

HEALTHY WESTON FREQUENTLY ASKED QUESTIONS 30 JANUARY 2019

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1. Background to Healthy Weston and the case for change

Q: What is 'Healthy Weston'?

A: *Healthy Weston* is the name of the work Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group has been leading since October 2017 together with a range of health and care organisations to deliver high quality, safe and sustainable NHS services that meet local people's needs now and in the future. It is part of Healthier Together – our Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership.

Since October 2017, the *Healthy Weston* programme has been looking at how to change and improve local services in Weston-super-Mare, Worle, Winscombe and the surrounding areas including North Sedgemoor.

This includes the future of services at Weston General Hospital. Specifically, *Healthy Weston* has been looking at how healthcare services are organised and delivered, and how they could work better together to provide joined-up care for patients, now and in the future. You can read more about our vision published in October 2017 [here](#) which is also available in our [easy read format](#).

Q: Why do services need to change?

A: We are facing significant challenges which we need to address as a priority:

- Our population is growing, getting older, living with more long-term conditions, and there are significant inequalities in health amongst our local communities – people have changing health needs we need to meet
- There is variation in the way GP, primary and community care teams currently provide care across the area, with some patients finding it more difficult than others to access the right care
- Some of our hospital-based services at Weston General Hospital are not able to consistently meet national clinical quality standards because of low volumes of particular cases and specialist staffing shortages
- There is a growing financial gap between rising costs and available funding. We must live within our means, get best value and make sure we use our available financial resources most effectively to meet the needs of the whole population.

You can read more about these challenges and the case for change - why we need to change how we organise and provide healthcare across primary and community services as well as at Weston General Hospital – in [the Healthy Weston: why our local health](#)

services need to change document, published in October 2018. This is also available to download in our easy to read format.

Q: What are the services Healthy Weston has been looking at?

A: Services include those provided by GP practices, community healthcare services, mental health, the voluntary sector, social care as well as services provided at Weston General Hospital and neighbouring hospitals. We think we already have most of the right services available in our area but we could make them work better together to deliver more effective and efficient care for local people.

Q: Who has been involved in this work?

A: The organisations involved in Healthy Weston are: Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group; Somerset Clinical Commissioning Group; Weston Area Health NHS Trust, North Bristol NHS Trust, North Somerset Community Partnership, South Western Ambulance Service NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust, Avon and Wiltshire Mental Health Partnership NHS Trust, University Hospitals Bristol NHS Foundation Trust; North Somerset Council.

The work to identify the proposals we are recommending for consultation, and the other changes to services we are planning, has been led by doctors and other health professionals from across our area. Patients and the public have been included at every stage of the work. More detail on the process that was followed can be found on our website [here](#).

Q. Have you taken the proposals from the Weston Hospital Consultants into account?

A. We have had constructive meetings with the Weston Hospital Consultants about the future of services at the hospital and will continue to do so throughout the course of any consultation period.

We have found through our discussions that there are key similarities between the model proposed by consultants and the options the CCG is proposing. For example, we both want to explore the potential to admit more patients directly onto wards overnight where appropriate, reduce unnecessary waits and improve access to specialist care.

The proposal developed by the consultant body for delivering urgent and emergency services will be fully considered, as will any further suggestions for improvement that the public, staff and stakeholders might have.

There are clear evaluation criteria in place to assess any proposals, which have been established to prioritise safety, quality and sustainability and all proposals will have to be measured against these criteria.

Q: Why is Healthy Weston important for people living in Weston?

A: The number of people living in Weston and nearby villages is rising every year. This includes growing numbers of older people and young families as well as an increasing number of people living with frailty and long-term conditions. Our population includes vulnerable people, for example, those who are homeless, and people living with mental health problems. This means that the demands on local health and care services are changing and we need to take steps to respond to this so that our services continue to meet the health needs of the local population.

Additionally, Weston General Hospital has long-standing challenges in recruiting enough specialist staff to run some services - resulting in the temporary overnight closure of the hospital's A&E department in July 2017 on the grounds of patient safety. NHS services in the area are also under significant financial pressure, so it's important that the future shape of services is organised to work better for patients, while using all NHS resources in the best way possible.

