

# **Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group**

**REPORT TO THE: HEALTH OVERVIEW AND SCRUTINY PANEL**

**DATE OF MEETING: 30<sup>TH</sup> SEPTEMBER 2019**

**SUBJECT OF REPORT: HEALTHY WESTON DECISION MAKING BUSINESS CASE**

**TOWN OR PARISH: ALL**

**PRESENTED BY: JULIA ROSS, CHIEF EXECUTIVE**

## **RECOMMENDATIONS**

That the Health Overview and Scrutiny Panel:

- Responds to the proposed changes to the Weston Hospital model of care ahead of the decision by the BNSSG Governing Body, as the Consulting Authority, on 1<sup>st</sup> October 2019.

The proposed changes that are to be recommended to the BNSSG Governing Body for approval can be seen below. The feedback and comments received from the HOSP will be relayed in full to the CCG Governing Body to include as part of its decision making process.

## **Proposals for Urgent and Emergency Care and A&E**

- To keep A&E at Weston Hospital open 8am to 10pm, seven days per week, making the temporary overnight closure of the A&E permanent. The A&E would be staffed by a multi-disciplinary team of hospital and primary care clinicians working together. The overnight closure of A&E would be supported by 24/7 direct admissions to the hospital via referrals from GPs, paramedics and other healthcare professionals.

## **Proposals for Critical Care**

- Provide up to Level 3 critical care for people who need single organ support at Weston Hospital. This includes short stay post-operative recovery at Level 3 and longer term intubation, where the lungs are the organ requiring support.
- Transfer people requiring critical care for two or more organs at Level 2 or 3 or people who would benefit from proximity to UHB's specialist clinical services via dedicated transfer team to UHB.
- Establish a critical care service that is digitally linked to UHB to provide oversight and monitoring from the larger unit of the people who remain at Weston Hospital.

- Repatriate people following treatment in UHB when care needs can be met at Weston Hospital.

## **Proposals for Emergency Surgery**

- Provide emergency surgery in the daytime only at Weston Hospital. Theatres will close overnight from 8pm-8am.
- People requiring an emergency operation overnight (those who deteriorate on the ward or present to A&E in the evening) will be stabilised and transferred to Bristol for surgery.
- A small number of people who require more complex surgery will also be transferred to Bristol to receive support from specialists unavailable at Weston Hospital.
- Ambulatory pathways for emergency surgery, including rapid access to daily clinics Monday to Friday and a dedicated afternoon emergency theatre session, will be established to improve the quality and responsiveness of the surgical service.

## **Proposals for Acute Paediatrics (as part of wider supporting changes)**

- Specialist children's staff will be available at Weston Hospital seven days a week from 8am-10pm.
- This includes extending the hours of opening of the Seashore Centre from 8am to 10pm, Monday to Friday in Weston with paediatric expertise over the duration of its opening hours on Saturday and Sunday.

The changes proposed are linked and therefore BNSSG Governing Body will be asked to make a single decision on all four proposals.

### **1. SUMMARY OF REPORT**

- 1.1 In October 2017, North Somerset Clinical Commissioning Group (CCG) (now merged with Bristol and South Gloucestershire CCGs) published a Commissioning Context paper that set out the population needs and challenges facing health services for the area of Weston-super-Mare, Worle and surrounding villages, both now and in the future. For a number of years there have been a series of challenges to the delivery of effective and sustainable local healthcare. These problems have most visibly been seen in relation to Weston Hospital, although other elements – such as primary care – have also experienced difficulties. The Healthy Weston Programme was established to engage local people and stakeholders in designing solutions that would improve and transform local healthcare services to respond to these needs and challenges.
- 1.2 In year 1 of the Healthy Weston Programme a period of public dialogue and co-design was undertaken from October 2017 to March 2018. Over 1,627 pieces of feedback representing 2,518 people were received. The independent report summarising themes informed ongoing work about hospital care and care in the community.
- 1.2 Between July and December 2018, a detailed clinically led design process drew on

the co-design work completed and considered best practice hospital provision for core service areas to describe the possible, clinically viable, service configurations for Weston Hospital. These were carefully reviewed and a short list of 6 options was developed by the clinical group. These options were described in detail and system-wide activity, workforce and capital requirements were modelled in order to understand the impact that implementing the options would have on the health system. The options were reviewed by the North Somerset Health Overview and Scrutiny Panel in Autumn 2018 to determine which options would likely be considered as “significant service change” and therefore require public consultation.

