# HEALTHY WESTON NEWS

## **1st Edition, November 2018**

## Healthy Weston: Improving healthcare

#### Doctors, other clinical staff and health leaders have published Healthy Weston - Why Our Local Health Services Need To Change.

Healthy Weston is work that Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) is taking forward to change and improve local services.

The work is a collaboration between the CCG and local doctors, clinical staff and other health and care organisations in the area, including Weston General Hospital and North Somerset Community Partnership, as well as the wider areas of Bristol and Somerset.

It covers the full range of healthcare services and includes a pilot project involving the recruitment and retention of local GPs, improving mental health and frailty services, as well as making sure there is a strong and sustainable future for Weston General Hospital.

Dr Martin Jones, the CCG's

#### Advertisement feature

medical director, said: "Healthy Weston is our clear and compelling vision for the future of health and care services that will meet the needs of the residents of Weston and Worle. As a local GP, I am committed to making sure we deliver the very best services for the local community."

The document sets out four key healthcare challenges which must be addressed to improve local services for patients (see pages 26-27).

The area has a changing population with changing health and care needs.

While the population is only predicted to grow by around one per cent by 2025, a fifth of this growth is anticipated to be in people over 70 years old, with a range of long-term health conditions and care needs.

There is currently a variation in the quality of and access to primary care (GP) and services provided in the community, which means some patients find it more difficult to access care than others.

While Healthy Weston is about all the healthcare services in the area, Weston hospital plays an important role.

Staffing vacancies and low patient numbers for some services at Weston General Hospital mean national quality standards are not always consistently met because of a shortage of doctors, nurses and other clinical staff.

#### Get involved...

■ From mid-November, local people will have a chance to speak to health staff about progress and the Healthy Weston case for change at a series of roadshows held in and around Weston, as well as attending meetings with local doctors and health leaders during the autumn and winter.

See page 28 for further details



### Status quo cannot continue - hospital leader

One of Weston General Hospital's most senior clinicians says the 'status quo cannot carry on' and a remodelling of the town's healthcare system is required.

Peter Collins, Weston Area Health NHS Trust's (WAHT's) medical director, says it is understandable change is sometimes feared, but believes Healthy Weston will have a positive long-term impact.

He said Weston's health system is 'fragile'.

The hospital has been working with Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) since 2017 on evaluating the needs of patients with what can be delivered in each of the three areas to make sure services consistently meet national clinical quality guidelines.

Dr Collins says this will inevitably mean some services offered in Weston will instead need to be provided in Bristol or Taunton in future, but says the opposite will be true too.

He added it is not uncommon for people living in Weston to access healthcare in Bristol.

Dr Collins said: "If you are a resident in Weston and you have chest pains, and it turns out to be a heart attack, you are taken to the Bristol Heart Institute. "Although you may have to travel an hour in an ambulance,



Dr Peter Collins.

you will get specialist expertise which could not be offered in Weston."

WAHT is one of the smallest acute health trusts in the country – a fact which makes its sustainability a challenge, both in terms of staffing, as well as finances.

Dr Collins said: "We have to change and adapt. He cited the trouble reopening A&E 24/7 as an example of that need.

It closed overnight in July 2017 and difficulties in recruiting enough senior staff have meant almost 18 months on it remains shut from 10pm-8am.

Dr Collins said: "Change is always going to be difficult.

"If we are running a 24-hour service, we need enough people to have a 24-hour service 52 weeks a year.

"Sometimes the demand isn't sufficient and so it makes sense to see if these services can be provided across a wider area."

He recommends people give the CCG feedback on the ideas for change that will be described in a public consultation early next year, so any concerns and views can be taken into account as decisions on the future shape of services are made.

# Local GP says improving care is number one priority

#### Dr Martin Jones, a local GP and clinical leader at the CCG, has emphasised improved patient care is the priority of the Healthy Weston initiative.

Speaking at a recent meeting, Dr Jones said that by bringing together all aspects of the local healthcare system, GPs, the hospital, community services, mental health services and North Somerset Council will make sure that patients are placed front and centre.

Dr Jones said: "As well as looking at how Weston hospital can best meet the future needs of local people, we are also moving forward with a range of initiatives that include improving the recruitment and retention of GPs, establishing a respite centre for those with mental health issues and developing improved frailty services for our older residents.

"We need to place GPs and their practices at the heart of local healthcare so that we can



support all aspects of our patients' needs and help them access the most appropriate care."

