

Improving healthcare services in Weston and the surrounding area



**Our proposals for changing local
healthcare services, including the
services at Weston Hospital**

**Consultation document
February 2019**



What this document is about

We are running this consultation to gather feedback from local people on three specific areas of proposed changes to services at Weston Hospital: A&E and urgent care, critical care and emergency surgery. We explain our proposals on [pages 24-34](#).

We also want your views on the improvements we are already making to services for frail and older people, children's urgent care services, mental health services and primary care. We explain these improvements on [pages 35-43](#). To create a long-term sustainable future for healthcare services in the Weston area we have also set out our longer-term vision on [pages 56-59](#).

We want to hear what local people think. We explain how to share your views and be involved on [pages 62-63](#).

Please share your views.

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1. Introduction

About us

This booklet has been prepared by Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group. We are responsible for the planning and buying of health services to meet the needs of our population now and in the future. We have worked in close co-operation with Somerset Clinical Commissioning Group in the development of these proposals because a significant number of people who use Weston Hospital's services live in the north Sedgemoor area.

Why are we consulting?

The purpose of a public consultation is to ensure we have considered the views of local people on our proposals before we make a final decision on what changes to make to local health services.

The consultation also seeks to identify any information or evidence that we haven't already considered, that could impact on the proposals. However, the public consultation is not a vote or referendum.

The final decision about any changes to services will be made after this consultation has finished by the Governing Body of Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group based on the evidence and information available, including feedback from the public consultation.

This consultation runs from Wednesday 13 February 2019 to Friday 14 June 2019. We hope you will take the opportunity to get involved. [On page 62](#) we set out the different ways you can share your views with us.

Our commitments to you

During the consultation we are committed to:

- making information available in a way that is easy to understand and accessible by all.
- respectfully listening and considering the views we hear.
- responding openly and honestly to questions and queries in a timely manner.
- making ourselves available to our local communities by holding public meetings and, wherever possible, attending existing meetings of local groups.
- making sure that people can respond to the consultation in different ways – for example by attending a meeting, completing a questionnaire, sending us a letter or emailing us and so on. [See page 62 for more details.](#)

After the consultation ends we are committed to:

- undertaking a thorough review of all the feedback we receive.
- publishing an overview of the feedback.
- carefully considering how the feedback impacts on the proposals we are consulting on.
- producing and publishing a document which describes how we have responded to the key themes emerging from the consultation feedback.

Foreword

There is an overwhelming case for changing health services in Weston, Worle and the surrounding areas to enhance and improve the care available to local people, improve health and well-being and recovery from illness, and make best use of our resources. Developing a stronger and more focused Weston Hospital at the heart of the local community is key to our vision of a healthier future.

This document summarises the work that the *Healthy Weston* programme has undertaken with senior doctors, frontline staff, partner organisations, patients, carers and members of the public. It focuses on services at Weston Hospital because these changes require public consultation. Our proposals, designed by doctors and other senior health professionals from our area, are set in the context of improvements taking place across the wider health and care system.

Our overall vision is for clinical teams at Weston Hospital to work more closely in the future with colleagues in community and primary care (GP) services, as well as with colleagues at neighbouring hospitals, and with those providing social care services. This more joined-up approach is increasingly how health and care services are working more closely together across the country, and we believe will help to make sure that local people can access the best care possible. This document sets out our proposals for changes that could be put into place over a 12-month period once a decision has been made following consultation.

The proposals we are consulting on, and the other improvements we describe, support our ambition for a five-year journey towards a fully integrated way of working between those

services provided within hospital and a wide range of community-based services. Working in this new and integrated way is part of the national direction for the NHS set out in both the NHS Five Year Forward View¹ and the recently published NHS Long Term Plan². The changes we are putting forward are designed to deliver stronger and improved primary and community services as well as assuring the future of Weston Hospital, working with local partners and the other hospitals in Bristol and Somerset.

It is vitally important that you share your views and give us your feedback on the proposals described in this document. We have worked closely with partners and the local community in the design of our ambitions for the future and want to test them further before making any firm decisions on the future shape of services.




Dr Jonathan Hayes
Clinical Chair



Julia Ross
Chief Executive

Bristol, North Somerset and South
Gloucestershire Clinical Commissioning Group

¹ www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

² www.longtermplan.nhs.uk

Statement of support

As leaders of our organisations and partners in the planning and delivery of health and care services for people in Weston, Worle and the surrounding area we are committed to working together to achieve a shared ambition. That is to make sure local people have access to the very best health and care services that meet their needs when they need them. People in our local communities – families, friends, neighbours, those who live, work and visit here – deserve nothing less.

We have been working with staff in our own organisations and with colleagues in Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group for the past 18 months to identify the challenges in current services and how to address them. We have looked at innovations in how we work, and where improvements can be made. There have been many conversations along the way with clinicians, patients, carers and local people and a wealth of different experience, ideas, data and insight has fed into this work.

What is very clear is that we need to make changes. Changes to improve the safety and quality of some of the services we offer so they more consistently meet national clinical quality standards. Changes to make sure our services meet people's changing needs. Changes to make sure our services are sustainable – that we can deliver them with the right numbers of the best qualified staff with the right experience in an affordable way. If we don't get our services onto a sustainable footing, we risk having to make sudden and unplanned changes that aren't good for our patients or our staff.

We have to think differently about how we design and deliver NHS services to improve how we treat and care for people so they have the best chance of recovery. We need to make the most of increased knowledge and specialisation of skills, advances in technology and medicines, and new ways of working and collaborating. We must also work hard to ensure the best value for money for every NHS pound that is spent. Not every service can be delivered in the same way everywhere, but everyone should expect to receive the care and treatment they need when they need it.

Our ambition is that by working together with different areas of expertise and specialisation, we can offer a comprehensive set of services to everyone in our local communities.

We believe what is set out here is the right way forward. We urge you to engage in this consultation led by our colleagues at Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group. Please give your views on the proposals to help shape the future of local healthcare services.

Hayley Richards
Chief Executive
**Avon and Wiltshire Mental
Health Partnership NHS Trust**

Andrea Young
Chief Executive
**North Bristol
NHS Trust**

Judith Brown
Chief Executive
**North Somerset
Community Partnership**

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Chief Medical Officer
**Taunton and Somerset
NHS Foundation Trust**

Robert Woolley
Chief Executive
**University Hospitals Bristol
NHS Foundation Trust**

James Rimmer
Chief Executive
**Weston Area Health
NHS Trust**

Kevin Haggerty
GP at Longton Grove & Chair
**Weston and Worle
Commissioner Locality Group**

John Heather
GP at New Court & Chair
**Weston and Worle
Provider Locality Group**

About the NHS in the Weston area

When we talk about the 'Weston area' we are referring to Weston-super-Mare, Worle, Winscombe and the surrounding areas including north Sedgemoor, as shown on the map below.



The number of people registered with a GP in this area is around 152,000 and this number is expected to grow to over 161,000 by 2025.

NHS services are provided by a number of different organisations, some based within the Weston area and some further afield in Bristol and Somerset.

- Primary care is provided by 16 GP practices, and the out-of-hours GP service, BrisDoc. 90% of contact with patients happens in primary care and BrisDoc provides care to more patients out of hours than North Bristol Hospital, University Hospital Bristol and Weston Hospital combined.
- Emergency ambulance services are provided by South Western Ambulance Services NHS Foundation Trust.



- General and some specialist hospital care is provided by Weston Area Health NHS Trust at Weston Hospital. Around 20% of patients who use Weston Hospital come from the north Sedgemoor area.
- Specialist hospital care is provided by hospitals in Bristol and Taunton for patients from the Weston area who have complex cancer, heart attacks, stroke, and major trauma, or who need complex surgery.
- Mental health care, both community-based and inpatient services, are provided by Avon and Wiltshire Mental Health Partnership NHS Trust.
- Community-based health services such as community nursing, health visiting, therapy services and services at North Somerset Community Hospital are provided by North Somerset Community Partnership. Community care in Somerset is provided by Somerset Partnership NHS Foundation Trust.
- Social care and public health services are provided by North Somerset Council and Somerset County Council.
- There are many independent nursing and residential care homes providing care in the Weston area.
- A wide range of voluntary, community and social enterprise sector organisations also provide care and support services to local people.

Clinical Commissioning Groups

NHS commissioners are responsible for identifying what health services local people need and ‘commissioning’ organisations to provide those services within an agreed budget to agreed quality standards. These organisations are called clinical commissioning groups or CCGs and are led by local GPs. It is CCGs that are responsible for running public consultations on changes to NHS services. NHS Bristol, North Somerset and South Gloucestershire CCG is running this consultation, working closely with Somerset CCG.

2. Our vision for a healthy Weston

Led by local doctors and other health professionals, we have used the ideas and feedback we have received from local people, along with the views of staff from across our local NHS and social care organisations, to develop a vision for the future of services in the Weston area.

Our vision is for NHS services in Weston, Worle and the surrounding area to be the very best they can be. We are committed to meeting your individual health needs, helping you to avoid ill health, stay well, and provide high-quality care as close to home as possible, when you need it.

Healthy Weston is the name of our programme of work to deliver high-quality, safe and sustainable NHS services that meet local people's needs now and in the future. We describe our ambition and vision in more detail in *Healthy Weston: joining up services for better care in the Weston area*.³



We are committed to ensuring that we:

- Design our services to help people stay as healthy as possible and prevent ill health. This is because we do not think it is right to wait until people are unwell to support them.
- Provide care as close to home as possible, particularly for the services people need to access more frequently. For example, increased access locally for cancer treatments, such as complex chemotherapy.
- Focus on supporting people's mental health needs, as well as their physical health needs. Mental ill health will affect one in four of us during our lives. We want mental health to be an integral element of the care we provide.
- Join up GP, community and hospital services more effectively, such that they work closer together. This includes having mixed teams of doctors and nurses at Weston Hospital. And we want to work more closely and effectively with our neighbouring hospitals in Bristol and Taunton as a single healthcare system, rather than as a series of separate, disjointed services.