1.3 The Case for Change was published in October 2018 and focussed on four main reasons why health services need to change in Weston and the surrounding area:

1. Our changing health needs
2. Variation in care and access to primary and community care
3. Meeting national clinical quality standards
4. Delivering value for money

Meeting national clinical quality standards to ensure high quality and safe care has been the primary driver in the development of proposals to change the hospital model of care in Weston, which is the focus of the Decision-Making Business Case (DMBC).

1.4 In November 2018, the preferred three options were presented to the NHS England Clinical Senate as a phased approach to delivering service change at Weston Hospital. The Clinical Senate originally recommended that the redesign programme should move from Stage 1 to Stage 3, using Stage 2 only as part of the transition plan, rather than as a stage of service delivery itself. At a subsequent NHSE Assurance meeting in January 2019, assurance was only given to Stage 1; the Clinical Review Panel indicated support for Stage 1 implementation and consultation and for Stage 2 & 3 only as a direction of travel for further work up.

1.5 The Stage 1 option had been indicated as a significant service change by the North Somerset Health Overview and Scrutiny Panel, therefore a Pre-Consultation Business Case was developed. This was assured by NHS England and Improvement, and by the NHS England Clinical Senate, in January 2019. The Pre-Consultation Business Case was presented to the Governing Body for decision to proceed to public consultation February 2019. Details of the public consultation can be seen under Section 4. “Engagement and Formal Consultation”, below.

1.6 The Pre-Consultation Business Case was presented to the HOSP on 28th February 2019 and at this meeting the HOSP confirmed that this was the start of the CCG’s statutory consultation with HOSP.

1.7 National staffing shortages in specialist disciplines (such as Emergency Medicine) mean that Weston Hospital cannot make the step change required to ensure that care delivery meets national standards, even with the planned organisational merger with UHB. Therefore, the changes proposed in the DMBC are required to make important changes that will improve patient safety and quality of care. However, they do not fully meet the challenges set out in the case for change and, in order to for these challenges to be met, further work will be required to describe a definitive model for Weston Hospital; a model that meets the needs of the local population and

ensures that local health services are sustainable into the future. Further changes to fully meet the case for change are being progressed through the NHS long term planning process and the CCG will continue to fully involve the HOSP as these develop.

- 1.8 The changes proposed are broadly cost neutral to the local system against the 2018/19 baseline, which includes the temporary overnight closure of the A&E department. By not reopening the A&E department overnight, it is estimated that £3.8m will be saved. This figure has been provided by Weston Hospital and represents a realistic assessment of the cost of appropriately staffing the A&E department throughout the overnight period, over and above the £9.2m already spent to operate the 8am-10pm service that is currently available. The costs are largely comprised of premium agency fees which would be incurred should the department reopen, as a result of the national shortage of Emergency Medicine staff. Including the assessment of the costs of reopening the A&E department overnight and moving to commissioning an 8am-10pm A&E Service, the ongoing financial benefit to the system of supporting the proposals is £3.9m.
- 1.9 There are a number of further changes taking place across the local health and care system that are relevant to the decision being put forward in the DMBC. These include changes to out-of-hospital care, such as the development of primary care at scale through the Pier Health Partnership and the new locality based model for community care, which will incorporate an Integrated Frailty Service based on the hospital site. These are key to the delivery of the model because they will support a reduction in demand for hospital care by freeing up capacity in the hospital for those that need it the most.
- 1.10 The success of changes proposed to the Governing Body are also interdependent with the WAHT and UHB merger. The decision on the hospital model of care will form the baseline of UHB's Full Business Case. Closer working between the two hospitals is a critical enabler of some of the service changes proposed, for example, those relating to critical care.
- 1.11 If the service changes outlined in this business case are agreed by the Governing Body, the CCG will commission these changes through contractual processes, and work with system partners to deliver the new service model. Implementation will largely be driven by the provider organisations, UHB and WAHT, with commissioning support where necessary.
- 1.12 The decision about an organisational merger will be taken by the UHB Board in November 2019. The implementation of the proposals set out for decision here, coupled with the organisational merger between WAHT and UHB, will provide a stronger platform from which to continue to redesign the local health service to better meet the needs the local people and continue to address the case for change.