In order to deliver the best, most effective and efficient care for local people, we know that we need to work differently in the future, working in a more joined-up way across different services and organisations. Healthy Weston sets out how we could go about doing this. This will also help ensure our services are both clinically and financially sustainable by making sure they can deliver to national quality standards and are affordable within the available funding.

Q: What will a Healthy Weston look like?

A: We want NHS services in Weston-super-Mare, Worle and the surrounding area to be the very best they can be. Patients will benefit from being better supported to stay well, with more people treated in the community and closer to home. We want to keep people well and independent, deliver day-to-day services locally, and when specialist hospital treatment is required, make sure it is of the highest quality – working to get patients home as soon as they are well enough.

Q: What will Healthy Weston mean for Weston General Hospital?

A: Alongside improvements in day-to-day care delivered by GPs and teams of health and care professionals in surgeries, health centres and our homes, our ambition is for Weston General Hospital to be a vibrant and dynamic hospital at the heart of the community. We want it to be an example of best practice healthcare, delivering services tailored to the needs of the local population, and able to develop and adapt to meet changing needs in response to the latest best practice evidence and advances in healthcare technology.

The hospital will continue to provide most hospital care for local people and will be able to offer more of the services local people use on a regular basis, such as chemotherapy

treatment, delivering much more planned surgery such as knee, hip and cataract operations, as well as continuing to provide access to urgent care services seven days a week.

On any one day, over 80% of Weston Hospital's beds are being used by patients over the age of 65. It's important that we meet the needs of our population in the most effective way, and so we also want to develop Weston as a centre of excellence for frailty. Our ambition is for Weston General Hospital to be an exemplar locally and nationally for how smaller hospitals can deliver excellent, sustainable, high quality care for their local populations.

Q: What changes to services are you already making?

A: Building on the conversations and discussions we have had with a wide range of people over the past year and a half, we are already planning and making important improvements to a range of services.

These especially include those that are needed by our growing older population, children, and people with mental health problems. These changes have been designed to better meet the needs of these people, and to reduce the demand on hospital services.

We therefore expect these improvements to help enable the proposed hospital changes that we are recommending for consultation. Specifically, the improvements to services already in place or planned are:

- Care for frail and older people: a 'one-stop-shop' service providing care for older, frail people in one place. Care co-ordinators will help people get joined up care across a range of services and team of community and hospital professionals, including doctors, nurses, therapists and social care workers, will identify those most at risk, supporting people to keep well and acting quickly when help is needed. Patients who are admitted to hospital will be helped to get home more quickly with the right care and support in place
- More access to children's urgent care - specialist health professionals to provide children's urgent care 8am to 10pm seven days a week (compared to five days a week 8am-6pm as now), to provide more local care for children when families need it, reducing the need to travel to Bristol
- A new mental health crisis and recovery centre in the centre of Weston, supporting those with urgent and ongoing mental health needs at evenings and weekends. Additional mental health specialists working as part of the A&E team, so patients experiencing mental ill-health, and those with severe drug and alcohol related problems, can be quickly assessed and cared for by the right service, ensuring that

both their physical and mental health needs are met

- Closer working by GP practices - a new, single, digital booking system has been introduced to practices in Weston and is being rolled out to all Weston practices during the spring of 2109. Weston GP practices are now co-ordinating the services provided to people in care homes so that each home receives consistent standards of care. By working together in larger groups of practices GPs can offer more and better services to patients, including specialist services such as diabetes or mental health care or physiotherapy services closer to home
- Funding secured for a pilot project in Weston to improve the recruitment and retention of GPs as well as making improvements for patients to access physiotherapists, mental health nurses and healthcare assistants; and an additional £3.2m to provide investment in a new GP practice close to the town centre

2. The proposals for consultation

Q: What proposed changes to services is the consultation looking at?

A: Subject to agreement at Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group's Governing Body meeting on 5 February, we will be consulting on **three specific changes** to the way that services are delivered in Weston Hospital:

- Making permanent the current A&E opening times of 8am to 10pm, bolstered by more direct admissions onto wards overnight via GP referral, and a strengthened out of hours service. This is part of a renewed way of delivering 24/7 urgent and emergency care
- Continuing to provide emergency surgery during the day for patients with a wide range of conditions and who need up to and including 'Level 2'* critical care following emergency surgery
- Continuing to provide care to patients who need it – for those whom doctors have assessed as needing Level 2 or Level 1 critical care. Doctors at Weston General Hospital would retain the ability to assess, stabilise and transfer patients likely to need Level 3 critical care, who would either be taken directly or transferred after stabilisation to neighbouring hospitals.

