

## Joining up services for better care in the Weston area



3 December 2018

# Why we need to change

## 1 Changing health needs

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

## 2 Variations in care and access in primary and community care

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

## 3 Meeting national clinical quality standards

Some services at Weston General Hospital don't have sufficient volumes of certain cases and there is a shortage of specialist staff

## 4 Getting value for money

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

# Our Healthy Weston vision



# To address the case for change we have three programmes of work

1

## In progress

- GP practices and primary care services working more closely together (Pier Health)
- More consistent service for care homes
- More money for child and adolescent mental health services (CAMHS)

2

## In development

- Investment in mental health services, including a new Crisis and Recovery Centre
- More liaison with mental health services for people with substance misuse problems
- Development of an Integrated Frailty Service

3

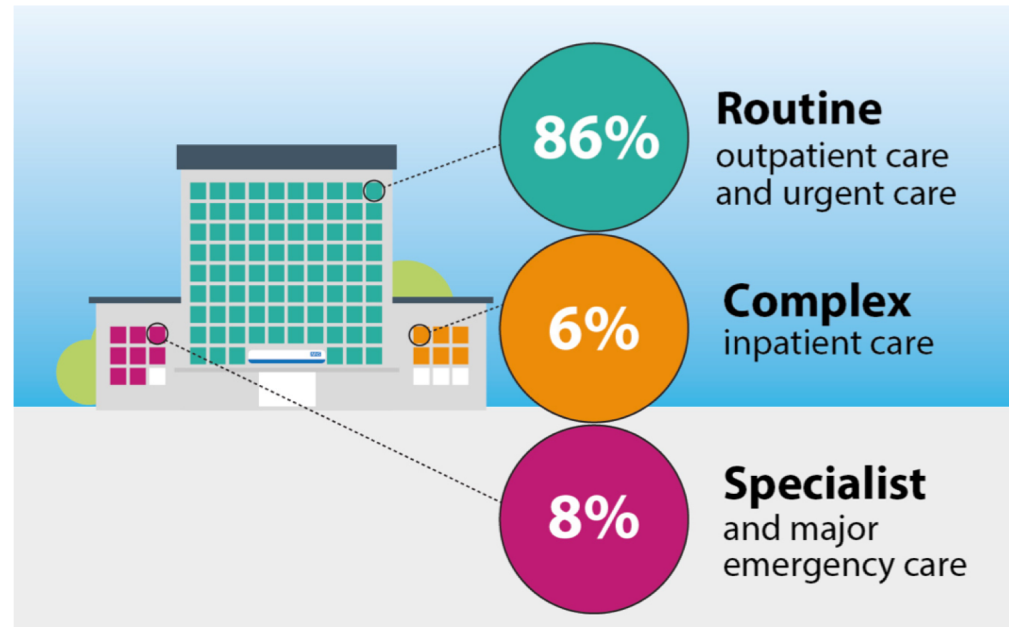
## May require consultation

- Develop new models for delivering hospital based care in the future and then choose and implement the best one(s)
- Supported by improvements in community-based care



# Hospital based care in the NHS

- 90% of patient interactions are in GP practices, primary care and community care
- However, where patients need hospital based services the vast majority is for routine outpatient and urgent care services
- A small proportion of patients need complex and emergency care
- And only a small number need the most specialist and major emergency care



# Universal commitment to achieving a vibrant future role for Weston General Hospital



- Meeting the changing needs of our local population
- Addressing our workforce challenges with improved recruitment and retention of staff, and more partnership working and joined up rotas with other hospitals
- Achieving national clinical quality standards consistently
- Developing as a centre of excellence for frailty services and planned care
- Reformed A&E, emergency surgery, acute medicine and critical care
- Using latest treatments and technologies

A graphic featuring a dark blue circle with a lighter blue ring around it. Inside the circle, a quote is written in white text, flanked by double slashes.

**“ We want Weston to be a strong focused hospital at the centre of our community ”**

# To achieve this vibrant future role for Weston General Hospital our local clinicians have...

- Considered national and international clinical evidence
- Reviewed best practice examples from elsewhere
- Gathered extensive feedback from local people and patients which was independently reviewed
- Described potential clinical models to deliver best practice care
- Followed a robust process to narrow down the potential options for Weston General Hospital
- Detailed analysis has used agreed evaluation criteria
- Identified six distinct models

1,627 pieces of feedback received representing 2,518 people, including staff

6 models



# Each of the models would continue to provide the majority of current patients with their care at Weston General Hospital

