the models proposed more than the other. In any forward planning, they asked for the following to be considered:

- adequate staff and funding would be necessary to implement either model
- current staff are valued and should be kept
- reducing or removing midwife-led birth services reduces choice for families
- travel may be uncomfortable in labour
- there are issues with public transport availability and travel costs to Bristol
- there may be confusion and safety issues if families arrive at the centre without phoning in advance or if they arrive before a community midwife
- any changes may put pressure on the ambulance service, which may be called on to transport more women in labour to Bristol and may need to have a team specialising in maternity
- the midwife-led unit could be located in an accessible location near the motorway
- rotations of midwives between Weston and Bristol could be considered but may impact on continuity of care
- information technology needs to be set up to support this way of working

This box does not seek to replicate the detailed notes taken at the workshop, which the *Healthy Weston* team said were used to shape ongoing planning. Feedback about the models is not generalisable to the views of others, particularly as the sample was small and people using services did not attend. Seven women attending a postnatal yoga class, none of whom had their babies at Weston, were later asked to comment about the two models but others were not publicly asked for feedback about this during the dialogue period. The women asked raised concerns about travel, choice and safety, and also said they could see merits in further promotion of home birth.

## Other suggestions about maternity care

Other ideas proposed for consideration in planning services around the time of birth included:

- extending the range of services available at Weston General Hospital to accommodate women with **higher risk pregnancies** (80 pieces of feedback)
- more **promotion** of the midwife-led unit to encourage more births there (24 pieces of feedback)
- **rotating midwives** through different centres to keep their skills up to date. In this view, midwives could work at both Bristol and Weston, and thus see the number of families they needed to maintain their skills (22 pieces of feedback)
- finding out why families do not want to have babies at Weston (17 pieces of feedback)
- virtual hubs with midwives and health visitors, not necessarily based at the hospital (1 piece of feedback)

## Other hospital services

In the *Healthy Weston* survey, nine out of ten responses agreed that it would make the most of NHS resources if Weston General Hospital **worked more closely with other hospitals** and services (90%). People had similar opinions no matter where they lived or their age, gender or ethnicity.

Nine out of ten survey responses thought that it would be good to **have more planned operations** at Weston General Hospital (90%) and one in ten did not agree with this (10%). One other piece of feedback recommended implementing volume-based surgery lists, whereby each surgical team has a set number of operations to perform and works until the number is complete rather than allocating a set finishing time for surgery.

There were a small number of comments about other aspects of acute services. Some reported a lack of clarity or understanding about the model(s) being discussed related to critical care and elective surgery (7 pieces of feedback).

Others suggested that the hospital should offer a wider range of services, particularly for vulnerable groups (5 pieces of feedback).

Some responses suggested that the hospital should draw more on technology and link records with others (4 pieces of feedback) and others said that it would be useful to promote the good services available at the hospital to improve staff morale and local perceptions (3 pieces of feedback)



# Planning next steps

## Key points



People who answered the *Healthy Weston* survey were asked what criteria the NHS should prioritise when weighing up models and planning next steps. 1,286 pieces of feedback commented about this (96% of survey responses).

The top three things that people wanted the NHS to use as decision-making criteria were:

- population numbers and needs
- time taken to travel to services in an emergency
- number and type of staff available to run the service safely

The *Healthy Weston* survey invited respondents to select the top three things that the NHS should take into account when deciding on next steps. People could select from a list or add their own priorities. The criteria are listed below in the order prioritised by survey responses:

- population numbers and needs (48% of survey responses)
- time to travel to services when it is an emergency (48%)
- number and type of staff available to run the service safely (41%)
- ways the NHS could be more efficient (23%)
- what local people say (21%)
- the needs of the most vulnerable groups such as older people and children (21%)
- what health professionals say (18%)
- helping people to look after themselves (16%)
- making sure that services support family and carers (10%)
- using resources for the most urgent needs (8%)
- seasonal changes in population numbers (7%)
- evidence, research and statistics (7%)
- time to travel to services when it is not an emergency (7%)
- seeing the same staff consistently (6%)
- the needs of the largest number of people (5%)
- accessibility by public transport (5% added this criteria, it was not included on the pre-specified list)
- coordination between services and providers (4% added, not included on list)
- financial costs (3%)
- person-centred care (2% added, not included on list)

# Engagement

## Key points



100 pieces of feedback commented about the approach that the *Healthy Weston* programme took to engage in dialogue (6%). Notes from workshops and meetings suggested that those who took part were positive about having an opportunity to engage and wanted to continue to be involved. 41 pieces of feedback were positive about the codesign process and 23 pieces of feedback suggested that wider engagement would be beneficial.