³ www.bnssgccg.nhs.uk/library/healthy-weston-joining-up-services-for-better-care-in-the-weston-area/

- Establish Weston Hospital as a strong and focused district general hospital. We want to lead our region and others around the country in having a small sustainable hospital that really meets the changing needs of their population and is at the centre of local health services. This would mean reforms to the A&E, emergency surgery, and critical care services so that they are best able to meet national clinical guidelines and have the right number of skilled staff, in the right place, working in the most effective way. We also want

to become a centre of excellence for the management of frail and older patients and planned care services.

- Use our resources effectively. At the moment the significant financial subsidy that Weston Area Health NHS Trust requires to keep operating services means that resources are diverted away from other key local services, including those that may be able to help people remain healthy and not require unplanned A&E attendances.

The key elements of our vision for services in the Weston area



The NHS Long Term Plan

In January 2019, the NHS Long Term Plan⁴ was published which sets out a blueprint for the future of NHS services over the next ten years. The plan describes how more investment in primary and community-based care, in mental healthcare and in preventing ill health will become a key focus for the NHS going forward. It also describes how services for frail and older people will be increasingly joined-up across health and social care, and more care will be delivered in or close to people's homes.

Our vision for *Healthy Weston* is fully aligned with the NHS Long Term Plan and will support its implementation across Bristol, North Somerset and South Gloucestershire.

New ways of working

Medical knowledge is growing all the time, and our understanding of what helps people to stay well and maintain their independence has changed dramatically over the last 20 years or so. There are exciting innovations, technology to support different ways of delivering and personalising care, and mainstreaming of what was once seen as 'cutting edge' into our day-to-day health services. There is increasing specialisation amongst health professionals, alongside a clear acknowledgement that different health and care professionals need to work more closely together to deliver better, more joined-up care for patients. However, the way our NHS services are organised has not always kept up with this knowledge and change.

Caring for the most vulnerable in our communities

We know that it's better to do everything we can to prevent frail and older people getting so poorly they need to be admitted to hospital. Hospital stays carry risks, for example of infection and loss of independence. We know that older people who are admitted to hospital lose as much as 5% muscle strength for every day they are in bed and not moving around.

However, our resources – staff, money, equipment etc – are not always focused in the right places to help us support and care for frail and older people, and people with long term conditions, at home or close to where they live, and to catch any problems before they get worse.

We also know that everyone's health and wellbeing is down to much more than just the symptoms of a particular condition. Loneliness, unsuitable housing, what we eat and drink, physical activity, smoking, and other 'lifestyle' factors all play a big part in our health.

Unfortunately, the NHS does not always work together effectively – either with other NHS organisations or social care, voluntary and community organisations – to help people improve their quality of life. Sometimes, something as simple as making sure a person is able to get to the shops and regularly meet with a local community group for a cup of tea and a chat, can help people to avoid depression, deteriorating health and loss of independence.

We believe we can do more to help vulnerable people in our communities stay well and independent for longer.

⁴ www.longtermplan.nhs.uk





Specialist hospital care

NHS England⁵ has set out new ways of working to help to improve quality in the NHS. It is recommended that patients with the most serious needs are treated at specialist centres as this leads to better patient care and outcomes. The evidence shows that, when people have been treated at major trauma centres, 30% more of the lives of the worst injured are saved.

These better patient outcomes are a result of being cared for by highly trained and experienced staff who see lots of patients with the same condition. The more health professionals do of something – be it diagnosing and caring for patients with a particular condition, or carrying out a specific procedure or type of surgery – the more knowledge, skills and experience they gain and the better they get at their specialty.

Smaller district hospitals should not be providing complex specialist services where there are insufficient numbers of patients being treated with the same condition. This means some services need to be provided in other locations.

This approach also helps the NHS with current staffing challenges. As health professionals are often more attracted to working in specialist centres we are reducing the risk of spreading our specialist staff too thinly across several hospitals.

Many of the royal medical colleges have developed evidence-based guidelines which support concentrating specialist care in centres of excellence for these reasons.

⁵ www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

⁶ www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/

⁷ www.longtermplan.nhs.uk

Our vision is to develop Weston Hospital as a centre of excellence for frail and older people, increasing the numbers of planned operations done locally and offering an improved service for children. In addition, we want to ensure that local people get the best specialist care to meet their needs – even if it means travelling further.

Urgent and emergency care

We all want to know there is excellent emergency care available to us should we need it and most of us typically think of A&E as the place to go to get medical help if we need it urgently.

However, in recent years the number of people needing urgent care has increased faster than those needing more specialist A&E services.

The national recommendation⁶, reinforced in the recent NHS Long Term Plan⁷, is that local areas provide Urgent Treatment Centres to treat people who do not need the most specialist types of emergency care.

Care for those who are most seriously ill is increasingly being concentrated into fewer hospitals so that we can consolidate our expert staff and other resources for the greatest benefit for those people with very serious and life threatening conditions.

Our vision is to offer local people easy access to high-quality urgent care close to where they live 24-hours a day, seven days a week, as well as ensuring people are taken to excellent emergency centres for very serious and life-threatening conditions when they really need them.

3. Why our local services need to change

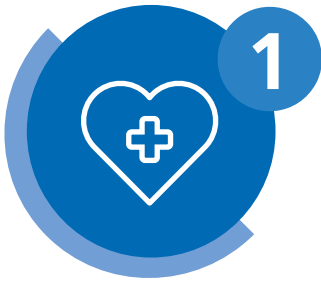
We have been listening to the views of local people and staff about local services, as well as gathering evidence and data on the current state of healthcare across the Weston area.

The information clearly shows that we are facing four significant challenges which mean we have got to change the way in which our local healthcare services are organised and care is provided.

Further details of the evidence are available in our *Case for Change*, a document we published in October 2018. It is available at www.bnssghealthiertogether.org.uk/healthyweston/

These four key challenges make clear why we must act now to make changes to local services, so they operate in a way that is safe, that meet the needs of our local population and means they can deliver the high-quality care we know staff want to achieve.

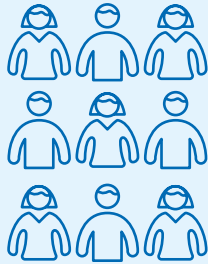




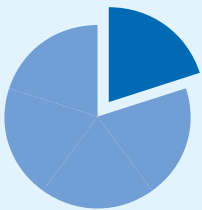
1 Changing health needs

Our population is growing, getting older, living with more long-term conditions and there are significant inequalities in health outcomes.

Population growth from **152,000** to over **161,000** by 2025



Overall the population in the catchment area for Weston Hospital is only set to grow by around **1%** each year, from **152,000 to over 161,000 by 2025**. However, a **fifth** of the growth will be in people **over the age of 70**.



a **fifth** of the growth will be in people **over the age of 70**

This means it is likely that there will be many more people living with **frailty** and **long-term conditions** than we have currently.

more people living with **frailty** and **long-term conditions**



New **housing**, more **children** and **young people**

We will also see an **increase** in the number of **children and young people** as a result of **new housing** attracting **young families** to the area.



This will increase the demand for primary and **community-based services** such as **health visiting** and **district nursing**.

Smoking, obesity and harm from **alcohol** and **drug use**



In our more deprived areas there are **above average** levels of **smoking, obesity** and harm from **alcohol** and **drug use**.

Demand for **primary** and **community-based services** will continue to rise

Overall **life expectancy** in North Somerset is in line with the England average, but there are **big differences in life expectancy** between the **least and most deprived areas**.

Big differences in **life expectancy**





Variations in care and in access to primary and community care

There are differences in the way care is currently provided, with some patients finding it harder than others to get the right care.

There is a **large variation** in the number of **A&E visits** made by patients from different GP practices. Some of this is because patients choose to go to A&E rather than their GP.



large variation in number of **A&E visits**

There is **significant variation** across North Somerset in relation to **unplanned admissions** to **hospital**.



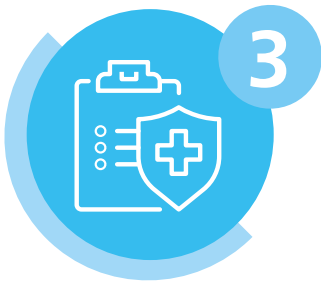
significant variation in number of **unplanned hospital admissions**

There is also a big difference in the number of patients each GP looks after. In some practices there are fewer than **1400 patients per GP** and in others as many as **4200 per GP**.



fewer than **1400** patients per GP or as many as **4200** per GP





Meeting national clinical quality standards

Some services at Weston Hospital don't see enough of certain cases and there is a shortage of specialist staff.

As Weston Hospital is one of the smallest hospitals in the country it is **not able to provide some specialist services to national quality standards.**

One of the **smallest hospitals** in the country 

NHS England recommends that **smaller district hospitals should not be providing complex specialist services** where there is evidence that high numbers of patients treated with the same condition are associated with higher quality outcomes.



30% more lives of the worst injured saved when treated at major trauma centres.

In recent years the number of people needing urgent care has increased faster than those needing more specialist A&E services. We must design our services to meet this changing need.

Not all the patients who currently go to A&E need to be treated there, **around 35%** could be better assessed and **treated by a different service** (for example an urgent care centre, pharmacist, NHS 111 or GP). This is a pattern reflected in other hospitals nearby and across the country too.

Around **35%** of A&E patients could be better seen at another service



As a direct result of the **staffing issues** which led to safety concerns, the A&E at Weston has been **temporarily shut from 10pm to 8am since July 2017** because the hospital can't recruit enough permanent doctors and nurses to safely provide a 24/7 service.

A&E temporarily shut 10pm to 8am since July 2017 due to **staffing issues**



Weston has **lower than the national average** numbers of **planned admissions and outpatient appointments** in other clinical areas, including cancer services and orthopaedics.

In February 2019 there was a **23% consultant vacancy rate**, with particular challenges staffing A&E and general medicine, which means there is a reliance on locum, temporary staff. There is also a **nursing vacancy rate of around 25%**. These vacancy rates are significantly higher than at neighbouring hospitals.