- Diagnostic tests: e.g. MRI, CT, X-ray, blood tests
- Infections: e.g. chest, urinary, gastroenteritis, ear, eye, skin
- Joint replacements: e.g. hip and knee
- Management and monitoring of long term conditions including complications and deterioration: e.g. asthma, diabetes and COPD
- Childbirth (no complications)
- Physiotherapy and other rehabilitation
- Surgical day cases



**“ Weston will continue to care for local people with a wide range of needs ”**

# Each of the 6 models of care would:



## Have the following improvements to services

- **New integrated frailty service:** early identification and proactive care to help avoid unplanned hospital admission, rapid diagnosis, care plan management and extended support to older complex and frail patients to help them go back to their own homes/community after a hospital stay
- **Increased mental health liaison:** to improve care assessment and avoid unnecessary hospital stays
- **Continued and strengthened access to specialist outpatient service:** e.g. more chemotherapy delivered locally
- **Increased non-complex planned care services:** e.g. joint replacements and cataracts
- **Strengthened and more integrated offer for both acutely unwell children and children with complex needs**
- **Extended and strengthened GP and community based services**

# Each of the 6 models of care would:



Continue to have the following services

- **Diagnostic unit:** MRI, CT, blood tests, X-ray
- **Midwife-led maternity unit:** for low risk births

## Each of the 6 models of care would:

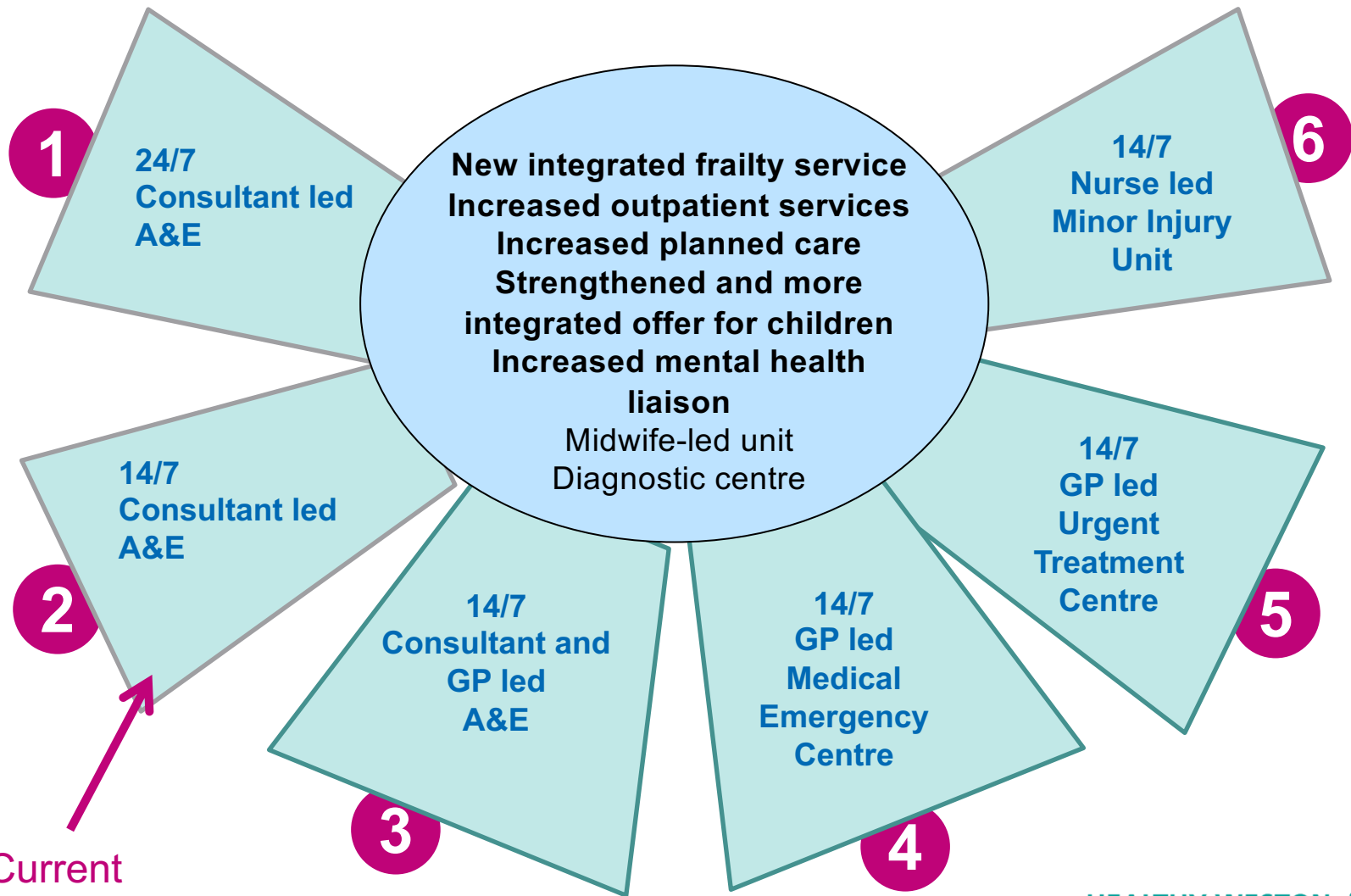


Continue to have specialist services delivered in large specialist centres in Bristol and Taunton