## **2. POLICY**

Healthy Weston is the name of the work the CCG is doing together with a range of health and care organisations to change and improve local NHS services. It is a key workstream of the wider Bristol, North Somerset and South Gloucestershire Healthier Together partnership. The proposals set out in the DMBC have been developed by local senior doctors, nurses and other health and care professionals, drawing on evidence, national and

international best practice standards and guidelines. This work in turn has been informed by a significant period of public consultation.

The CCG has engaged with the HOSP throughout the Healthy Weston Programme, sharing evidence and model development as the Programme has progressed. The below table provides a summary of the engagement and consultation up until this point. It does not include the additional meetings that have taken place with the Chair and other individual members including those taking place as part of the consultation exercise itself. The consultation was paused between 20<sup>th</sup> March and 23<sup>rd</sup> May 2019 during the local and European election period as part of purdah requirements. When the new HOSP was formed, the CCG presented to the new committee at the first meeting on 6<sup>th</sup> June 2019.

<b>Date</b>	<b>Format</b>
9 <sup>th</sup> March 2017	Update provided and feedback sought on the early public engagement activity on future of services at Weston General Hospital.
26 <sup>th</sup> October 2017	Update provided and feedback sought on the Healthy Weston Commissioning Context.
22 <sup>nd</sup> February 2018	Update provided and feedback sought on Healthy Weston co-design work.
7 <sup>th</sup> June 2018	Update provided and feedback sought on outputs of Healthy Weston engagement and co-design activity with next steps outlined.
20 <sup>th</sup> September 2018	Presentation on Healthy Weston seeking feedback and support from members on case for change, vision, clinical model evaluation criteria, co-design work, and clinical options development.
11 <sup>th</sup> December 2018	Healthy Weston update and presentation of possible clinical models and draft consultation plan.
28 <sup>th</sup> February 2019	Presentation and feedback on the Healthy Weston Pre-Consultation Business Case.
6 <sup>th</sup> June 2019	Meeting with new HOSP members following the May 2019 election. Presentation and feedback on Healthy Weston proposals and introduction on wider health issues in North Somerset.
10 <sup>th</sup> September 2019	Briefing in private on the Healthy Weston Decision Making Business Case.

Under regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the CCG is required to consult with the HOSP when the CCG “has under consideration any proposal for a substantial development of the health service in the area of a local authority, or for a substantial variation in the provision of such service”. At the February 28<sup>th</sup> 2019 meeting of the HOSP, the Chair concluded that this was the beginning of the CCG’s statutory consultation with the HOSP.

To enable sufficient time for proper consideration and response on the recommendations when they were at a point of being sufficiently advanced but still at the point of being enhanced and developed, the HOSP received a briefing on the latest draft of the DMBC proposals on 10<sup>th</sup> September 2019. The feedback from the HOSP, most notably on the links with the UH Bristol and WAHT merger, and on the regular and transparent monitoring of outcome measures has been taken into account within the Decision Making Business Case.

In consulting with the HOSP the “Gunning principles” have been followed:

- Consultation must be at a formative stage when the consulting body has an open mind as to the outcome;
- Sufficient time must be allowed for proper consideration and response;
- Sufficient information should be provided to consultees to enable meaningful responses;
- The consulting body should give conscientious consideration to the product of consultation before making its decision.