Consultant vacancy rate 23%

Nurse vacancy rate 25%

In January 2018 alone, **over 800 nursing shifts** were covered by agency nursing staff, with **60%** of these **due to job vacancies** (as opposed to staff holidays or illness).

800
nursing shifts
covered by
agency staff



There are a number of reasons for these long-term staffing problems. There is a **national shortage of A&E specialist doctors** and they tend to be attracted to work in larger hospitals with a greater range of opportunities. Also, the ongoing **uncertainty of the future of the A&E** – which this consultation exercise seeks to address – is also a factor.





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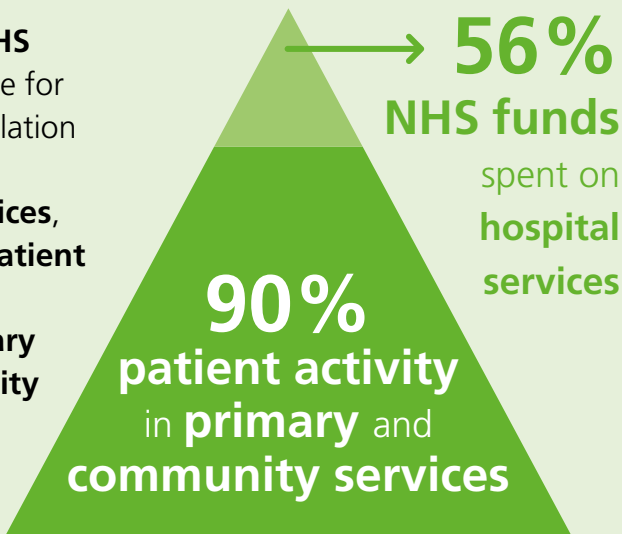
Getting value for money

We have a duty to spend every pound for the greatest public benefit. We must live within our financial means and make sure we use our available resources most effectively to meet local needs.

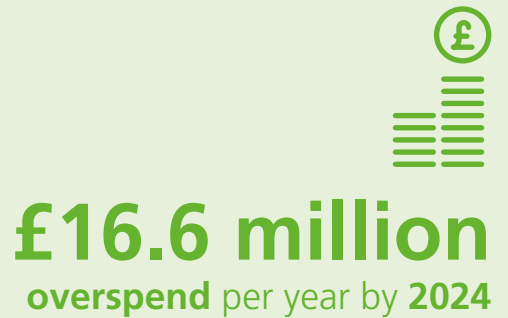
The Bristol, North Somerset and South Gloucestershire health system spent **£86 million** more than it had in available funding in 2017/18.



56% of all NHS funds available for the local population are spent **on hospital services**, but **90% of patient activity** takes place in **primary and community services**.



Weston Hospital would **overspend by £16.6 million per year by 2024** if nothing different is done. This is because services are not being delivered as efficiently as they could be, there is **too much money spent on agency staff** and the **number of patient cases is falling** so the hospital's income also reduces.



Commissioners are **currently paying Weston Hospital more than the 'going rate'** for some hospital services to keep them going, because they don't see sufficient numbers of patients. This isn't a long-term solution as it means we can't use the money to invest in other services that better meet the health and care needs of local people across the whole of our population.



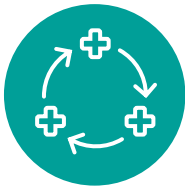
What you've told us about the changes you think are needed

As we have been developing our ideas about how we could change local services to meet local needs over recent years, we have listened to what our staff, local communities and patient groups would like to see happen.

Here are the things you've told us are most important to you:



There needs to be better access to GPs, primary and community services.



Day-to-day health care services should be available as close to home as possible and the different parts of the NHS and social care need to be more joined-up, working more closely with the voluntary, community and social enterprise sector.



To help us attract and retain the best staff we need to find ways to make jobs interesting and exciting and offer staff the chance to work in new and different ways.



Too many people are being treated in hospital for conditions that could be managed at, or closer to, home. If a person is admitted to hospital, they should be better supported to come home as soon as possible.



We need to make sure there is access to urgent and emergency services 24-hours a day, seven days a week, and make sure there are enough resources for South Western Ambulance Service.



Local people want to know there is a positive future for Weston Hospital and that other bigger hospitals nearby are supporting Weston Area Health NHS Trust to deliver sustainable services.



People want help to understand and navigate the health and care 'system' and be kept informed about what is happening with their or their loved ones' care.



Patients want all their needs to be considered together, rather than being seen as a set of individual conditions. They don't want to have to repeat the same information to multiple professionals or have their needs reassessed multiple times.



There are concerns about travel times, particularly for people who live in deprived and/or rural areas or who need to use public transport.



Health care professionals and organisations should be better at sharing information (using IT systems and shared medical records) with permission and respecting patient confidentiality.



We need to reduce variation in the care people receive by making sure best practice is in place across the whole area.



Before any significant decisions or changes are made, local people must be fully involved.

We have worked hard to address these views and take them into account as we have developed our proposals for changes to healthcare in Weston, Worle and the surrounding area.

4. Our proposals for change at Weston Hospital

In this chapter we describe our proposals for change at Weston Hospital and ask for your views on the changes we are consulting on.

Our vision for Weston Hospital

The A&E at Weston Hospital has been temporarily closed from 10pm to 8am since July 2017 on the grounds of patient safety due to staffing levels, following an inspection by the Care Quality Commission. As a result, an average of an additional 8-10 patients a night are now seen at other neighbouring hospitals (however some patients are still admitted directly to Weston Hospital by GPs 24-hours a day). The A&E department is open as normal between 8am and 10pm, which is when the majority (80%) of patients seen there have always used it. The urgent and emergency care services provided at Weston Hospital need to be reformed as soon as possible so there is certainty for staff, and so patients know how, when and where to access urgent and emergency care.

The three changes we are consulting on – A&E and urgent care services, critical care and emergency surgery – have been designed with the needs of our local population in mind. Our proposals would allow us to continue to deliver the majority of services and treatments currently available at Weston Hospital.

A small number of patients who require the most specialist care would be treated elsewhere, in larger specialist units. Those who do have to



“Our vision is for Weston Hospital to be a vibrant and dynamic hospital at the heart of our community.”

travel further would get access to the best quality services – sometimes the best available in the country – and would be brought back to Weston Hospital as quickly as is appropriate for their treatment.

There are also some important new and additional services that we are planning to introduce, both in Weston Hospital and in the community, which we would also like your



feedback on. These are important to understand as they explain how we are working to create a reformed Weston Hospital which offers improvements in access to the services local people need to use most often – services for frail and older people, chemotherapy and children’s services for example. There will still be a range of 24-hour services available locally for most people who need them, and for more serious cases a few more people will be treated at larger centres. We will strengthen and enhance services for many people, especially frail and older people and those with mental health needs.

We also have an ambition to provide more planned surgery at Weston Hospital, for example hip and knee replacement operations or cataract surgery. We know that it is these types of routine surgery that our local population need most frequently.

We are excited about the future of our local hospital. We have a great opportunity to use Weston Hospital in a way that means local people can access the care they need most of the time at a local hospital, while also having access to excellent treatment at larger specialist hospitals. There are examples from across the NHS of other smaller hospitals that have successfully made similar changes to services, leading to improvements in patient care.

The next section explains in more detail the changes we are consulting on. We are asking people to tell us what they think about our proposals – what the benefits could be, what the disadvantages could be and so on – so we can consider all views before making a final decision about the way forward.

Description of the three specific changes we are proposing to the way that services are delivered in Weston Hospital

1 A&E and urgent care

There would continue to be urgent and emergency care provided locally 24-hours a day, seven days a week, but the services would be organised in a different way.

We are proposing to:

- Make the current temporary changes to A&E opening hours permanent. A&E at Weston Hospital would be open from 8am to 10pm, seven days a week.
- Add GPs to the A&E department team.
- Improve the process for GPs (and potentially paramedics) to be able to directly admit patients into a hospital bed when urgent and emergency care is required 24-hours a day.

Why are we proposing this change?

Since July 2017, the A&E at Weston Hospital has been temporarily closed between 10pm and 8am on the grounds of patient safety due to staffing levels, following an inspection by the Care Quality Commission. The urgent and emergency care services provided at Weston Hospital need to be reformed as soon as possible to ensure a safe and sustainable model of care that can be staffed reliably and delivers good value for money.

“ 24/7 urgent and emergency care provided locally, but delivered in a different way. ”



What would this mean for you and your family?

The A&E service would be open from 8am to 10pm, seven days a week.

As it is now, you and your family would be able to access urgent care and advice overnight through NHS 111 and out-of-hours GP services.

We want to significantly expand the number of patients that GPs can directly admit to a hospital bed in Weston Hospital for some conditions, 24-hours a day. This can happen without patients needing to go through A&E.

The relationship with larger more specialist A&Es at neighbouring hospitals in Bristol and Taunton would be further strengthened with closer teamwork.

For very serious and life-threatening emergencies by dialling 999, as now, the ambulance service will take you to the most appropriate place for treatment.

We are proposing that GPs would work as part of the current A&E team, treating those patients in A&E who need urgent care but don't need to be seen by a specialist A&E doctor.

Under this plan, the A&E team could treat a wide range of urgent and emergency patients, including some requiring emergency surgery, as well as people with minor illnesses and injuries. As is the case now patients with major trauma or a severe heart attack, for example, would go to larger hospitals in Bristol or Taunton.

The A&E would be supported by a high dependency unit with the ability to care for patients who were assessed by doctors as needing up to Level 2 critical care with potential to step up to Level 3 for 12 hours. The hospital would retain the ability to extend care on a case-by-case basis ([see page 31](#) for a description of the different levels of critical care).

Patients who are initially treated in neighbouring hospitals would be transferred back to Weston Hospital for the remainder of their stay in hospital when appropriate.

There would be an impact on travel for family and carers who are visiting patients who have been transferred to neighbouring hospitals.