- Trauma and significant emergency treatment
- Treatment of specialist conditions: e.g. complex heart attacks, stroke, severe burns
- Inpatient paediatrics (overnight children's services)
- Complex pregnancies and births

For these conditions the ambulance service would take patients to the specialist hospital, as it does now

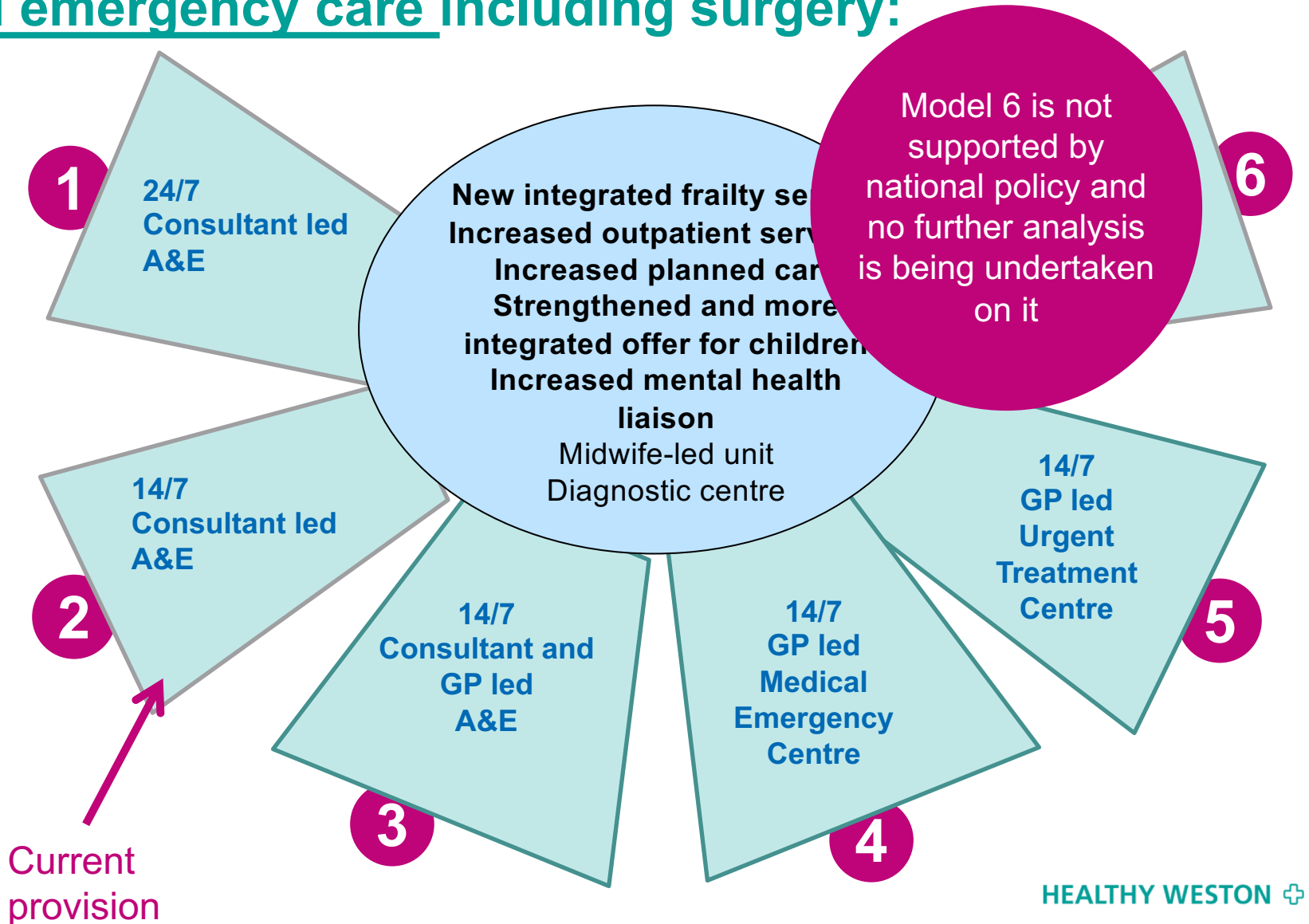
# The models of care vary principally in complex and emergency care including surgery:



Current provision



# The models of care vary principally in complex and emergency care including surgery:



# MODEL 1

## 24/7 consultant led A&E

- Patients with serious conditions needing complex and emergency care including acute emergency surgery
- Would be treated at Weston General Hospital during the day and night
- Day and night trauma, significant emergency surgery and specialist conditions would continue to be delivered in Bristol or Taunton



Urgent and  
emergency  
services  
including  
emergency  
surgery 24 hours  
a day, 7 days a  
week

1

# MODEL 2

## 14/7 consultant led A&E



- Patients with serious conditions needing complex and emergency care including acute emergency surgery
- Would be treated at Weston General Hospital during the day
- Day and night trauma, significant emergency surgery and specialist conditions would continue to be delivered in Bristol or Taunton



Urgent and  
emergency  
services  
including surgery  
14 hours a day, 7  
days a week

2

# MODEL 3

## 14/7 consultant & GP led A&E

- Patients with serious conditions needing urgent treatment and management, including acute emergency surgery that does not require an overnight stay
- Would be treated at Weston General Hospital during the day
- Less complex surgery cases than Models 1 & 2
- Patients requiring more serious and complex emergency surgery day or night would be treated at Bristol or Taunton



Urgent and  
emergency  
services

14 hours a day,  
7 days a week.

Emergency  
surgery 10 hours  
a day,  
5 days a week

91% of people  
currently using  
Weston would  
continue  
to do so

3

# MODEL 4

## 14/7 GP led

### Medical Emergency Centre

- Patients with serious but stable conditions needing urgent treatment and management
- Would be treated at Weston General Hospital during the day
- Patients requiring any intensive care support, such as mechanical ventilation, emergency surgery or emergency management day or night would be treated at Bristol or Taunton



Urgent and  
emergency  
services

14 hours a day,  
7 days a week.  
Less complex  
emergency  
10 hours a day,  
5 days a week

4

90% of people  
currently using  
Weston would  
continue  
to do so

# MODEL 5

## 14/7 GP led Urgent Treatment Centre

- GP managed care with diagnostic support for patients needing urgent medical attention when it's not a life-threatening situation supported by acute physicians running medical assessment unit 14/7
- Consultant surgeon input to ambulatory surgical clinics
- Would be treated at Weston General Hospital during the day
- Covers many of the common ailments of patients who currently attend A&E
- Patients requiring emergency surgery or emergency management day or night would be treated at Bristol or Taunton



Urgent care services  
14 hours a day,  
7 days a week

88% of people currently using Weston would continue to do so

5

## MODEL 6: 14/7 Nurse led Minor Injuries Unit



- Nurse led care with diagnostic support for patients needing medical attention but where it's not a life-threatening situation
- Would be treated at Weston General Hospital during the day
- This covers many of the common ailments of patients who currently attend A&E
- Patients requiring emergency surgery or emergency management day or night would be treated at Bristol or Taunton



Minor illnesses and injuries 14 hours a day, x days a week

This model is not supported by national policy and no further analysis is being undertaken

# All the models are supported by the ambulance service who have clear protocols for where to take patients with different needs

- In most cases where a patient has a complex, severe or emergency need they would ring for an ambulance and they would be taken automatically and directly to Bristol or Taunton when appropriate



**“The ambulance service will help to ensure the sickest people are in the right place”**



## Q & A



## Round table discussions



# Your views ...

- 1** Looking at one, some or all of the models, what do you think their advantages and disadvantages are?
- 2** What ideas do you have for how we could reduce or manage the disadvantages?
- 3** What do you think of the proposed service improvements? (e.g. frailty centre)
- 4** What suggestions do you have to help us communicate and explain the models more clearly?
- 5** What suggestions do you have for how we should reach local people during the public consultation?

## Feedback



## Next steps



# Our next steps

1

Ongoing work and detailed analysis of the models, views and feedback

2

Anticipated public consultation on a shortlist of options, to take place in early 2019

3

CCG Governing Body to review consultation responses and all available data to make a final decision later in 2019 about what changes to implement

# How you can stay involved



- 1** Attend future public meetings and ‘drop-in’ sessions – details are advertised on our website, through community and patient networks, on social media and in the local press
- 2** Read about our work as it progresses on our website or on social media
- 3** Contact us with your views and ideas
- 4** Take part in our anticipated public consultation early next year

# How you can stay involved



[www.bnssghealthiertogether.org.uk/healthyweston](http://www.bnssghealthiertogether.org.uk/healthyweston)



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