NHS

**Bristol, North Somerset** 

**Clinical Commissioning Group** 

and South Gloucestershire

## ADVERTISEMENTFEATURE Challenges Healthy Weston will tackle

### 20% of the growth in population will be people over 70 years old

# Changing population and changing health needs

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

There is an increasing, but changing, demand on health and care services. We need our services to grow and adapt to meet local people's needs now and in the future.

the future. Overall people living in North Somerset have a long life expectancy and good health, however when we look more closely there are big differences between the health of people living in the most well-off areas and the health of those in the poorest.

#### Addressing this challenge

We need to refocus our services so they meet the changing needs of our local population – a population which will have more older people, more people living with long-term conditions, and more young families.

These groups typically need more community-based services that can help them stay well, prevent ill-health and meet day-today health and care needs. We also need to make sure people can access urgent and emergency care and high-quality specialist services when they are needed.



By 2023 6,000 more people will have diabetes and 6,000 more will have COPD



### Variations in care and access

#### In our area there is variation in the size of GP practices and the numbers of patients per GP. This can impact on patient care.

Smaller practices may not be able to offer a wider range of services, such as specialist clinics for conditions like high blood pressure or diabetes, and they can find it harder to cope if staff are away or unwell.

Our community services are often not joined up with each other, and health professionals are not able to share information easily, meaning people must repeat their details and stories multiple times. This lack of join-up leads to duplication and gaps in care.

People with complex needs or long-term conditions can end up in A&E, and being admitted to hospital, because they weren't able to see a GP, or other health or care professional, at the right time. Sometimes older and frail people are being admitted to hospital for non-medical reasons – such as if their usual carer is unable to look after them. Unplanned emergency

admissions are not always good for patients.

For example, frail older patients

experience five per cent muscle wastage for every day spent in a hospital bed, meaning they can find it hard to get back to their previous level of independence.

#### Addressing this challenge

We know that where people have access to the best quality GP, primary care and communitybased services, they will have better health than in areas where services are not so good.

We need to make sure everyone has good access to these services so no-one's health is disadvantaged because of where they live.

#### What are community services?

When we talk about community-based services, in addition to GP services, district and community nursing, health visitors, physiotherapy and occupational therapy, we are also referring to services such as NHS 111, some midwife care, community-based mental health services, social care, care and nursing homes, and services provided by the community, faith and voluntary sector.



Some of our practices are already working more closely with each other so all patients can have access to the same range of services, whatever the size of their practice.

One example of this is Pier Health Group, a new arrangement with GPs working together to deliver services in one of the most deprived areas of Weston.

Other GP practices are working together too offering a wide range

of services, such as physiotherapy or counselling services. With better joined-up

community-based services in place to proactively treat and care frail older people before they need an emergency hospital admission, there could be 25 per cent fewer A&E attendances, and half the number of hospital admissions for these patients.

We are determined that in future no person will be in a

hospital bed just because they are frail. There are better ways we can look after this vulnerable group of people.

By reorganising our services, we will also be able to better meet the needs of children, young people and pregnant women. We will be able to offer more joined-up care to other vulnerable groups such as those with mental health and drug and alcohol dependency.

## ADVERTISEMENTFEATURE



### Over **800** nursing shifts at Weston General Hospital were covered by agency staff in January 2018

# Meeting the national clinical quality standards

#### Weston General Hospital is one of the smallest hospitals in the country in terms of the population it serves.

Compared with Southmead Hospital, University Hospitals Bristol and Musgrove Park Hospital, Weston General Hospital has the lowest, and falling, share of patients across a range of services including outpatient appointments, emergency inpatients and total inpatient admissions.

National quality guidelines set out the minimum recommended population required to deliver certain services.

This is to ensure staff see enough, and a range of, patient cases to maintain and build their skills.

National guidelines say A&Es such as at Weston General Hospital should serve a minimum population of 500,000 people. This is significantly more than the 152,000 people it currently serves.

Not only do small patient numbers have the potential to impact on quality of care, they can also make it difficult to attract and retain staff.

Many doctors and nurses typically want to work, and especially train, in bigger hospitals that have centres of

excellence for specialist services. That is why it is important Weston is a centre of excellence in the things it can do really well such as frailty, elective care and working with primary care. The A&E at Weston General Hospital has been temporarily closed from 10pm-8am since July 2017, after a Care Quality Commission inspection report.

The A&E department is open as normal between 8am-10pm, which is when the majority of patients seen there (80 per cent) have always used it.

