NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

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Dear Councillor Tucker,

Thank you for your letter dated 9th October 2019 setting out the further areas of clarification the North Somerset HOSP requires following our meeting with you on 30th September 2019.

You will see in Appendix 1 we have set out in detail our response to your questions, having consulted where necessary with expert clinicians. However, in summary I can give you the following assurances:

- Given that the proposed overnight closure has already been in place on a temporary basis for over two years, we have had a chance to fully review the position and we are confident that the alternative overnight services in place are safe and effective. As you know, South Western Ambulance Service together with the receiving hospitals conducted an evaluation of actual clinical cases to give assurance that no harm had come to patients who had transferred. The services proposed in the consultation are an upgrade on the overnight provision that was available at Weston hospital leading up to the closure on safety grounds.

- Our local GPs through their super partnership Pier Health are currently running a national recruitment advertising campaign. Part of the package that they are using to attract new primary care clinicians to come and work in Weston is the prospect of a portfolio career (e.g. ability to work part time in acute settings). This approach has a national evidence base, which we have cited in the appendix to this letter.

- South Western Ambulance Service has – in common with all key local health care service providers – been fully involved with the Heathy Weston programme and signed a letter of support within the Decision Making Business Case. The staffing and equipment required to provide enhanced ambulance services will be commissioned as required during the implementation phase of the programme. This is fully costed in the DMBC and approved by the commissioner and system partners.

- The new crisis and recovery café service has been procured and the contract awarded to the local charity Second Step. We are now going through a period of mobilisation in readiness for the service to open in April 2020. This will supplement a range of local mental health services and was borne out of the co-design work with local people. People with lived experience were clear that A&E departments are generally not the best place for people in mental health crisis to be cared for.

- Finally, in regard to the impact of our frailty model on social care. It is worth stressing that Local Authority senior managers have been involved throughout as members of the North Somerset Frailty Steering Group, which has overseen the development of proposals. Progress in the development of the frailty model has also been presented to the Healthy Weston Steering Group, which includes NSC director level membership, and to the Healthier Together Integrated Care Steering Group. Further, the overarching BNSSG frailty model as expressed through the community procurement exercise also had extensive NSC and voluntary sector engagement and involvement.

I hope this letter and the attached detail give you and your colleagues the additional assurance that you are looking for and I look forward to seeing you again on the 15th.

Yours sincerely

Julia Ross
Chief Executive

Appendix 1

(1) Provide a thorough analysis of clinical outcomes on the transfer of A&E patients to Bristol compared to the previous outcomes in Weston

Clinical outcomes directly associated with the care and treatment provided in the A&E and the result of transfer were considered at length by the Clinical Design and Delivery Group and the cross-system group that put in place the temporary overnight closure in response to concerns about patient safety overnight within the A&E department at Weston Hospital.

In considering other indicators of patient outcomes that we can use to provide greater evidence associated with the clinical outcomes of patients before and after the overnight closure of the A&E, the Summary Hospital-level Mortality Indicator (SHMI) can be drawn upon. SHMI reports on mortality at Trust level across the NHS in England using a standard and transparent methodology. It is produced and published monthly as a National Statistic by NHS Digital. The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. The SHMI indicator is taken over a rolling 12-month period; there is an ongoing review of the SHMI to evaluate potential short and long-term changes to improve the indicator.

The SHMI at Weston Hospital before and after the overnight closure of the A&E department can be seen below:

Period	SHMI[1]
July 14 – June 15	1.1060
July 15 – June 16	1.1529
July 16 – June 17	1.0347
July 17 – June 18 (temporary overnight closure starts)	0.9350
July 18 – May 19	0.9181

It can be noted that these have progressively improved, with a SHMI of close to 1.00 (which is the national average) being achieved in 2018. This data is taken from the previous 12 months and the temporary overnight closure was implemented in July 2017. The SHMI includes all inpatients at Weston Hospital and therefore it must be noted that this widely recognised outcome measure can be seen only as correlated to the temporary overnight closure of the A&E; the relationship is not direct.

Paediatric outcomes have also been considered in the Healthy Weston work. Retrieval information from the Bristol based Wales & West Acute Transport for Children Service (WATCh), who are responsible for the safe transfer of critically ill children across South

[1] https://digital.nhs.uk/data-and-information/publications/clinical-indicators/shmi/current

Weston England and South Wales, confirms that retrievals have predominantly occurred when the paediatric assessment unit has been closed but ED has been open; the Healthy Weston decision to extend the availability of paediatric support will support safe paediatric care at Weston Hospital further.