The public HOSP meeting on 30<sup>th</sup> September 2019 will form a continuing component of this consultation process under the relevant regulations.

The CCG asks, as has been outlined previously, that the HOSP provides written feedback in advance of the Governing Body meeting on 1<sup>st</sup> October in order for the Governing Body to consider the feedback when making its decision.

### **3. DETAILS**

The proposals – which would see significantly more people receiving care and treatment locally in Weston than originally set out – are backed by senior doctors and clinicians across the area, including the Hospital Consultants’ Body and a key group of local GPs. The Trust’s Board have also expressed their support.

The proposals were originally designed to address a well-recognised case for change in Weston and the surrounding areas. They have been further refined with senior doctors as part of the public consultation. NHS England and the South West Clinical Senate (a regional body of independent experts that assess NHS change programmes from a safety and quality perspective) have assured the proposals contained in the Decision Making Business Case.

### **4. ENGAGEMENT AND FORMAL CONSULTATION**

A comprehensive engagement process began in June 2017 and informed the development of a ‘Commissioning Context’, which was published in October 2017. This outlined the principles for whole-system change and was the subject of a period of public dialogue and co-design from October 2017 to March 2018. Over 1,627 pieces of feedback representing 2,518 people were received. The independent report summarising themes informed ongoing work about hospital care and care in the community.

Between February and June 2019, the CCG formally consulted the public and workforce about proposed changes to the Weston Hospital model of care. The public consultation enabled robust and detailed dialogue with an extensive range of stakeholders. Throughout this period, the CCG worked with local clinicians and built on feedback from the public,

professionals and stakeholder organisations. Over 2,300 responses were received representing more than 3,000 individuals as part of the consultation (including both individuals and wide range of organisations), which helped to shape and refine the final proposals put forward in the DMBC.

The independent compilation of the consultation themes found that the majority of responses “fully” or “somewhat” supported all of the proposals apart from the proposal to move A&E opening hours to 14 hours a day, 7 days a week, which was only supported “fully” or “somewhat” by approximately one third of the respondents; two thirds of respondents said that they did not support the change. It is important to note the strength of feeling locally about this important issue. Should the Governing Body decide to accept the proposals, the CCG and system partners will continue to work with people living in and around the Weston area to ensure that the general public know how to reach NHS urgent and emergency care when they need it, regardless of the time of day.

Listening to the views of those that responded to the consultation and working with partners across the health system has enabled the CCG to recommend revised proposals that mean more people will be able to continue to receive their care at Weston Hospital than originally proposed, whilst still ensuring that the immediate necessary improvements to the quality and safety at the hospital are made.

## 5. FINANCIAL IMPLICATIONS

The summary financial position for the system can be seen below:

Proposed change*	Providers Perspective			Commissioners Perspective				Prod. Benefits	TOTAL IMPACT
	WAHT	UHB	Providers Total	BNSSG CCG	SWASFT	PTS	Comm. Total		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
A&E ON Closure	3,800	-	3,800	-	-	-	-	-	3,800
Adult A&E	(55)	60	5	(2)	-	-	(2)	-	3
Direct ON Admissions	-	-	-	-	76	229	305	122	426
Transport Team	-	(232)	(232)	-	3	(105)	(102)	76	(258)
Critical Care	(195)	83	(112)	1	-	-	1	24	(87)
CC Impact on Wards	(364)	607	243	(25)	-	-	(25)	-	218
Complex Med. Pts.	(820)	672	(148)	(24)	(2)	(23)	(49)	-	(197)
Overnight Surgery	(204)	386	182	(12)	-	(9)	(21)	-	161
Paediatrics	68	(275)	(207)	9	63	-	72	-	(135)
<b>Total</b>	<b>2,229</b>	<b>1,300</b>	<b>3,530</b>	<b>(53)</b>	<b>139</b>	<b>92</b>	<b>178</b>	<b>222</b>	<b>3,928</b>
<b>Total excl. A&amp;E ONC</b>	<b>(1,571)</b>	<b>1,300</b>	<b>(270)</b>	<b>(53)</b>	<b>139</b>	<b>92</b>	<b>178</b>	<b>222</b>	<b>128</b>