#### Addressing this challenge

The urgent and emergency care services provided at Weston General Hospital need to be reformed as soon as possible so there is certainty for staff and patients.

We want Weston General Hospital to become a place where local people can receive great care in the areas that our population really need, for example, services for frail and older people, mental health, some children's services and outpatient cancer treatment.

We also want local people to continue to access high quality specialist services – the sort that most people do not need very often – in neighbouring hospitals when they need to.

We are committed to a strong and vibrant future for Weston General Hospital.

This means we need to refocus services to make sure they meet the changing needs of our population and that staff, buildings, estate and equipment are maximised.

### Getting value for money for health services

While the Government has allocated additional money for the NHS and this will include more funds for North Somerset services, it is still not enough to close the gap between our costs and our available funding.

As commissioners of NHS services – the people who plan and buy care for our local population – we are always conscious that we are spending taxpayer's money.

We have a duty to do it responsibly and make sure every pound is spent for the greatest benefit. We must do more with what we have and make sure we can offer everyone the care they need.

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

This means we do not have enough to spend on those services we want to improve, such as primary and community care.

#### Addressing this challenge

We have made progress to reduce the shortfall, but we still need to

#### at we do more.

We need to use our staff, buildings and equipment in the most efficient ways possible and provide the right care for people in the right place. This includes providing day-to-day services locally and working with our neighbouring hospitals to provide more specialist services when they are needed.

We want to invest more money in the areas people have told us are important to them – such as better access to GP, primary care and community-based services, mental health and prevention of ill-health. 56% of all local NHS funds are spent on hospital services

Yet 90% of patient activity is in primary and community services

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## ADVERTISEMENTFEATURE Shared vision for local health services

As we have been thinking 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 things you have told us that are most important to you:

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.

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

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

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.

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

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.

■ Travel times are an important consideration, particularly for people who live in deprived and/ or rural areas or who need to use public transport.

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

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



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

#### **Moving forward**

We have been discussing the four challenges among local NHS and social care organisations and with our staff and local communities for some time.

Working with local people, three areas of work were identified:

Changes that can be put in place immediately. For example: better support to care homes and improved assessments of frail and older people.

Changes that can be made imminently but need some work. For example: developing a mental health crisis and recovery centre in Weston and better integrating children's services.

Changes to ensure a strong, focused Weston General Hospital for the long-term. This requires new thinking on how services could be delivered in the future.

### What progress have we made so far?

GP practices are already

working more closely together in some of our most deprived areas. We have secured additional

We have secured additional national funding for child and adolescent mental health services.

We have secured funding for a scheme to support home visits to patients by paramedics linked to GP surgeries, freeing up more GP time for other patients

There are different specialist health and care professionals working closely together to provide an improved frailty service at Weston General Hospital and in the community.

#### What happens next?

During the rest of 2018 we will be

continuing our conversations with health and care partners, clinicians and local people, testing our thinking and gathering feedback and views.

We then expect to develop a shortlist of potential options for change that we will formally consult on with the public early in 2019, before making a decision later that year

We want to continue to hear your views about health and care services in Weston and the surrounding area.

There will be many more opportunities over the coming months to tell us what you think about this case for change, and our emerging plans to improve services.

### Get involved...

Local people will have opportunities over the coming months to find out about the local challenges facing the health care system and about the proposals that will come forward from the Healthy Weston initiative.

Full public consultation will take place in early 2019 with no decisions being taken until that consultation is completed.

Before then residents can learn about progress and why a different approach is needed at a series of pre-Christmas events. Case For Change Roadshow – November 23 from 9am-5pm at the Sovereign Shopping Centre, High Street, Weston, BS23 1HL.

■ Public Listening Event – December 3 from 6.30-8.30pm at The Royal Hotel, 1 South Parade, Weston, BS23 1JP. So we can manage numbers and capacity, you will need a free ticket to attend. To register, please go to http://bit.ly/Healthy\_Weston\_ Public\_Listening\_03Dec18

■ Case For Change Roadshow – December 7 from 4-8pm at Tesco, Station Road, Weston, BS23 1XG.

Case for Change Roadshow – December 13 from 4-8pm Morrisons, Locking Castle, Weston-super-Mare, BS23 7AY.

Case for Change Roadshow – December 14 from 11am-2pm at For All Healthy Living Centre, 68 Lonsdale Avenue, Bournville, Weston, BS23 3SJ.

For further information please contact us on 01179 002198 or by email at bnssg.healthyweston. enquiries@nhs.net