The “Getting it Right First Time” (GIRFT) data provides information on the overall performance of services. GIRFT is led by frontline clinicians who are expert in the areas they are reviewing. This means the data that underpins the GIRFT methodology is being reviewed by people who understand those disciplines and manage those services on a daily basis. Weston Hospital’s Emergency Department participate in the GIRFT programme and have highlighted the following areas in which performance has improved between 2016/17 and the most recent data from 2018/19:

1. Reattendance rate at 48 hours has decreased from 5.8% to 3.8%
2. Reattendance rate at 7 days has decreased 10.2% to 7%
3. Patients are staying less time in the department - 93% have been admitted, discharged or transferred by 6hours and 97.7% at 12 hours compared to 84% and 94.2% previously
4. Average time awaiting admission has decreased from 434 minutes to 414 minutes

The specific impact of further travel on a patient’s outcome can only be ascertained via an individual case note review as comparison of a cohort of patients before and after closure is not possible, beyond the A&E outcome audit data described above. 100 patients who were impacted by the overnight A&E closure and transferred out of area to receive treatment were studied in total: 50 patients that were taken to University Hospitals Bristol NHS Foundation Trust and 50 patients that were taken to Taunton and Somerset NHS Foundation Trust were randomly selected for case note review. The audits were undertaken by a paramedic and a consultant in Emergency Medicine from the receiving Trust. Each patient case was considered from the point of ambulance arrival through to completion of the episode of care.

The sample size of 50 at each Trust was felt to be sufficient to determine whether there was a need to undertake a much larger piece of work. When the effect an intervention is uncertain, larger samples will reduce the margin of error in interpreting the effect of an intervention. In this situation, as there was no evidence of any negative impact in 100 cases, we can be very confident that the risk of an adverse event is less than 1% and likely to be much rarer than that, if indeed they occur at all. Increasing the certainty of no adverse events beyond <1% through increasing the numbers reviewed would incur additional costs but add little value when compared with the known real risks of a patient with significant needs arriving at an understaffed A&E.

The full audits and their findings have been published in the Decision Making Business Case and can be found in Appendix 4.

National evidence supports the audit results found locally, this is described in Appendix 3, Section 2 of the Decision Making Business Case: “a review undertaken by the University

of Sheffield[2] on the mortality of the local population following the closure of five emergency departments found no statistically reliable evidence to suggest a change in the number of deaths following an Emergency Department closure in any site or on average across all sites. The data that was used to inform this conclusion included 48 data points for monthly activity or performance in the 2 years before and the 2 years after the changes were made, and also included the experiences of a far greater number of people than will have been affected by the temporary overnight closure at Weston Hospital".

Further to the above incidents associated with patient transfer were reviewed as part of the work to develop the Decision Making Business Case. There have been no Serious Incidents resulting in patient harm reported to Weston Overnight Closure Operational Group or A&E Delivery Board since the temporary overnight closure was implemented. South Western Ambulance Service Foundation Trust (SWASFT), University Hospitals Bristol NHS Foundation Trust and Weston Area Health Trust (as the providers most impacted) reported that they could find no incidents at all directly attributable to the temporary overnight closure. Critically, SWASFT also thoroughly reviewed any incidents related to 'delays to treatment' and found no incidents attributed to the temporary overnight closure.

In similar pieces of service reconfiguration, theoretical information has been used to assess the likely impact of increased travel time. For example, in Dorset, a panel reviewed 34 patient cases to assess the likely impact on individuals if services were reconfigured as planned. It is deemed a strength of the programme that *actual* patient data has been considered in order to review and accurately assess, through a variety of means, the impact of increased travel on patients' clinical outcome.

The HOSP should also note that improving clinical outcomes and meeting National Clinical Quality Standards has been the driving force behind the Healthy Weston proposals for change at the hospital. National Clinical Quality Standards are produced via expert clinical groups, who draw on all available evidence associated with service components that contribute to improved outcomes for patients. These standards then guide what clinicians provide, how they work together, and what services are commissioned.

Appendix 5 of the Decision Making Business Case details how the recommendations will improve Weston Hospital's compliance with National Clinical Quality Standards. This detailed piece of work was undertaken by clinicians working at Weston Hospital and reviewed and signed off by the cross system Clinical Design and Delivery Group at their August 2019 meeting. The clinicians considered the current status of the service and how the service would look in the future following implementation of the proposed changes. National Clinical Quality Standards are developed because they indicate the core service components that support high quality services and therefore lead to improved outcomes. Weston Hospital struggles to meet these in a number of areas and Appendix 5 confirms that the changes proposed will significantly improve compliance and therefore improve the quality of care that patients receive as a result of the proposed changes.