What are the potential benefits?

Patients would be able to see the right healthcare professional for their condition.

GPs are better placed to treat many people who currently attend A&E, which will in turn free up A&E doctors to treat patients who are more unwell.

Patients would continue to benefit from the specialist emergency services provided in Bristol and Taunton.

By making the changes to A&E opening times permanent, local people will have certainty about how, when and where to access urgent and emergency care.

We also expect that by reducing uncertainty it would make it easier to recruit and retain staff. Teams of health professionals that work together regularly become more efficient and better at what they do.

Having GPs working as part of the A&E team will also help with GP recruitment. Local practices know that offering a wider range of experiences, such as working in an A&E environment as well as a GP surgery (on a rota), is an attractive opportunity for some GPs.

What are the potential challenges?

It is sometimes difficult to recruit GPs, so we will have to ensure we make the opportunities to work in the Weston area as attractive as possible, and make it clear what the advantages and professional benefits are for GPs.

There are likely to be ongoing challenges recruiting enough A&E doctors, at both junior and more senior levels to Weston Hospital.

Some patients with the most serious or life threatening conditions would have to be transported further to receive care at a larger specialist hospital in Bristol or Taunton.

What other options have we considered?

We have considered a full range of options, from returning to an A&E open 24-hours a day, seven days a week, through to having a nurse-led minor injuries unit.

If we could overcome the significant current recruitment difficulties to employ enough staff at Weston Hospital to reopen 24-hours a day, a high risk would remain that if only a few staff were to leave to another A&E, or retire, or be off sick for an extended time that the A&E may need to suddenly close again overnight. We would like to provide more longer-term certainty to local people and staff than this.

The nurse-led minor injuries unit option was not considered a good approach by doctors and other health professionals because it would mean an unacceptably high number of patients needing to be transferred to other hospitals for conditions that could not be treated and managed locally.

A detailed explanation of the options we have considered is available on our website in Appendix 18 *Model descriptors for shortlisted models*. www.bnsgccg.nhs.uk/library/governing-body-paper-5-february-2019-item-611/

2 Critical care

Up to Level 3 critical care (also known as an Intensive Care Unit) is currently available.

We are proposing to:

- Provide up to Level 2 critical care for patients whom doctors have assessed as needing care in a high dependency unit.
- Have the ability to provide Level 3 care for 12 hours, prior to transfer to other hospitals, with the ability to extend on a case-by-case basis.
- Transfer patients to other hospitals who are assessed as likely to need more intensive critical care support i.e. the most serious and complex cases.

Why are we proposing this change?

A small number of the sickest patients at Weston Hospital need Level 3 critical care. Whilst there are currently adequate numbers of medical and nursing staff to support this need, the unit is too small to provide specialist support services that are recommended to deliver the best long-term outcomes for patients. These support services include, for example, around the clock nutrition, pharmacy and physiotherapy.

What would this mean for you and your family?

Care would be available on a high dependency unit at Weston Hospital for all patients assessed by doctors as needing Level 2 critical care. This would include detailed observations, support for a single failing organ, or post-operative care.

Patients needing higher levels of critical care could be escalated up to Level 3 for 12 hours, with ability to extend on a case-by-case basis at Weston Hospital, but would then be transferred and treated at other hospitals if they continued to need such intensive care. It is expected that around 100 people per year would need to be treated at larger neighbouring hospitals. As their condition improves these patients would be transferred back to Weston Hospital for the remainder of their care, as appropriate.

Crucially, a consultant would be available 24-hours a day, seven days a week to ensure any patient requiring Level 3 critical care can be cared for at Weston Hospital, with care over 12 hours being closely coordinated with neighbouring hospitals.

What are the potential benefits?

Weston Hospital would be able to focus on providing excellent, high-quality care for the small number of patients who would need high dependency critical care. The smaller number of most seriously ill patients will receive care in larger, specialist units that are better able to provide care that meets national best practice standards.

Focusing on providing for the most common needs of local people means we are less likely to face problems with very specialist staffing and other resources being spread too thinly. This will lead to better patient care.



What are the potential challenges?

Additional ambulance services would be required to transfer some patients from Weston Hospital if they need a prolonged stay in Level 3 critical care. There would also be an impact on travel for family and carers who are visiting patients who have been transferred to neighbouring hospitals.

What other options have we considered?

We have looked at maintaining the level of critical care we currently provide but, because of the low patient numbers for the most critically unwell, doctors did not feel this was in the best interests of patients.



A note on critical care - National guidance defines “critical care” in **three levels**:

Level 1

Care on a ward where the patient may also need an intravenous drip, or oxygen by face mask.

Level 2

Also known as a High Dependency Unit (HDU) where patients need support for a single organ. Although the equipment is the same as Level 3 care, most patients need less specialist equipment. HDUs are staffed by one nurse for every 2 patients.

Level 3

Also known as an Intensive Care Unit (ICU). This provides care for patients requiring support for 2 or more organs or needing a machine to help them breathe. ICUs are staffed by one nurse per patient.

3 Emergency surgery

Emergency surgery is currently available day and night.

We are proposing to:

- Provide emergency surgery in the day time only for patients whom doctors have assessed as suitable for up to Level 2 critical care on a high dependency unit following surgery.
- Stabilise and then transfer by ambulance the most serious or complex surgical patients to be operated on at neighbouring hospitals in Bristol or Taunton, if not already taken directly there.

Patients who need emergency surgery at night would be transferred to larger specialist centres. This would be required for approximately 560 patients each year (around 47 each month). As is currently the case, patients who need emergency vascular surgery (surgery on veins or arteries), or care for major trauma (people with fractured pelvis and/or multiple broken bones, suspected damage to multiple organs/chest/major arteries) would be transferred to specialist units. Patients will remain under review and would be transferred back to Weston Hospital for the remainder of their stay in hospital wherever appropriate.

There would be consultant surgeon cover at Weston Hospital during the day time. Additional on-call support and advice would be available if needed from specialists in larger hospitals in Bristol and Taunton.

Why are we proposing this change?

Typically, people do not require complex emergency surgery very often and the evidence shows that there are better outcomes when these types of operations are done at larger more specialist centres.

What would this mean for you and your family?

Emergency surgery would continue to be provided during the day for most patients. Types of surgery would include people who need to have their appendix or gallbladder removed, for example, and elderly patients with a broken hip who are otherwise reasonably fit and well. Patients who are not fit and well enough, or likely to need complex care, would be treated in a larger specialist hospital.

What are the potential benefits?

The majority of non-complex emergency surgery would continue at Weston Hospital. This means that most people could get treatment close to home and their care would be overseen by a consultant surgeon.

Where patients need specialist or complex surgery, emergency surgery overnight, or are likely to need Level 3 critical care, for the most serious cases, they would be transferred, or taken directly to, a different hospital to ensure they receive the best possible care as quickly as possible.

What are the potential challenges?

More emergency surgery patients will be treated at neighbouring hospitals, which could put pressure on capacity at those hospitals.



However, we can help to reduce this pressure by carrying out at Weston Hospital some of the planned care that is currently done at neighbouring hospitals. We would also ensure that, where appropriate and when they were well enough, patients were transferred back to Weston Hospital after surgery until they can go home.

There would be additional and longer ambulance journeys. While the evidence tells us this is worth it because patients would get better outcomes at specialist centres, it would mean some extra demand on the ambulance service which would need to be funded by the CCG. There would also

be an impact on travel for family and carers who are visiting patients who have been transferred to neighbouring hospitals.

What other options have we considered?

We have looked at keeping services the same, and whether it would be realistic to reduce the amount of emergency surgery even further than we have proposed here. As Weston Hospital does not currently see patients who need complex surgery very often, doctors felt it would not be in the interests of quality or safety to keep things as they are.



Increasing planned surgery and other types of planned care

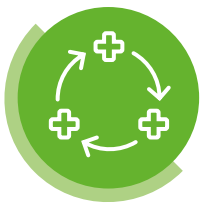
People currently have to travel for some routine and regular outpatient appointments when they could be provided more conveniently closer to home.

We want to provide other types of planned care, such as more complex chemotherapy, closer to where people live. Through our conversations with patient groups and the local community we know that it is improvements in care like this that really matter to local people.

In the future we also plan to offer a wider range of routine planned surgery for people who are otherwise fit and well, or who have minor underlying health conditions. The types of surgery we could do more of at Weston include hip and knee replacement operations and cataract surgery.

5. Improvements that are already happening

There are a range of exciting improvements to local health services which are already taking place in order to ensure we are meeting local needs and providing the best quality care. These developments also provide an important foundation for us to deliver the changes we are proposing to hospital care.



New integrated frailty centre of excellence – joining up community and hospital-based care



A note on frailty – Frailty is a specific health state related to ageing.

Around 10% of people over 65 years are frail, rising to 25-50% of people over 85 years.⁸

As people with frailty have an increased risk of health problems they have more care needs and a higher risk of hospitalisation.

⁸ www.bgs.org.uk/resources/resource-series/fit-for-frailty

Why are we making this change?

Our population is changing, and we are going to see an increase in the number of people over the age of 70 living in the Weston area. This means it is likely that there will be many more people living with frailty and long-term conditions than we have currently. We need to ensure that good quality care is in place to support people to stay as well and as independent as possible.

In any one day, 81% of the people in beds at Weston Hospital are aged 65 or over, which is significantly above the national average. Evidence shows that up to 30% of people do not need to be in hospital but could be cared for at home instead with the right support.

What could it mean for me and my family?

The new centre of excellence for frailty services will have a team of community-based healthcare professionals working closely with the hospital frailty team and other NHS and social care

professionals to identify those patients most at risk and proactively support them to help them stay well. The specialist team will do more to help people avoid hospital stays and if they do have to be admitted, to have shorter stays. They will also ensure the right care and support is put in place so patients get home as soon as they are well enough.

We will ensure that equitable services are provided to the significant number of patients who use Weston Hospital who live in north Sedgemoor (who have different GP and community service providers).