Q: How do the changes affect urgent and emergency care, critical care and emergency surgery?

1. Urgent and emergency care

- Urgent and emergency care and emergency care open 8am-10pm seven days per week with a Multi-Disciplinary Team (supported by overnight GP out of hours service and 24/7 direct admissions to the hospital via GP referrals). This is a change from the 24 hour service currently commissioned, but in line with the current opening hours under a temporary overnight A&E closure

2. Critical care

- To change the critical care service from an intensive care unit to a high dependency unit (including the ability to escalate to level 3 critical care for 12 hours with the option to extend on a case by case basis)
- As a result, a small number of the most complex and serious acute medical and surgery patients would be treated at neighbouring hospitals.

3. Emergency surgery

- To move a small number of the most complex emergency surgery cases from Weston General Hospital to neighbouring hospitals
- Under these proposals, most patients will continue to be treated at Weston General Hospital (97% of the current hospital activity given the temporary overnight closure of A&E, or 92% compared to activity before the temporary closure)..
- Doctors and clinicians recommend that some of the most ill patients, with very serious and life-threatening conditions, need treatment at neighbouring larger hospitals in Bristol or Taunton, which are better able to more consistently provide care in line with national clinical quality standards. This includes:
 - Patients with serious trauma, heart attacks and stroke and other serious emergency conditions, day and night. This is already the situation and has been for many years
 - Patients needing the most serious and complex emergency surgery, and those who need surgery at night. This would be required for approximately 562 patients per year or 0.28% of contacts under the commissioned model at Weston General Hospital or 17.2% of overall emergency surgery being provided elsewhere.
 - Patients requiring intensive care at the highest level (whom doctors have assessed as needing 'Level 3' critical care). This would be required for approximately 75 patients per year.

The three changes we are proposing for consultation – 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 at Weston General Hospital the care people need most often and the majority of current services and treatments would continue to be provided at the hospital.

Q: Why is it only services at Weston General Hospital that you are proposing for consultation?

A: The proposal for consultation focuses on acute services (urgent and emergency care, critical care and emergency surgery) at Weston General Hospital because we need to make immediate changes to continue to make sure we can provide good quality and safe services and provide local people and our staff with greater clarity and certainty about the future.

In addition we are keen to continue to gather views on other service improvements we are making and our longer-term ambitions and vision for the next ten years – more detail on these is set out in our consultation document and in information on our website.

4. How we refined the options

Q: How did you identify/recommend the services that you're proposing to change?

A: We have identified the proposals we are recommending for consultation, and the other changes we are planning, after a very detailed process, led by doctors and other health professionals from across our area, which has looked carefully at all the potential options for the future of Weston General Hospital and included patients and the public at each stage since the work began in October 2017.

The work involved developing potential ways of organising and delivering care - called 'clinical models' - at Weston General Hospital in the future. More than 1,000 combinations of potential clinical models were identified at the beginning of the process. Reviewing national and international best practice, guidelines and clinical input, and putting the models through agreed evaluation criteria has identified the changes we are proposing for consultation – changes to A&E and urgent care, emergency surgery and critical care services at Weston General Hospital.

This process is described in more detail on our website [here](#).

Q: How did you evaluate the work to identify the services for change?

A: Criteria that cover quality of care, access, deliverability, workforce and affordability were developed and agreed in discussion with clinicians, staff, patients and local people - these built on the outcome of the first Healthy Weston public listening exercise which took place in the first part of 2018. All of the Healthy Weston work has been rigorously evaluated against these criteria. You can read more about the evaluation criteria which is published as part of the Governing Body report [here](#).

Q: How have you involved the public in identifying the changes to services you are recommending?

A: We have engaged with over 2500 people so far and will continue to do so through the public consultation. It has been really important to us to seek out and listen to a wide range of insights, perspectives and views of local people to inform this work and help to ensure we develop the best proposals for delivering health services, including services at Weston General Hospital.

We have held meetings out in the community, run a number of events in Weston with members of the public and stakeholders, held staff meetings at Weston General Hospital, run a series of roadshows in Weston and the surrounding areas. and an online survey was available to fill in on our website. Subject to the Governing Body formally agreeing to go to public consultation on the proposed changes to services at Weston General Hospital on 5th February, we will launch a full public consultation shortly afterwards and will be ensuring that we continue to listen to as many views and feedback as possible on our proposals.