[2] Review undertaken by the University of Sheffield

(2) Provide evidence that the recruitment of GPs to support A&E is feasible and will not undermine primary care locally

Throughout the consultation process this has been a concern raised by the general public and staff working within the health service. It is not a challenge unique to Weston but it is one that we have been pleased to be able to demonstrate progress against over the course of the Healthy Weston Programme. The Decision Making Business Case outlines the significant developments in Primary Care in Section 4.2 and notes that the improvements in the delivery of primary care and a coordinated recruitment strategy are addressing long-standing issues of recruitment and retention in the area.

The coming together of local practices under the umbrella of the Superpractice, Pier Health, means that the Weston practices are better able to recruit and retain GPs by offering a range of roles. The new and modern outward facing Pier Health website (https://www.pierhealth.co.uk/) is attractive and clear in how the practices are linked as one.

The organisation is well underway in developing partnership arrangements with the wider system to enable much sought after "portfolio careers", whereby GPs and other practitioners can work sessions in different workplaces and sub specialise, if they wish. Pier Health has already attracted a new GP who will specialise in Frailty, under this model and this GP came to the area specifically because of the opportunity to undertake a role working across the newly establishing frailty services and within Pier Health. There is also an individual interested in a joint role with the hospital, specialising in urgent care, coming through the Mendip Vale Practice. These are people who have cited their reasons as coming to Weston to be because of the opportunities that these new integrated positions offer; it is unlikely that they would have come under the previous traditional arrangements.

The literature review available from the Greater Manchester area[3] provides evidence for the approach:

> *"Strategies to improve retention relate to trying to increase capacity and reduce workload, encourage variation in working life through portfolio careers and sub-specialisms as well as greater support for those wishing to change their clinical workload"*

Digital advancements are also playing a role in improving the primary care workload for GPs in the Weston area and creating a more manageable working life. This is attractive to new GPs and will support the retention of those already working in the area. The AskmyGP solution organises the primary care workload within practices in a real time way and allows patient care to be swiftly directed to the individual most equipped to meet that person's needs. This is positively impacting the workload of GPs and waiting times to see a GP in those practices operating AskmyGP have reduced from a median of 4.4 days to 0.9 days since the implementation of the system. The solution is also giving visibility to the

[3] https://www.clahrc-gm.nihr.ac.uk/media/Resources/OHC/Recruitment-retention-and-returning-to-General-Practice-A-rapid-scoping-review-to-inform-the-Greater-Manchester-Workforce-Strategy1.pdf

capacity required to meet the volume of patient need and this will help ensure that primary care is adequately and accurately (i.e. ensuring the right people/skill set is available in the right job) into the future.

(3) Provide evidence that sufficient and appropriate ambulances will be available in the new model

The South Western Ambulance Service NHS Foundation Trust (SWAFT) have been central members of the Clinical Design and Delivery Group and have participated fully, alongside the CCG and the Hospital Trusts in the public consultation events. Their fleet of ambulances was expanded by two new vehicles and associated staffing as a result of the temporary overnight closure of the Weston A&E Department. This was based on the estimated impact at the time and ORH modelling (an independent company used by Ambulances across the country to support capacity planning) informed the increase required. Careful review of the *actual* data on journey times since the temporary overnight closure was implemented reduced the increase within the first year to one additional ambulance and this remains the same.

The Healthy Weston proposals further reduce the impact on the SWASFT service. This is threefold:

I) Direct admissions to Weston Hospital are proposed. This is expected to reduce the number of patients transferred out of area overnight by 900 patients per annum. Journey times associated with these conveyances will be reduced as a result.

II) A reduction in the number of children required to be transported out of area will be seen as a result of the expansion of paediatric services at Weston Hospital. This is expected to reduce the number of journeys undertaken by SWASFT by 250.

III) The dedicated Critical Care Transfer Service will serve those currently transferred to the Bristol hospitals from Weston as part of their care pathway (i.e. when they require specialist input not available in Weston Hospital) in place of SWASFT. This will ensure that conveyances of critically unwell adults meet national clinical standards.

The total net impact on SWASFT as a result of the Healthy Weston proposals is a reduction of 1151 journeys; this can be seen on page 19 of Appendix 6 of the Decision Making Business Case.

To support this response SWASFT have confirmed that, for the period 4th March 2019 to 2nd August 2019, the average mean response time for a Category 1 was 6 minutes and 30 seconds for patients in BS22, BS23, BS24, BS25, BS29 and BS49. Per day there was an average of 3 Category 1 incidents between 08.00-22.00, and 1 Category 1 incident 22.00-08.00. This is in line with the mean Category 1 response time for the BNSSG area combined, which is currently 6.4 minutes. The Ambulance Response Programme sets a

national standard of a 7 minute mean response time. This indicates that sufficient capacity is in place in the Weston area to meet expected response times.