What are the potential benefits?

Frail and older patients will have a care plan, tailored to their individual needs, that helps them to stay as well and independent as possible, in their own home wherever possible.

Services and care will be more joined-up between home and hospital, with health and social care professionals understanding each person's needs and health background.



Integrated frailty service

Put simply, an integrated frailty service is where a group of health and social care professionals work together in a joined-up way, to better support our older and frail population to remain independent, confident, and in control of their health and care, for as long as is possible. We will improve services for our frail older population by working much more proactively and intensively with patients with complex, chronic and disabling conditions, aiming to keep them out of hospital and reduce their need for emergency, and often lengthy, care in a hospital bed.

The integrated frailty service will be based on the following principles:

- People will get proactive, personalised care designed around their individual needs.
- A focus on preventing problems, and quick action when problems arise will support people to stay independent in their community and help prevent social isolation and loneliness.
- Each identified vulnerable person will have an assessment by a team of professionals to identify the individual risks to their health and independence. Plans will be put in place to reduce these risks.
- Identified vulnerable people will have a personalised care plan which sets out how professionals will work together to make sure all their needs – health, social, personal – will be met, and what will happen if they start to become unwell or have problems.
- People will be supported to self-care where possible and the frailty service team will make sure family and carers are involved in developing and agreeing care plans.



The frailty service will take a 'home first' approach, meaning wherever possible people will stay in their own home. This approach will be backed up by primary (GP) and community care services working together so people can access more care locally rather than in hospital.

Evidence from other areas that already have frailty services like the one described, and our own local experience, suggests that the number of unplanned hospital visits to A&E by frail and older patients could be reduced by 25% and unplanned admissions to hospital reduced by 50% within this age group.

You can find out more about our work to develop an integrated frailty service at www.bnssghealthiertogether.org.uk/healthyweston/



Children's urgent care services 8am to 10pm, seven days a week



Why are we making this change?

At the moment children's urgent care is available between 9am to 8pm, Monday to Friday only. We know that children often have an urgent care need at the weekends or in the evenings.

What could it mean for me and my family?

The new children's service will provide care for all children with a sudden illness or minor accident, minor burns or infections requiring antibiotics via a drip.

It would avoid the need for as many children to travel to a neighbouring hospital.

If a child needed to stay overnight or for more than eight hours of observation and/or be admitted to hospital they would be stabilised and transferred to a larger unit, as happens now.

Similarly, as currently happens, newborn babies needing neonatal intensive care would be transferred to a larger hospital.

What are the potential benefits?

The new service will be open for 43 hours more than now, seven days a week, improving access to urgent care for children, seeing a children's specialist and reducing the need to attend general A&E.

Children's urgent care services

Children would benefit from having access to specialist children's staff at Weston Hospital seven days a week from 8am to 10pm. Currently specialist staff are only available Monday to Friday from 9am to 8pm.

This service improvement would avoid the need for as many children to travel to a neighbouring hospital. Instead they could be observed and treated if necessary at Weston Hospital.

It would also provide more care closer to home for children who have been treated at Bristol Children's Hospital and whom are well enough to be transferred to Weston Hospital for the rest of their care.





Investment in mental health services



Why are we making this change?

Around 10,000 patients each year in North Somerset receive mental health support, and we expect to see significant increases over the coming years.

Currently, at Weston Hospital mental health support in the A&E is available during day time hours. It can be difficult to access children and adolescent mental health services.

Through our engagement with local people we have identified priorities for investment in mental health services.

What could it mean for me and my family?

A new crisis and recovery service in the centre of Weston, to support people with urgent and ongoing mental health needs at evenings and weekends.

Improved psychiatric liaison services at Weston Hospital for people who may go to A&E. This will help people experiencing mental health problems and those with severe drug and/or alcohol related issues, to be quickly assessed and cared for by the right team, ensuring that both their physical and mental health needs are met.

More money invested in child and adolescent mental health services.

What are the potential benefits?

Improved waiting times and access for child and adolescent mental health services.

People who are in psychological distress will have a new out-of-hours service that can help them with urgent mental health care needs.

If people accessing A&E have mental as well as physical health needs, there will be more specialist care available for them, particularly where drugs and alcohol are involved.

Mental health crisis and recovery centre



A crisis and recovery café will be set up in Weston-super-Mare as part of the *Healthy Weston* programme and will be a supportive place for people who may be suffering a mental health crisis to attend and receive formal or informal support.

The service aims to meet the needs of people experiencing acute emotional distress associated with a mental health problem (which may or may not have been given a formal diagnosis). Based in the community, and operating out of office hours, the service aims to:

- Provide a safe, welcoming and comfortable place for people aged 16+ in immediate acute emotional distress and for those seeking to prevent the onset of a crisis.
- Take referrals from local urgent and emergency care services including A&E, other mental health services, the ambulance service and the police.

The café will be staffed by experienced workers who will work closely with clinicians as needed to offer advice and guidance to people in distress and their family and friends.

This service is based on others that have been successfully running in other parts of England, and is being designed with local people to specifically meet the needs of our local population.



Primary care services working more closely together



Why are we making this change?

We want GP services to maximise their ability to deliver the highest quality care and to use their resources effectively.

What could it mean for me and my family?

Patients will have greater access to appointments and a wider range of services, such as physiotherapy and counselling.

Residents in care homes will have a more consistent GP service and have a lower risk of needing to be admitted to hospital.

The new *askmyGP* service, available via the internet and smartphone, offers local people a faster way to get advice from their GP.

What are the potential benefits?

A single digital system across Weston for booking appointments, including online consultations and advice means that this will free up capacity and make face-to-face appointments more readily available for those who need them.

Care home residents will get a more consistent high-quality service and will therefore have a reduced risk of being admitted to hospital.

Around £3.2 million is being invested to provide a new primary care building in the centre of Weston.

We expect that by improving the way GPs work together that it will provide greater and more varied career options. This is likely to help attract new GPs and other primary care staff to work in the area.

Pier Health Partnership



GP practices based in and around the Weston area have agreed to formally work together from early in 2019. The new 'umbrella' organisation will be called the Pier Health Partnership. While each GP practice will keep its own name and the same GPs, they will be able to work more efficiently by sharing and pooling resources such as 'back office' functions as well as developing improved services for patients.

Pier Health is part of a nationally funded programme looking at how continuity of care can be improved between patients with more complicated needs and their GP. Research shows that patients have fewer unplanned hospital admissions when they see the same GP a greater proportion of the time. This programme will help improve access to GP services and make it much easier for patients to receive care from their usual GP.

Local GPs have already started working collaboratively to maintain and improve primary care services for local people. In October 2018 a small group of senior GPs stepped in at short notice to secure GP services for more than 5,000 patients in a part of Weston that has some of the most challenging health needs. This was the first time that GPs from different practices had worked together in this way.

Because new ways of partnership working were already being discussed GP leaders were able to prevent a negative outcome for the patients of practices threatened with closure.

These local GPs have proved that things can be done differently by coming together to deliver services that they could not have done on their own.

This is a new way of working for GPs, not just in Weston but across the country. It will help make GP practices more resilient and more consistent in the care they provide for patients. It will also support new and innovative ways of working with health professionals in community and hospital-based services in the future. This will result in much more streamlined and joined-up care for patients.

6. What's the potential impact of our proposals and how do they address the challenges?

Like all change, as well as the benefits and improvements we believe our proposals would bring, there are some potential risks or disadvantages. However, local doctors and other health professionals, as well as the South West Clinical Senate (a regional panel of medical experts) agree that doing nothing is a greater risk. This is because it could lead to changes being made to services at short notice on safety grounds and without the opportunity to plan them properly. Making unplanned changes could impact on the quality of patient care and impact on the effective running of our local NHS, not just in the Weston area but more widely across Bristol, North Somerset, South Gloucestershire and Somerset.

In summary, the South West Clinical Senate has confirmed that in terms of the proposals for hospital services we have described:

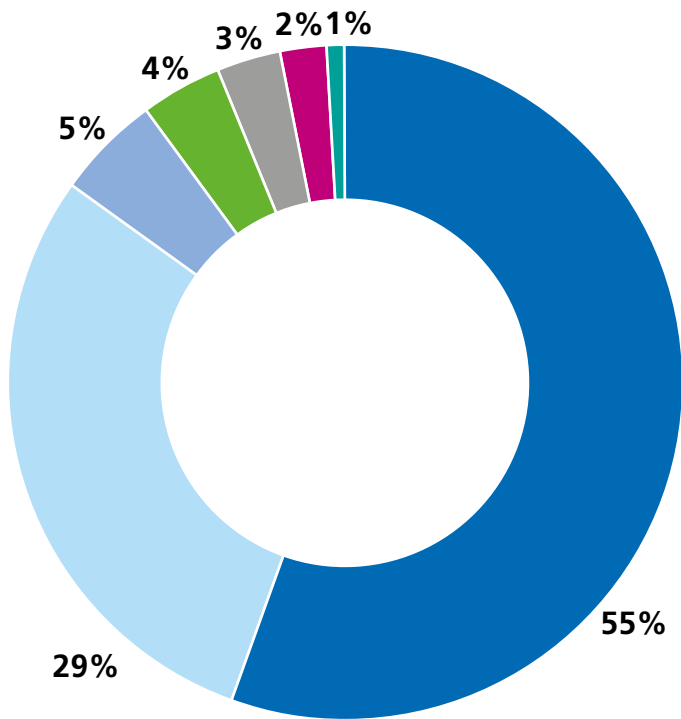
- They are clear that the “do nothing” option is not capable of delivering sustainable, safe services at Weston Hospital.
- They support the proposals for change summarised in [Section 4](#) of this document, which are backed up by the available clinical evidence.
- They are supportive of the longer-term ambition and direction of travel set out in [Section 7](#) of this document.

Our proposals are designed to address some of the more urgent challenges we have around staffing, safety, and quality, to ensure that our services continue to be safe and offer good quality care. The changes we propose aim to make sure the services local people use most often continue to be available at the times of day they are typically most needed and address some of the immediate challenges.