5. What the proposals will mean for patients and the public

Q: What would the proposals mean for local people, and how would they change how people access services?

A: Our proposals are designed to address some of the more urgent challenges we have around staffing, safety, and quality at Weston General Hospital, to ensure that our services are safe, high-quality and offer great care. The proposals aim to ensure that the services local people use most are strengthened, and continue to be available at the times of day they are typically most needed.

Under these proposals, some serious emergency cases, the most complex emergency surgery and patients requiring the highest levels of critical care would be seen at neighbouring hospitals. We want to ensure these patients are cared for in specialist units that can more consistently meet national clinical quality guidelines, and where all the evidence shows that recovery is much better.

At the same time there would be new and improved services for frail older people and those with long-term conditions, an increase in services for children, improvements in mental health support, and more planned care services (e.g. planned operations such as hip and knee or cataract surgery, and more chemotherapy treatment) provided at the Hospital. We believe that these exciting changes would bring real improvements for local people and focus our resources where there is the greatest need.

Q: How many patients have been affected by the temporary overnight closure of A&E at Weston General Hospital?

A: Since the A&E was temporarily shut for safety reasons from 10pm to 8am since July 2017, after a Care Quality inspection report, an average of an additional 10-12 patients a night are now being admitted to other neighbouring hospitals (some patients are still admitted to Weston General Hospital overnight by GPs). In the period since July 2017, there have been zero 'serious untoward incidents', and no patient care has been compromised as a result of the temporary overnight closure.

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

Q: Why aren't the proposals for changes to services considering a return to 24/7 A&E at Weston?

A: The work that has been led by clinicians to identify changes to services has considered a full range of options which included a return to an A&E open 24 hours a day, seven days a week. We think the 24/7 approach would mean spreading our staff too thinly. Even if the hospital was able to recruit enough staff to reopen 24 hours a day, seven days a week, it would only take a few staff to get another job, retire or be off sick for an extended time and the A&E may need to suddenly close again overnight. Since the temporary overnight

closure was introduced in July 2017, recruiting to an area of medicine where this is a national shortage of staff has remained an ongoing challenge and has not been possible to achieve.

A detailed explanation of the options we have considered is available at <https://bnssghealthiertogether.org.uk/documents/healthy-weston-listening-event-december-2018-presentation-slides/>

Q: Will patients receive safe care if the A&E department permanently closes overnight?

A: Since the temporary overnight closure began in July 2017, patients have received and continue to receive safe care - there have been zero serious untoward incidents, and no patient care has been compromised as a result of the temporary overnight closure.

Robust governance processes were put in place in July 2017 to monitor the impact of the temporary overnight closure including monitoring and reviewing safety metrics. There has been no deterioration in safety metrics at the Bristol Royal Infirmary, Southmead Hospital in Bristol or Musgrove Park Hospital, Taunton since the temporary overnight closure began.

Additionally, Bristol, North Somerset and South Gloucestershire CCG quality assurance visits also demonstrated no deterioration in patient safety due to the temporary overnight closure.

Q: Won't a proposed permanent overnight closure of A&E put huge pressure on neighbouring hospitals?

A: Since the temporary overnight closure began in July 2017, an average of an additional 10-12 patients a night are treated at an alternative neighbouring A&E department and continue to receive safe care.

There will be more emergency surgery and critically ill patients treated at neighbouring hospitals under our proposals. This could put pressure on capacity at those hospitals. However, we can help to reduce this pressure by increasing the amount of planned care we carry out at Weston General Hospital. We would also ensure that, where appropriate, and when they are well enough, patients were transferred back to Weston General Hospital following more complex care at another hospital, until they can go home.

Q: Won't your proposals mean that more people will have to travel further for treatment?

A: There would be additional and longer ambulance journeys for some people. Whilst the evidence tells us this is worth it because patients would get better outcomes at larger hospitals, it would mean some extra demand on the ambulance service which would need to be funded by the CCG so additional ambulances and crews could be put in place. There

would also be an impact on the travel for family and carers who are visiting patients who have been transferred to neighbouring hospitals. We want to hear what you think about this as part of the proposed consultation.