In addition, SWASFT have recently remodelled their resources. The modelling is based on actual activity post the temporary overnight closure, and so the overnight closure has informed the modelling in the North Somerset area. The remodelling shows an increase in demand equating to an extra vehicle in the day and the evening in the Nailsea area; this will form part of the annual contract planning for 2020/21.

(4) Provide reassurance that Mental Health needs will be addressed

Weston has concentrated numbers of people living with mental health issues, learning disabilities and those struggling with drug and alcohol addiction. The CCG recognises this and has identified the further development of the Psychiatric Liaison Service at Weston General Hospital A&E as a priority within its Crisis Pathway Transformation Programme. Recurrent funding has been secured from the Mental Health Investment Standard to support the crisis pathway and particularly psychiatric liaison. The second workshop to develop the crisis offer across the pathway, is taking place on 15th November. The amount of funding allocated will be determined as a result of the workshops and the aim is for an improved “co-designed” service to be established within Weston Hospital within the next 6 months.

In addition to improvements in Psychiatric Liaison, the CCG has recently appointed local mental health charity Second Step as the preferred bidder for a brand new mental health crisis centre for North Somerset.

The idea for a North Somerset enhanced out of hours mental health service came out of initial scoping of the Healthy Weston model at the start of 2018. The new service was co-designed with local patient representatives, doctors and other stakeholders via a series of public engagement workshops and design sessions. These identified a clear requirement for a crisis and recovery center style model which would allow people to access out-of-hours mental health support alongside elements of social care support, and this is reflected in the design of the new service. The current situation causes increased and repeat demand at the hospital’s A&E Department, for police and ambulance services, and results in poor outcomes for this group of patients. This is evidenced by long wait times in A&E, high numbers of repeat attendances from this group of patients and an increase in self-harm and suicidal ideation.

The new service will complement existing mental health services in the area and help reduce the number of patients attending A&E that would be better treated elsewhere. The service specification stipulates that the service will be open beyond the A&E opening hours and will be based in central Weston-super-Mare. It has been commissioned as part of the Healthy Weston Programme to transform services in the Weston and Worle area. A safe, welcoming and comfortable place for people in immediate acute emotional distress will be provided and support will also be offered to those seeking to prevent the onset of a

crisis. It will be open from 6pm to 12 midnight seven days a week. The center will provide a similar service to The Sanctuary, which has been supporting vulnerable people in Bristol since 2015. Recurrent funding of £217k per annum has been secured via the Mental Health Investment Standard for the North Somerset service.

Similar crisis and recovery centre models have been implemented in numerous places in England and the CCG has been working with colleagues in Aldershot, Devon and Leeds to develop and design the service for the North Somerset Area. It is a nationally recognised model which aims to provide more proactive, person-centred services to support vulnerable people experiencing emotional distress or a mental health crisis, as an alternative to A&E. The model is also referenced in the NHS Long Term Plan as an appropriate model of care for vulnerable people, reinforcing alignment of our local plans with national strategy.

The CCG is now entering a period of mobilisation with Second Step and the new service is expected to open in April 2020.

(5) Provide evidence that the emerging business case being developed for the frailty model across BNSSG fully takes account of potential additional resource implications for Adult Social Care and the Voluntary sector.

A model for an Integrated Frailty Service across BNSSG is well advanced, and has involved a wide range of stakeholders from across the system. Representatives from North Somerset Adult Social Care have been involved in the development of the model from the outset.

The BNSSG programme also includes representation from the voluntary sector and locally we have involved Alliance and Curo in the frailty steering group to ensure the model builds on the strength and expertise of our local third sector partners. The detailed service specification is under development, however the following provisions are already included within the business case:

- Additional social work capacity to support the proposed frailty hub has been built into the workforce model and funded as part of the new community services contract.
- The new community services contract also includes the need to spend an indicative 3% of the annual contract value with the Third Sector to meet the local population need, as a direct result of engagement with Stakeholders feedback in the development phase of the programme. This will amount to up to £3m across the life of the contract across BNSSG.
- Primary Care networks have been allocated funding to recruit to social prescribing roles. In North Somerset this will result in an additional 4 roles being introduced in 2019/20.

In addition, we are committed to working with social care partners over the next 3 months to develop more detailed modelling of the activity and impact, ahead of the BNSSG Frailty Business Case being finalised. A decision on the Frailty Service proposals is scheduled for

consideration at the January 2020 meeting of the Healthier Together Partnership and the BNSSG CCG Commissioning Executive; both groups include director-level local authority representation in their membership.