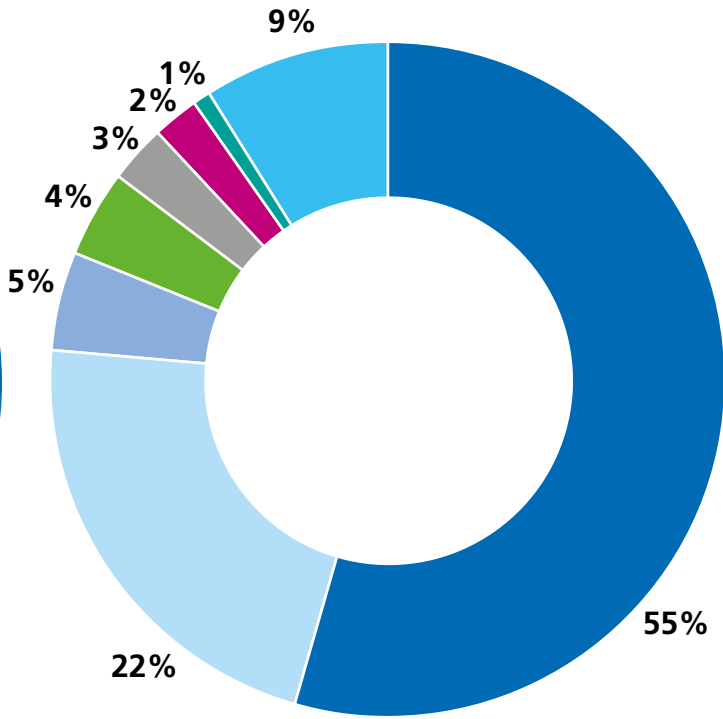
The following charts show the changes, as a percentage, between the type and amount of care provided at Weston Hospital now, and in the future if our proposals were implemented.

Whilst some very serious emergency cases, the most complex emergency surgery and patients requiring the highest levels of critical care would be seen at neighbouring hospitals, there would be new and improved services for frail and older people and those with long-term conditions, an increase in services for children, improvements in mental health support, and more planned care services provided at Weston Hospital. It is these exciting changes that would bring real improvements for local people and focus our resources where there is the greatest need.

Current services at Weston Hospital



Proposed future services at Weston Hospital



- Outpatients
- A&E
- Unplanned, non-surgical admissions
- Planned medicine
- Planned surgery
- Emergency surgery
- Critical care
- Other

The increase in the percentage of services under the “other category” includes the intended increase in services such as more planned care and cancer treatments, as summarised in this document. Work is underway to identify in detail specific types of operations and treatments that could be provided locally to ensure the total amount of care delivered at Weston Hospital would be the same before and after the proposed changes.

Percentages rounded up/down to the nearest whole figure, so may not equal 100%.

How our proposals would improve care for local people

The best way to explain how our proposals would improve care for local people is through some everyday examples of different types of patients and how they might access care in the future. These examples help to show what the proposals could mean for you and your family.

Patient stories and photos are for illustration purposes only.

Doris, 85 years

Now: Doris has had a chest infection for a week, but it is getting worse and she feels very unwell. Her husband takes her to Weston Hospital where she is seen by a doctor in A&E. Her condition is assessed and she needs to have a course of intravenous antibiotics. She is admitted to a general ward. The treatment takes five days. As a result of being in a hospital bed Doris starts to lose some muscle strength and she feels unsteady on her feet. She says she is not confident walking on her own to the bathroom and is anxious about returning home. Although her chest infection has now been treated, she needs to have a short stay in a nursing home to help her rebuild her independence.

In the future: patients like Doris would benefit from the new frailty service which would have more professionals who are specialists in the care of frail and older people. They would work together to help patients remain independent, confident, and in control of their care, for as long as is possible. On her arrival at Weston Hospital, Doris would be seen and assessed by a frailty specialist team.



She would be admitted to a bed in the day assessment unit to start the course of intravenous antibiotics but would be able to return home by the evening, as she would be able to get extra support if she needed it from the frailty team. This support could include reviewing her home to make sure it is suitable and safe for her return, organising for adaptations to be made as required and regularly checking on her progress. This would avoid her having to stay in hospital where elderly people can quickly lose their independence and risk getting a hospital acquired infection.

Nong, 38 years

Now: Nong is usually fit and healthy but wakes up one morning with severe abdominal pain. By the afternoon the pain is constant and has intensified and has moved to the right side of her stomach. Her sister drives her to Weston Hospital. She is diagnosed as having acute appendicitis and the surgical team decide she needs an emergency operation that evening. She has her appendix removed and spends two days in hospital before making a full recovery.

In the future: patients who require emergency surgery, such as having their appendix removed, during the day would continue to be treated at Weston Hospital. However, like Nong, if she arrived at A&E



in the early evening and the emergency surgery needs to be done urgently at night then the patient would be stabilised and then transferred by ambulance to Bristol or Taunton, if not already taken directly by ambulance. If doctors assessed that Nong could be kept comfortable overnight, then she would be admitted early evening to a hospital bed in Weston and could have the surgery done the following day at Weston.

Paul, 54 years

Now: Paul experiences severe chest pains and a suspected heart attack at 9pm on a Saturday night and calls an ambulance. The paramedics give him an ECG (a test that checks for problems with the electrical activity of your heart) that shows he has had a heart attack. He is transferred by ambulance to be seen by a specialist cardiology team in Bristol. Paul is found to have blocked coronary arteries and needs to have surgery to have emergency coronary stents inserted. After a few days he returns home and has his follow-up care provided by his GP. He receives advice about improving his diet and is prescribed an exercise course at the local sports centre.



In the future: there would be no change. Patients who have a heart attack would continue to be taken by ambulance to Bristol or Taunton where they would benefit from the high-quality specialist care that comes from consultant led on-site care that is available day and night, seven days a week in a specialist unit.

Poppy, 5 years

Now: Poppy has been unwell with a fever. On a Saturday her dad notices she has a rash. He rings 111 and is advised to go to A&E at Weston Hospital. Poppy waits to be seen in A&E. As it is the weekend and her condition needs to be monitored, she is transferred by ambulance to Bristol for initial treatment and observation. This is because there are no specialist children's staff on duty at weekends. Poppy is observed for a number of hours and as her condition improves she is then discharged to go home.

In the future: children would benefit from having access to specialist children's staff at Weston Hospital seven days a week from 8am



to 10pm. Currently specialist staff are only available Monday to Friday from 9am to 8pm. Poppy's mum or dad would be able to take Poppy to Weston Hospital where she would be able to be observed and treated if necessary. This would avoid the need for Poppy and her family to have to go to Bristol.

Mary, 62 years

Now: Mary has cancer and is receiving specialist and complex chemotherapy. Every two weeks her husband drives her to Bristol for treatment. Mary often feels under the weather and very tired after chemo and having to travel to and from Bristol makes this worse. Often the treatment clashes with her husband's work commitments and he can't pick Mary up after treatment.

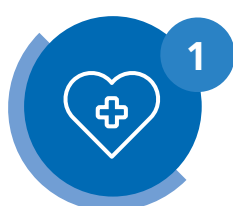
In the future: Mary can get her fortnightly chemotherapy at Weston Hospital, now that the hospital offers more planned care. Mary is back home and resting within 15 minutes of finishing treatment. Her husband still usually brings her to the hospital, but he can



also get to his work. As a result of getting treatment locally, Mary has found out about some support groups nearby that she starts to attend. This helps her to meet other people living with cancer and she feels less isolated.

How would our proposals help to address the challenges we face?

A large number of health professionals, NHS leaders, patients, carers and public representatives have carefully considered a wide range of options to deal with the four significant challenges facing our local NHS services. This is how each challenge will be addressed.



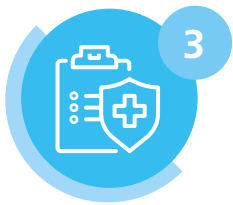
Challenge 1: Health needs are changing

We would be able to better meet the needs of the majority of our local population now and into the future with the establishment of the integrated frailty centre of excellence, our investment in mental health services and our proposal to build a comprehensive urgent care service at Weston Hospital. This includes improved urgent care for children and closer working with services such as NHS 111, out-of-hours GP services and neighbouring larger, specialist hospitals. We would be able to offer more day-to-day care either in people's homes or close to home. There would be good access to urgent care and teams of health professionals working together to help people stay well and get back home quickly if they do need to go into hospital.



Challenge 2: Variation in care and in access to primary and community care

We would be able to improve access to care quickly with the introduction of the integrated frailty centre of excellence and the improvements to mental health services and urgent care services for children. Our proposal to add GPs to the current A&E service would mean that Weston Hospital can maintain safe staffing levels in A&E and make sure that those with more serious conditions can be seen more quickly by specialists. In the longer term, and in line with the national NHS Long Term Plan, we anticipate Weston Hospital will work even more closely with primary and community-based services. This will be driven mainly by the integrated frailty service, but also by having GP-led urgent care at Weston Hospital, which will link closely with local GP practices, and offer better access to appropriate medical care. There would be better and more consistent access to health and care services particularly for frail and older people, and also for those with some long-term conditions, including cancer.



Challenge 3: Meeting national quality standards

We would be able to better meet national quality standards by having patients who need major emergency surgery treated in larger, specialist hospitals. These hospitals are better able to consistently deliver national quality standards than Weston Hospital because there are more staff available 24/7 and they see a greater number of patients with the same or similar conditions. This also allows Weston Hospital to focus on providing more planned care for non-complex cases, and for conditions such as cancer and orthopaedic surgery, for example, in line with national quality standards. However, further work is required to ensure that other services are working in a sustainable way in Weston as, for example, in 2018, there was a 44% vacancy rate in general medicine clinical roles in Weston Hospital.