Points to note:

- The impact of the proposed changes on North Bristol NHS Trust and Taunton and Somerset NHS Foundation Trust was negligible and therefore is omitted from the system summary position. This was agreed through the system wide Healthy Weston Finance and Enabling Group.
- The negative impact on WAHT and positive contribution to UHB would be reconciled in the event of a merger between the two organisations. If this were not to occur, the guiding financial principles that have been agreed between the system Directors of Finance would support a resolution to be found.

## **6. RISK MANAGEMENT**

The proposed model of care significantly reduces the risk associated with the model of care at Weston Hospital. This is illustrated through the improved compliance with national clinical quality standards, summarised in Table 3, page 36 and reviewed in detail in Appendix 5. Detailed outcome measures have been described through which the benefits expected to be realised through the proposals will be measured, these are included in Section 6, Table 11 of the Decision Making Business Case.

The organisations impacted by the changes, commissioners and regulators will continue to monitor the entirety of the core quality schedule through the established governance and regulatory infrastructure in order to ensure that there is no unplanned adverse impacts in any areas of care provision.

Challenges associated with the proposed changes, and mitigations to these, are included in Section 5, Table 7 of the Decision Making Business Case.

## **7. EQUALITY IMPLICATIONS**

An Equality Impact Assessment is included in Appendix 7 of the Decision Making Business Case.

## **8. OPTIONS CONSIDERED**

More than 1000 potential clinical models were identified via reviews of national and international best practice and Royal College guidelines and clinical input. 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 the changing needs of our population, workforce, access and safety constraints narrowed the potential models to fewer than 40.

Clinicians reviewed these models in depth using pre-selected evaluation criteria that had been tested and agreed with clinicians, stakeholders and patient and public representatives, and cross referenced with national guidelines and best practice. This led to shortlisting six models for formal detailed evaluation, including assessment of clinical quality and patient outcomes, workforce, financial and activity modelling. The evaluation criteria, which are directly linked to the case for change, were:

- Quality of care: clinical effectiveness, patient and carer experience, safety
- Access to care: distance, cost, travel time and patient choice
- Workforce: scale of impact, impact on recruitment, retention and skills
- Value for money: capital costs, income and expenditure, net present value
- Deliverability: expected time to delivery, co-dependencies.

The 6 models were presented to the North Somerset Health Overview and Scrutiny Panel in November 2018. The panel indicated which of the 6 options would require public consultation

In November 2018, the preferred three options identified by clinicians were presented to the NHS England Clinical Senate as a phased approach to delivering service change at Weston Hospital. The Clinical Senate originally recommended that the redesign



programme should move from Stage 1 to Stage 3, using Stage 2 only as part of the transition plan, rather than as a stage of service delivery itself. At a subsequent NHSE Assurance meeting in January 2019, assurance was only given to Stage 1; the Clinical Review Panel indicated support for Stage 1 implementation and consultation and for Stage 2 & 3 only as a direction of travel for further work up.

The Stage 1 option had been indicated as a significant service change by the North Somerset Health Overview and Scrutiny Panel, therefore a Pre-Consultation Business Case was developed. This was assured by NHS England and Improvement, and by the NHS England Clinical Senate, in January 2019. The Pre-Consultation Business Case was presented to the Governing Body for decision to proceed to public consultation February 2019. This was supported and the proposed option underwent public consultation from February-June 2019. As described above, the proposals have been reviewed and revised as part of the consultation and now a single option for change at Weston Hospital will proceed to decision on 1<sup>st</sup> October 2019.

## **AUTHOR**

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