Q: Do you plan to close Weston General Hospital?

A: Absolutely not. As with any hospital, the services at Weston General Hospital are part of a wider system of care and all partners are committed to securing a strong and sustainable future for the hospital. Our proposed public consultation will look at how services at the hospital might change to better meet the needs of the local population and secure a strong future for the hospital at the heart of local healthcare services.

Q: Won't the changes to services you're proposing put pressure onto our primary and community care services in North Somerset?

A: We know from monitoring the impact of the temporary overnight closure of A&E that there has been no significant increase in demand for primary and community care services.

Q: How will a permanent overnight closure of A&E impact children should they need emergency or urgent care overnight?

A: Children who require emergency care overnight are already taken by ambulance to specialist centres in Bristol and Taunton where children receive safe, appropriate and specialised care, and this will continue.

Anyone with urgent but non-life-threatening symptoms should call NHS 111 to seek advice and support and will be directed to the most appropriate medical care for their needs. As part of the ongoing service developments we are taking forward, we will be providing more urgent care for children so that children with a sudden illness, or minor accident, minor burns or infections requiring antibiotics via a drip will be seen by a new specialist urgent care children's service available from 8am-10pm seven days a week.

Currently, it is only available between 8am and 6pm, Monday to Friday only. This new service with longer opening hours will improve access to urgent care for children, allowing them to see a children's specialist and reducing the need to attend general A&E.

6. Travel

Q: How do people access a hospital that is potentially further away from their home?

A: In terms of the temporary overnight closure of Weston's A&E since July 2017, patients who would normally be transported by ambulance to Weston General Hospital are continuing to travel by ambulance to another local hospital. If admitted to hospital for a longer period, they are transferred back to Weston as soon as is clinically appropriate, usually within 2-3 days to continue their treatment locally, or they are treated and discharged from the receiving hospital. We would expect to see similar patterns under the proposals for consultation.

Q: How do patients who are admitted to another hospital get back to North Somerset?

A: If a patient is likely to need more than 48hrs in hospital but is in a stable condition we would aim to transfer them back to Weston General Hospital to continue their treatment and care. However, patients who are in a critical condition would only be transferred back to Weston when it is safe and clinically appropriate to do so, usually within 2-3 days. If a patient recovers within 48 hours and doesn't need ongoing care and treatment, they would be discharged from the hospital they were admitted to.

Q: If patients are taken to a neighbouring A&E unit and then discharged, how do they get home?

A: As usual when being treated and discharged from A&E, patients are asked to make their own way home. If needed, staff at the hospital will be able to advise them, ensuring they can return home as soon as possible.

Patients may be able to claim a refund of reasonable travel costs under the Healthcare Travel Costs Scheme (HTCS). For more information about this they should ask a member of staff or see www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx

The Healthy Weston Programme is setting up a Travel Working Group with a group of experts to examine in more detail the implications of travel. Their feedback will be considered by the CCG as part of all evidence reviewed after the consultation finishes.

Q: How do you decide on what hospital to send seriously ill patients to?

A: Ambulance staff have access to real time data to help them make these decisions. This is how the system currently operates with the most seriously ill patients in North Somerset already going by ambulance straight to specialist centres in Bristol or Taunton for their care, for example for cardiac and stroke patients and for children who require emergency care overnight, and this will continue.

Q: Won't these proposals mean putting extra pressure onto the ambulance services?

A: The most seriously ill or injured patients in North Somerset, for example those experiencing a stroke, heart attack, serious road traffic accidents and children who require emergency care overnight, have always been taken by ambulance straight to specialist hospitals in Bristol and Taunton.

This has continued since Weston General Hospital's A&E department was closed temporarily overnight in July 2017 and will remain the case. There is a significant body of clinical evidence which shows that patients experiencing rare or complex medical emergencies have a much better chance of recovery if they are treated in a specialist centre, such as the heart attack unit at the BRI in Bristol.

Since July 2017, South Western Ambulance Service (SWAST) has received extra funding to help manage any additional demand as a result of the temporary closure.

Initially, two extra ambulances were funded. This provision has been reviewed regularly by SWAST and was reduced to one additional ambulance following an independent assessment in October 2017. This showed that demand was manageable. In the period since July 2017, there have been zero serious untoward incidents, and no patient care has been compromised as a result of the temporary overnight closure.