Challenge 4: Getting value for money

We would be better able to make the most of our resources, including staff. Our proposal would help Weston Hospital to improve staff recruitment and retention, leading to a reduction in the cost of temporary agency staff. Additionally, local commissioners would not be paying over the 'going rate' for some services, meaning that money could be invested in other services that better meet the changing health and care needs of local people.

We calculate that by 2025 as well as delivering improvements in safety, quality and sustainability of services Weston Hospital would be reducing the current overspend by £5.3 million. However, it is clear that the immediate changes we are consulting on do not go far enough in delivering sustainable services that are affordable within the available funding. This does not represent good value for money for the taxpayer. We can only spend the same pound once, and if Weston Hospital continues to require additional payments from commissioners then this is money that could otherwise be spent on other local health care services; such as mental health or primary care.





What are the potential disadvantages of the proposals?

All change carries with it some risk and potential disadvantages. However, we are clear that no change poses an even greater risk to our services at Weston Hospital. While we are confident that the changes we are proposing would lead to real improvements we understand that there are other impacts on patients their families and carers, our staff and other parts of the NHS system.

1 Patients, their families and carers

If the proposed changes are implemented, around 2,500 more patients a year with the most serious or life-threatening conditions, or who need complex emergency surgery or the highest levels of critical care, will require additional travel. Around 3,600 people a year are already being seen elsewhere as a result of the temporary overnight closure. Bristol and Taunton hospitals are better able to meet national clinical quality standards for these sickest patients, and therefore these patients would receive better care.

Around 95% of these patients would usually be taken to neighbouring hospitals by ambulance. However, a small number of people may choose to make their own way to hospital, and they would have longer journey times (on average 17 minutes longer than if they were travelling to Weston Hospital during peak times and 14 minutes during off peak times when travelling by car), and increased travel costs.

Travelling by private car 80% of the catchment population would be able to reach the nearest neighbouring hospital in 41 and 35 minutes at peak and off-peak times and 100% of the population would be able to reach the hospital within a maximum of 46 and 38 minutes at peak and off-peak times.

We recognise that relatives and carers will want and need to visit or collect patients who have been admitted to stay overnight in hospitals in Bristol or Taunton, and there will be a travel time and cost to this. Some may have other caring responsibilities, such as young children or older relatives, and may find it harder to visit as it will take them away from home or work for longer, or they will need to make other arrangements to cover. For people who are dependent on public transport these challenges may be increased.

Working with partners and patient representatives we will establish a Travel and Transport Group to consider how we could address these issues, including travel concerns for visitors, if the proposals are implemented.

2 Staff

NHS staff are deeply committed to caring for patients and often work long hours in demanding circumstances. We recognise it can be unsettling when there is uncertainty about future services. Our proposals now set out a clear vibrant future for Weston Hospital.

With our proposals there would be new opportunities for career development, working in teams in different ways, and some changes to current roles. This means some staff may choose to work elsewhere either now, during or after any proposed changes are made. We are committed to continuing to listen to and understand staff concerns, and help people find the right role for them in our local health services.

If our proposals are implemented, we would continue to face some challenges recruiting enough of the right staff, for example GPs to cover the proposed new approach to A&E services. However, current local GPs agree that the proposals we have set out make the Weston area an attractive place to work because we could offer the opportunity to work across both a GP practice and an A&E giving greater variety and experience to the role.

We are developing detailed workforce plans to support our proposals, with a focus on retaining the staff we have wherever possible and strengthening our approach to recruiting GPs and the next generation of healthcare professionals. We anticipate that the great majority of the current staff would continue to be able to work locally.

3 Other parts of the NHS system

Our proposal would require other parts of the NHS system – for example community-based services in the Weston area, the ambulance service, larger hospitals across Bristol and Somerset, to change how they work and increase the numbers of patients they see. Although our modelling shows that the additional bed numbers required at other sites would only be around 14, there is a risk that this would not be achievable, particularly for other hospitals that are already at or close to capacity. However, during the evaluation process to identify a recommended preferred option for change, we looked in detail at the impact of each proposal on other parts of the NHS and their likely ability to be able to cope, and have factored this in. We are already working very closely with our colleagues across the NHS to make sure robust plans could be put in place to reduce and manage these risks. For example, we are looking at where Weston Hospital could increase the amount of planned care it offers, which is currently provided to Weston patients in neighbouring hospitals, to free up and increase capacity in those other hospitals. In addition, we are working closely with the ambulance service to make sure that these changes are deliverable from their perspective.



7. Our longer-term ambitions

The proposals we are consulting on focus on A&E and urgent care, critical care and emergency surgery. We need to make immediate changes to continue to provide good quality and safe services and provide local people and Weston Hospital staff with greater certainty about the future. However, as the previous section sets out, these proposed changes don't go far enough in solving the long-term sustainability issues around things like staffing and funding. We need to think about how in the longer term we can work differently to deliver even better services using the resources we have.

Looking further ahead, we have a clear ambition to further join up primary care, community-based care and hospital services even more. These different ways of working in the future will make sure we can support you and your family to stay well, and care for you in the best and most appropriate way when needed.

We know from our conversations with patients, carers and the public that local people get frustrated when the NHS is "fragmented" and doesn't offer joined-up services. We know that you often have to tell your story over and over again and the system sometimes focuses on individual conditions or illnesses in isolation, rather than thinking about you as a whole person.

This is unfortunately a common experience, which is why the recently published NHS Long Term Plan talks about integrating services in a comprehensive way, namely:

1. GPs working hand in glove with specialist services (e.g. hospitals).
2. Physical and mental health services being delivered together; as we know that people with mental health problems are more likely to be in poor physical health too, and those with long-term physical conditions can need mental health support.
3. Health and social care coming together so people don't get stuck in hospital beds when they could be back at home if they had the right support in place.

The way to achieve this is through individual services working together seamlessly, rather than operating as separate organisations. The government is looking at how to support this and help speed up the change. Regardless of this, we think that in the Weston area we are well on the way to laying the foundations for our own local integrated set of services with the *Healthy Weston* programme of work.

We think that integrating different care services so they work in a much more joined-up way has the potential to significantly further improve our local services, but this will mean further change.

The changes we are likely to want to make in this way would be part of a national work programme where hospitals, GP and primary, and community-based services across England will be encouraged to take a similar approach.

At this stage it is too early to tell the precise details of the changes that we would need to make to deliver on our vision of truly joined-up health and care services. However, throughout this period, we will continue to work with staff, stakeholders and local people as we further develop our ambition and vision for the longer-term future.

Our vision for integrated care in Bristol, North Somerset and South Gloucestershire



Fragmented primary, community, mental health, social care and voluntary sector services.

Integrated primary, community, mental health, social care and voluntary sector services. Closer working with hospital-based services.

Person-centred services are joined-up and there is person-centred care with more focus on prevention and better management of factors that increase the risk of ill-health.

Services are fully integrated.

In the longer-term future there could be:

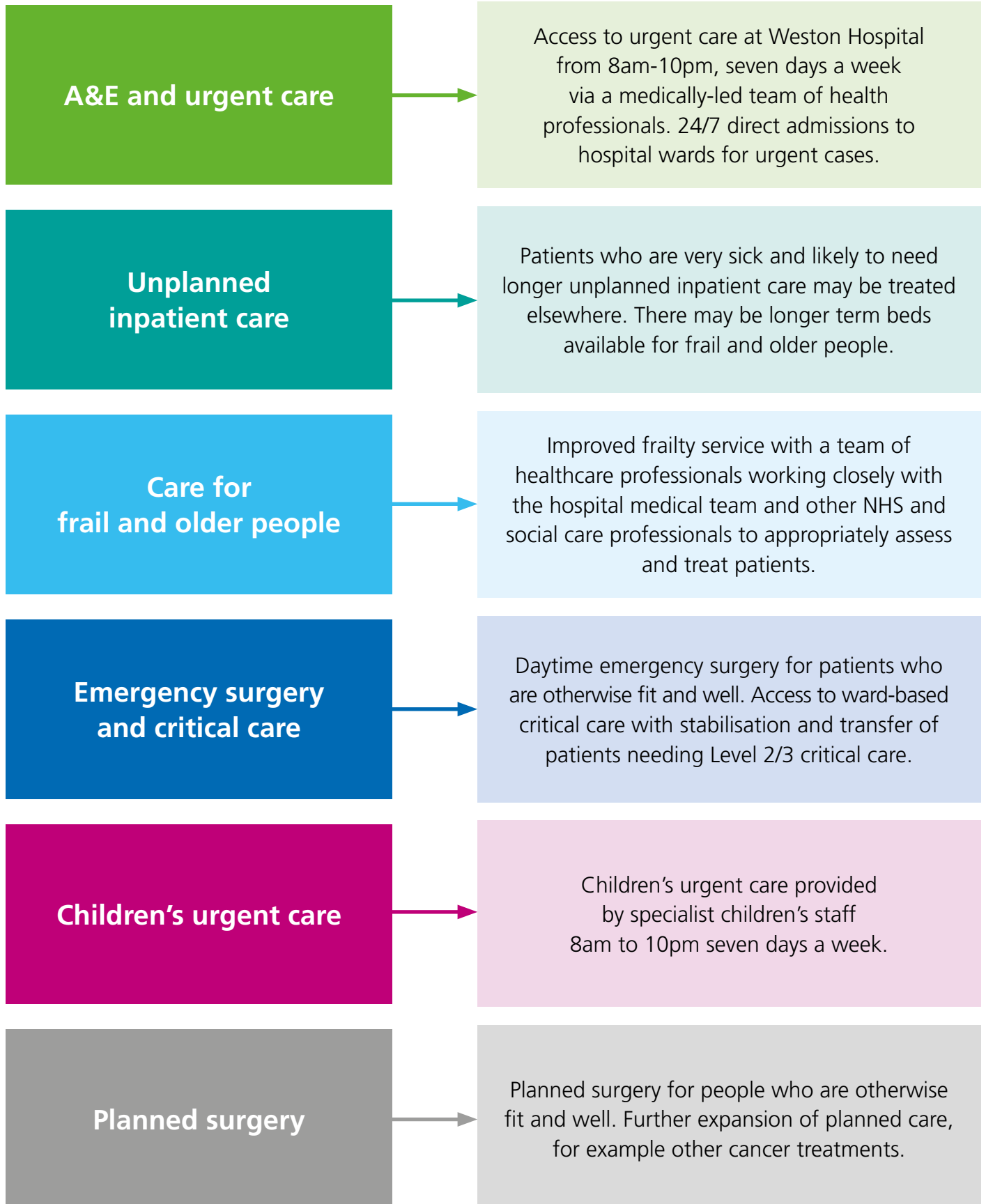
- A different way of providing outpatient care. The NHS Long Term Plan estimates that with redesigned hospital support, patients won't need up to a third of hospital outpatient appointments in the future.
- New ways of working in response to new national clinical standards and guidance for smaller hospitals.
- Closer cooperation between Weston and other local hospitals to meet changes in guidance and standards. These relationships are already strong and developing, but will be underpinned by a new national NHS "duty to collaborate".
- Even more scope for Weston Hospital to become a focus for planned surgery within the region.
- Opportunities and incentives for GPs to take an even more prominent leadership role in the delivery of urgent care, prevention of hospital admissions and reducing the need for outpatient services.
- Better use of digital technology to make patient consultations easier, but also allowing specialists from other hospitals to support Weston staff in the diagnosis and treatment of their patients.