Comments about the approach that the *Healthy Weston* programme took to engage in dialogue included:

- positive feedback about the codesign approach and involvement of wide range of people giving feedback about *Healthy Weston* (41 pieces of feedback)
- a desire for wider participation in further discussions (23 pieces of feedback)
- concern that people's opinions would not be taken into account or that decisions have been made (21 pieces of feedback)
- concern about the questions asked in the *Healthy Weston* survey, in case these were leading towards particular outcomes (10 pieces of feedback)
- suggestions to work with local media and social media to promote messages, including access to services and self-care (5 pieces of feedback)

Examples of comments in this regard included:

*"Great to be involved and get the opportunity to talk to colleagues from a wide variety of backgrounds but also to see members of the public involved!"*  
(Twitter post from someone who provides health or care services)

*"Bringing together all stakeholders to discuss issues and resolutions was felt to be a positive new step."* (Notes from workshop)



# Summary

This independent summary of themes from 1,627 pieces of feedback received during the *Healthy Weston* public dialogue and codesign period suggests:

- The overall *Healthy Weston* vision for closer working between health and social care was positively regarded by eight out of every ten pieces of feedback. However there were questions about how the vision would be implemented and whether it was based on a desire to save money or withdraw services.
- The key issues that people wanted taken into consideration when developing plans were characteristics of the local population; staffing; considering how services could be better interlinked; public transport, transport costs and parking; resourcing and infrastructure, and clarity around implementation.
- Relatively few pieces of feedback commented about ways to improve general practice services, apart from answers to survey questions about relative priorities. The highest priorities were services working closely together; being able to get a healthcare appointment on the same day and health services helping people to look after themselves and stay well.
- The idea of a 'one stop shop' or hub of services on the site of Weston General Hospital was well received by most (76%), with a desire to include health services, voluntary services and social care. It was thought that this may improve coordination between services and improve accessibility. There were concerns about whether it would be appropriate to house some services together, such as those for children and people with mental health issues. There were also concerns about a lack of public transport and accessibility of the hospital site.
- The most feedback was provided about urgent and emergency care services. People thought that it was essential to have a 24-hour A&E service at Weston General Hospital due to the population of Weston; reduced safety if travelling to other hospitals; cost and inconvenience of travel to and from other hospitals; and lack of capacity elsewhere. 33% of pieces of feedback commenting about this supported direct admissions to wards rather than admissions through A&E.
- 22% commenting about maternity services said they would be happy if families that wanted to use a midwife-led unit went to Bristol rather than Weston. Half did not support this (46%) and the rest said they would not mind either way (32%). Concerns centred around the impracticality, safety and cost of travelling to Bristol; the desire to keep services available locally; and reduction in choice.

People from different areas, those from various age groups and those who had physical or mental health conditions expressed similar views. Table 2 summarises any differences between groups in answer to the *Healthy Weston* survey questions.

The *Healthy Weston* programme has committed to consider all feedback when planning next steps.

Table 2: Summary of group differences in Healthy Weston survey responses

Survey topic	Overall feedback	Differences by gender	Differences by age	Differences by ethnicity	Differences by area
Encouraging health and care services to work together	89% support	No differences	The older people are, the less likely to support	No differences	North Sedgemoor and Mendips least likely to support
One-stop shop	76% support	No differences	No differences	No differences	No differences
Health services supporting self-care	92% think important	No differences	No differences	No differences	No differences
Getting all services in one place	82% think important	No differences	No differences	Most important to minority groups	Less likely to be important for Winscombe
Always seeing same professional for non-urgent appointments	71% think important	Women more likely to think important	No differences	No differences	No differences
Always seeing a doctor	61% think important	No differences	The older people are, the more likely they are to say this is important	Minority groups most likely to think important	Weston area least likely to say this is important
Travelling no more than 2 miles from now	71% think important	Women more likely to say important	No differences	No differences	No differences
Travelling no more than 5 miles from now	81% think important	No differences	No differences	No differences	No differences
Appointments via telephone or Skype	57% think important	No differences	No differences	No differences	No differences
Appointments same day	89% think important	No differences	No differences	Minority groups more likely to think important	No differences
Always going to same clinic	76% think important	No differences	No differences	No differences	Winscombe less likely to say important
Services working together	98% think important	No differences	No differences	No differences	No differences
Most important factor	Working together, same day appointments and self-care	No differences	No differences	No differences	No differences

Survey topic	Overall feedback	Differences by gender	Differences by age	Differences by ethnicity	Differences by area
OK to travel up to 3 more miles for special appointments	80% agree	No differences	No differences	No differences	No differences
OK to travel up to 3 more miles if quicker access	78% agree	No differences	No differences	No differences	No differences
OK up to 5 more miles if quicker access	54% agree	No differences	No differences	No differences	No differences
OK to see other professionals	75% agree	No differences	No differences	No differences	No differences
OK to have some appointments via video call	51% agree	No differences	No differences	No differences	No differences
OK to have some appointments via phone	65% agree	No differences	No differences	No differences	No differences
Direct admissions to wards instead of via A&E	33% support, 9% don't mind	No differences	No differences	No differences	North Sedgemoor least supportive
Midwife-led unit in Bristol, with ante and postnatal care in Weston	22% support, 32% don't mind	No differences	Those aged 35-49 least likely to support	Minority groups more likely to support	No differences
Understand reasons why A&E needs to look at different ways of working	70% agree	No differences	The older people are, the less likely to agree	No differences	No differences
Have enough info about how to get emergency care overnight	40% agree	No differences	The older the person, the less likely to agree	No differences	No differences
Worry that midwife-led birth unit sees 170 births per year	81% agree	No differences	No differences	No differences	No differences
Weston General is a good place to have more planned operations	90% agree	No differences	No differences	No differences	No differences
Weston General is a good centre for people who need many services in one place	86% agree	No differences	No differences	No differences	No differences
Make the most of resources if hospitals work together	90% agree	No differences	No differences	No differences	No differences
Highest priority factors to consider in decision-making	Travel time in emergency, population numbers and needs, staff available	No differences	No differences	No differences	No differences