7. Giving your views

Q: When will the consultation launch and how long will it run for?

A: Subject to agreement at Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group Governing Body meeting (made up of a group of local doctors and health leaders) on 5 February 2019, a public consultation will launch mid-February and will run through until late May.

Q: Where can I read more about the proposed consultation and the long-term vision?

A: A document that explains the consultation in more detail and a questionnaire you can fill in to give your views will be available from mid-February, subject to agreement on 5 February at the CCG's Governing Body meeting, at www.bnssghealthiertogether.org/healthyweston.

You can read more about the long-term vision and work that has been happening over the last 18 months at www.bnssghealthiertogether.org/healthyweston .

To receive updates on the launch of the consultation, follow us on Twitter @BNSSG_CCG, @WestonNHS #HealthyWeston and on Facebook @BNSSGCCG

Q: Why should I get involved and give my views?

A: We are committed to running a robust consultation that everyone can take part in. It is vitally important that you share your views and give us your feedback on our proposals to make sure local people have access to the very best health and care services that meet their needs.

We have worked closely with doctors, 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.

Q: Why are you recommending a public consultation to ask for views and feedback and not just making the changes you are proposing?

A: The proposed changes to acute hospital services at Weston General Hospital that have been identified through the work led by clinicians represent a 'substantial variation' to current services which means they require formal public consultation before a final decision is taken on any changes.

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. To note, a public consultation is not a vote or referendum but an opportunity to gather a range of insights, views and feedback on proposals before decisions to make changes are made.

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

Q: Who decides what constitutes a significant enough service change to warrant a consultation?

A: The local health overview and scrutiny committee for each of the relevant local authorities considers whether the proposals for changes to local health services represent a 'substantial variation' requiring formal public consultation (relevant local authorities are those that have residents that are potentially affected by the proposed changes – in this case North Somerset and Somerset respectively).

However, it is our Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group Governing Body that will take the decision to consult at their meeting on 5 February 2019.

Q: Who will lead the consultation?

A: The consultation will be led by Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG). BNSSG CCG is the organisation responsible for planning and securing healthcare for our area.

8. Next steps

Q: What happens when the consultation finishes?

A: When the consultation closes, all the feedback will be analysed by an independent organisation. A report will be produced to be considered fully by 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. The report will cover:

- major themes from the consultation
- a summary of the responses about the different elements of our proposals
- an overview of the process
- an explanation of how the final decisions will be taken (including dates of meetings in public) and a timeline for implementing the chosen option
- how the CCG intends to address the views, feedback, 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 General Hospital.

Q: When will there be a final decision on the proposed changes to services?

A: It is expected that later in 2019, Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group Governing Body – a group of local doctors and health leaders – will make a decision on any significant permanent changes to the way services are delivered. They will make their decision based on all the evidence they will have gathered during the development of the Healthy Weston programme, including the feedback from formal consultation and other available evidence. At this point, implementation plans will be put in place to make any agreed changes.

Q: When will changes to services be implemented?

A: Subject to the outcome of the public consultation and a decision taken by Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group's Governing Body, changes to A&E, critical care and emergency care services at Weston General Hospital could be put into pace over a 12-month period starting from late 2019.

Q: I have an alternative suggestion for improving services. Will you consider this?

A: Yes. Any alternative options put forward during the public consultation will be fully considered. There are clear evaluation criteria in place which Bristol, North Somerset and South Gloucestershire CCG will use to assess any proposals. These criteria have been established to prioritise safety, quality and sustainability and have been used throughout the process to date to help assess the extent to which any proposals meet the challenges we are facing and have set out in our Case for Change.

Decisions about next steps rest with Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group, as the commissioner with statutory responsibility.