How could these changes be applied in Weston?

We will continue to engage with staff, partners, patients, carers and the public between now and 2025 to develop this work further. In Autumn 2019 leaders across all local health and care areas in England will publish five-year plans to respond to the challenges set out in the national NHS Long Term Plan. We will want to make sure our ambitions for the future of health and care services in Weston, Worle and the surrounding area are aligned with the local plan for our area.

We want to use this consultation as the continuation of a process of co-design of future services with patients, carers the public, partners and front-line staff. Your views will help inform how we take this work forward to build on the benefits of more immediate changes as we make them and help make local health and care services truly sustainable and fit for the future.

A potential model for 2025



8. How we developed our proposals

We used a rigorous process to identify, evaluate and shortlist potential options for improving services at Weston Hospital for public consultation. The process was led by doctors and other health professionals, with widespread engagement with patients, frontline NHS staff and partners from across health, social care and the voluntary sector. The key steps in the process are described here.

Step 1

Doctors and other health professionals led a process to develop potential ways of organising and delivering care – called ‘clinical models’ – at Weston Hospital in the future. They looked at best practice national and international guidelines and evidence and set out how different clinical models could deliver this best practice. The doctors and other health professionals tested the clinical models by:

- considering which services need to be grouped together in the same place in order to function properly – known as clinical interdependencies.
- looking at whether the potential clinical models would be able to work at Weston Hospital based on workforce, access and safety guidelines and constraints.
- using criteria to evaluate the strengths and weaknesses of the clinical models and agree which should be put forward for further evaluation and testing through public consultation.

Step 2

Reviewing clinical interdependencies helped to narrow this down to fewer than 200 models. Looking at the extent to which models would be applicable in Weston based on workforce, access and safety constraints narrowed the models to fewer than 40.

Step 3

This led to shortlisting seven models for formal detailed evaluation, including financial and activity modelling. Three models were ultimately judged to be both feasible in terms of clinical quality, deliverability, access to services, staffing and value for money, and worthwhile.

You can read more details about the process on our website at www.bnssghealthiertogether.org.uk/healthyweston/

Step 4

These three models moved progressively to a more integrated and community focussed model of care at the hospital. The *Healthy Weston* programme therefore decided to work these up as a three phase model, with a timeline for implementation over a number of years.

Step 5

This three-phased model was then put to the South West Clinical Senate.* The Senate reviewed these three shortlisted models and advised that they supported both the initial stage and the final stage, but felt that the middle option was not strong or clear enough to stand alone in its own right.

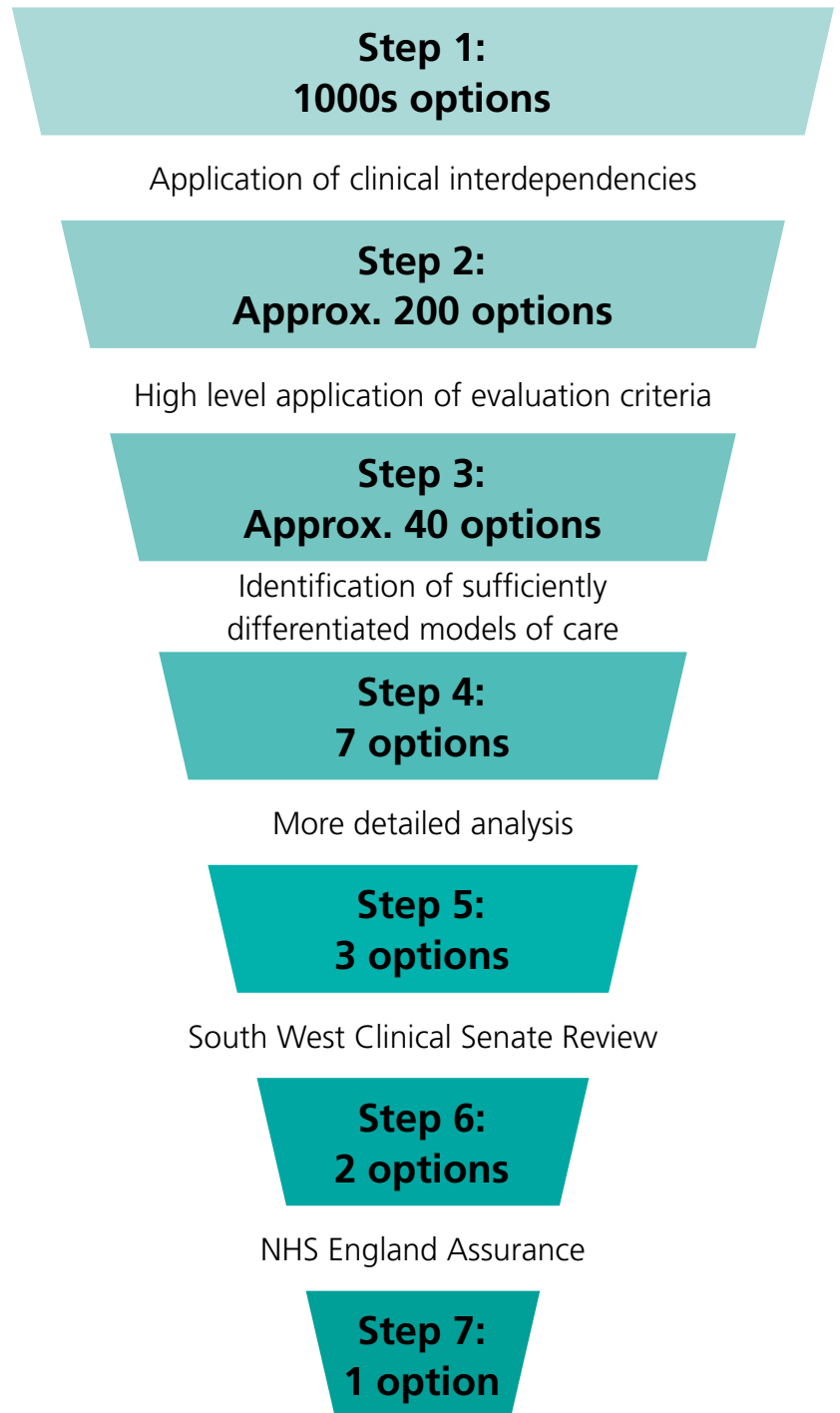
Step 6

Taking that feedback on board, the *Healthy Weston* programme recast its proposals into a two stage model.

Step 7


Following further work on the two models and discussion with NHS England (our national regulator), one model has been proposed for public consultation, as described in section 4 of this document.

* The South West Clinical Senate brings together a range of medical experts to take an overview of health and healthcare for local populations and provide a source of strategic, independent advice and leadership on how services should be designed to provide the best overall care and outcomes for patients. www.swsenate.org.uk



9. Giving your views

We want to know what you think about our proposal before we make decisions about the future of services at Weston Hospital. Our consultation runs from Wednesday 13 February 2019 to midday on Friday 14 June 2019. We look forward to receiving your views.



There are a variety of ways that you can get involved and let us know what you think.

Come and talk to us

We are organising a series of public discussion meetings, as well as roadshow events to provide a drop-in environment where you can learn more, speak to the *Healthy Weston* programme's clinical leaders and let us know what you think. Visit us online at www.bnssghealthiertogether.org.uk/healthyweston/ to see our full programme of consultation events and meetings or contact us by phone or post for further details.

Invite us to speak with your group

We will be getting out and about talking to local communities as much as possible and would be delighted to attend any interested community groups such as support groups, patient reference groups or disability alliance meetings. Please get in touch so that this can be arranged, using the contact details shown here.

Send us your feedback

- Online survey – you can complete the online survey at www.bnssghealthiertogether.org.uk/healthyweston/
- Postal survey – tear off the survey at the back of this booklet, complete by hand and post free to: Freepost HEALTHY WESTON. You do not need to use a stamp.
- Email – send your views by email to us at bnssg.healthyweston.enquiries@nhs.net
- Post – write to us at Freepost HEALTHY WESTON.
- Phone – call us at 0117 900 2655.

If you would like this document in another language or format, then please contact us.



When the consultation closes on Friday 14 June 2019, all the feedback will be analysed by an external organisation. A report will be produced to be considered fully by the Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group.

We will publish this report on our website and make sure that people know when it is available and how the CCG intends to address the views, comments, ideas and concerns that people raise.



The CCG will meet in public to report back on the consultation, consider all the evidence in full and make a decision about the future of services at Weston Hospital by the end of the year. You can sign up for our newsletter to be kept informed about progress as soon as further details are made available at www.bnssghealthiertogether.org.uk/healthyweston/



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