9. APPENDICES

Appendix A: The detailed proposals for consultation, subject to formal approval on 5th February 2019 by Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group Governing Body:

Three specific proposed changes to the way that services are delivered in Weston Hospital:

Service	Current services	Our plans for change	Our proposal for consultation
A&E and urgent care	<p>Weston Hospital is currently commissioned to deliver a 24hr A&E service. However, since July 2017, the service 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.</p> <p>Following the temporary overnight closure, GPs can now refer patients to be directly admitted onto a ward at night. This is a positive development meaning patients can still get overnight urgent hospital care at Weston.</p> <p>There is close working with larger more specialist</p>	<p>Our ambition is to continue to provide comprehensive 24/7 urgent and emergency care for the people living in the Weston area, but we need to do this safely, and in a way that is sustainable for the future.</p> <p>Our plan is for GPs to join the A&E team at Weston to work alongside hospital doctors, to assess and treat appropriate patients. This would mean the most serious cases would be seen more quickly by hospital specialists and it would help reduce waiting times in A&E.</p> <p>The close working with other larger hospitals, the 111 out-of-hours services and GPs being able to refer patients to be admitted directly to a ward overnight, would all continue.</p>	<p>Given the temporary changes that have already been put in place, along with the plan to introduce GPs working alongside A&E doctors at Weston – we are consulting on a proposal to formalise the changes to A&E opening times. In other words, the A&E at Weston would continue to be open 8am to 10pm, seven days a week.</p>

Service	Current services	Our plans for change	Our proposal for consultation
	<p>A&Es at neighbouring hospitals in Bristol and Taunton for very serious and life-threatening conditions. Patients can also access out-of-hours GP services via 111. and can get advice and over-the-counter medicines from out-of-hours pharmacies.</p>		
<p>Critical Care</p>	<p>Currently Weston Hospital provides up to Level 3 critical care (see below for a full description of the different levels of critical care) in a small critical care unit.</p> <p>Of the 15,000 patients admitted to Weston Hospital every year, only around 2% need Level 3 critical care at any time during their stay in the hospital.</p>	<p>Hospitals in Bristol and Taunton have much larger critical care units that are better able to sustainably deliver the most complex critical care to the sickest patients. People who live in the Weston area should have access to the best possible critical care, even if this means travelling by ambulance to a larger hospital.</p> <p>Weston Hospital would have the skills and capacity to assess, stabilise and transfer patients likely to need Level 3 critical care, who would be taken directly or transferred after stabilisation to larger hospitals</p> <p>The changes we propose to emergency surgery (see below) mean that there would be even less need for Level 3 care at Weston Hospital.</p>	<p>We are consulting on Weston Hospital providing care for patients whom doctors have assessed as only needing Level 2 or Level 1 critical care.</p> <p>To change the critical care service from an intensive care unit to a high dependency unit (including the ability to escalate to level 3 critical care for 12 hours with the option to extend on a case by case basis). As a</p>

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			<p>result, a small number of the most complex and serious acute medical and surgery patients would be treated at neighbouring hospitals.</p>
<p>Emergency surgery</p>	<p>Emergency general surgery is currently provided by consultant general surgeons (at night, via an on-call system) at Weston Hospital. General surgery covers a wide range of conditions, often focusing on the digestive system (from the oesophagus to the lower intestine and bowel).</p> <p>We do not see enough patients at Weston General who need rarer or complex emergency operations to meet national standards for the minimum number of cases staff should treat per year to allow them to maintain and build</p>	<p>Across the NHS it is increasingly the case that rare and specialist services are being focused within larger hospitals whose staff can treat more cases from a wider geographical area. This is because larger units such as these get better outcomes because they see and treat more people with the same condition. People who live in the Weston area should have access to the best possible specialist care, even if this means travelling further to be seen at a larger hospital.</p> <p>The small number of patients with more serious or complex needs (approximately 340 patients per year, or 2% of everyone currently admitted to Weston) would be operated on at neighbouring hospitals in Bristol or Taunton.</p> <p>Anyone needing immediate emergency surgery overnight (i.e. they could not be made comfortable and operated on the next day) would also be treated at hospitals in Bristol or Taunton.</p> <p>Wherever possible, once patients are well enough, they would be</p>	<p>To change the critical care service from an intensive care unit to a high dependency unit (including the ability to escalate to level 3 critical care for 12 hours with the option to extend on a case by case basis). As a result, a small number of the most complex and serious acute medical and surgery patients would be treated at neighbouring hospitals.</p>

Service	Current services	Our plans for change	Our proposal for consultation
	their skills and expertise.	transferred back to Weston General Hospital until they are well enough to leave hospital.	

*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 (summarised below), most patients need less specialist equipment. HDUs are staffed by one nurse for every two patients
- **Level 3** – also known as an Intensive Care Unit (ICU) care for patients requiring support for two or more organs or needing a machine to help them breathe. ICUs are staffed by one nurse per patient