



# Health Overview and Scrutiny Panel

## June 2022

**Report of:** BNSSG Healthy Weston Phase 2

**Title:** BNSSG Healthy Weston Phase 2

**Ward:** N/A

**Officer Presenting Report:** Colin Bradbury, Andy Hollowood,

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## Recommendations

The committee is asked to:

1. Note this update report and the progress made by the BNSSG Healthy Weston Phase Two programme team in developing and implementing plans for public engagement on the new model of care for Weston General Hospital
2. Provide feedback against the 5 key engagement themes set out in section 4 of this paper that will help inform plans for implementation.

## 1. Executive Summary

Local clinicians have developed a model that builds on the progress made as a result of Healthy Weston Phase 1 and the merger in 2020 between Weston Area Health Trust and University Hospitals Bristol. This model will:

- Preserve the current 14/7 A&E service at Weston, seeing the same range of people and providing the same treatments as today
- Deliver better outcomes for patients of all ages. This includes using digital technology to get specialist opinion and, if someone needs specialist inpatient treatment, who is not suitable for older people's services or surgical care (e.g. appendicitis or broken bones), transferring them to larger centres that can deliver better outcomes and shorter lengths of stay in hospital
- Give a clear and sustainable service model that is more likely to attract key staff to come and work at Weston, building on recent success of teams both in the hospital and in the community who have been able to attract new staff to come and work in Weston
- Drive further integration with local community and primary care services
- Mean that many more people can be treated locally at Weston.

More than 5,000 members of the public, patients and carers, staff and a wide range of other stakeholders have contributed to the Healthy Weston programme, including helping to identify priorities, developing, and testing models, providing feedback, and highlighting areas for further development.

We continue this strong focus on engagement as we develop our plans for delivering the model of care. An 8-week period of public engagement has been launched to help plan the practical implementation of Healthy Weston Phase 2.

The feedback and insight from this engagement period will further inform our impact assessments by strengthening our understanding of the perceived impacts of the new model of care and what people would like to see done to mitigate any challenges.

## 2. Introduction

The North Somerset Health Overview and Scrutiny Panel (HOSP) met on 20 April 2022 and decided that the preferred model put forward for Healthy Weston Phase 2 should be considered a process of service improvement. This model was then subject to evaluation by clinicians, managers, and patient representatives at an independently chaired evaluation workshop on 21 April 2022. This workshop used evaluation criteria that had received support in advance from the North Somerset HOSP. The workshop considered two clinical model options against the evaluation criteria. A consensus recommendation of Option 2 as the preferred option was put forward and ratified by the Healthy Weston Steering Group on 31 May. A final report from the South West Clinical Senate Review Panel held on 31 March has been received. The report confirms the Clinical Senate's assurance of the preferred model.

On 7 June 2022, the Bristol, North Somerset, and South Gloucestershire Clinical Commissioning Group Governing Body [BNSSG CCG GB], agreed the Healthy Weston Phase 2 Outline Business Case, which set out the preferred model, and confirmed a commitment to a dedicated period of public engagement building on the existing engagement work that has already been undertaken. This cover report sets out our planned approach to public engagement.

Further detail on the preferred model of care for Weston General Hospital, presented in the Outline Business Case to BNSSG CCG GB on 7 June can be found at Appendix A.

## 3. What we are trying to achieve through engagement

Given our extensive previous engagement activities to develop and test the Healthy Weston Phase 2 model, the focus of this engagement period is on **gaining information to further inform our implementation plans**. We have recently received survey feedback from almost 900 people and undertaken discussion sessions which showed that the majority of people understood the need for change and were broadly supportive of the proposed model. Therefore, we are not repeating that type of content or methods during this period of engagement.

We will undertake 8 weeks of active listening and engagement (20 June – 14 August 2022), followed by one month of drawing together themes and ideas that will further inform implementation plans (by 30 September 2022).

## 4. Focus for this phase in engagement

Based on learning from earlier engagement for Phase 2 and formal consultation from Phase 1 of the Healthy Weston programme, our Equality Impacts Assessment and review of our proposed approach by groups such as North Somerset Health Overview and Scrutiny Panel,

South West Clinical Senate and patient and staff reference group, we have identified five themes for engagement.

Previous feedback has identified perceived challenges and barriers to implementing the Healthy Weston Phase 2 model. Our engagement focus is on what could be done to mitigate those.

The five themes are

1. How should we let people know about plans for Weston General Hospital? We are keen to continue to engage and listen to people as we begin putting plans into action.
2. Most services at Weston General Hospital will continue as they are now, with services for all ages including maternity, children's services, and adults' services. Are we clear that there will be services for all ages at Weston General Hospital?
3. What could we do to encourage people to have a planned operation at Weston General Hospital? E.g. advertising shorter waiting times?
4. Some of our plans mean that people will travel to another hospital further away for their specialist care. What practical things could health services do to help if people and visitors are at a hospital further away from home? For example, support with technology to help people stay in touch with loved ones.
5. How could we mitigate any concerns staff at the Trust running Weston General Hospital may have?

## 5. Our stakeholders for this phase in engagement

Our priorities in who to engage with in this 'planning for implementation' period are:

- those who are **interested in identifying potential solutions** to the key themes we are prioritising
- groups that we have **engaged with less** in our previous engagement activities
- groups that may be **disproportionately affected** by the planned Phase 2 approach, including any groups identified by our Equalities Impact Assessment as potentially negatively impacted

Further detail on our stakeholder map is set out in the Engagement Plan in Appendix B.

## 6. How we will engage

Over the 8-week period between 20 June and 14 August we will proactively engage using the following methods:

- Meetings with the Patient Public Reference Group and meetings with the Staff Reference Group.
- Offer key stakeholder groups listed in the engagement plan a virtual or in person visit.
- In person event [30 June] and an online event
- Pop up stand in Weston General Hospital, Pop up stand in Bristol Royal Infirmary
- Short online survey sent to the BNSSG Citizen's Panel, and placed on the BNSSG website
- Seek feedback from UHBW staff meetings

We hope to engage with 300-500 people during this period, though the focus is on quality and detail, not quantity.

## 7. How we will use what we learn

Towards the end of August an independent team will compile themes from the feedback, including a list of all suggestions to consider in our onward planning. The theme summary will be reviewed by the Patient and Staff Reference Groups and the Healthy Weston programme team. The programme will prepare a 'you said, we did' document listing how the suggestions was considered and what, if anything, is being done as a result.

We will use the suggestions and what we learn during this engagement period to:

- inform and update our implementation plan
- update our impact assessments
- develop a full communications strategy to support the implementation period, including staff consultation

## Appendix A: New Model of Care for Weston General Hospital

Weston General Hospital will:

- become a **centre of surgical excellence**. This means thousands more planned operations for people of all ages will be carried out
- become a **centre of excellence for older people's care**. This means it will provide more care for people who are frail, in addition to all the usual services for people of all ages
- help more people **go home within 24 hours** of an emergency. It will have units for assessing and treating patients quickly.

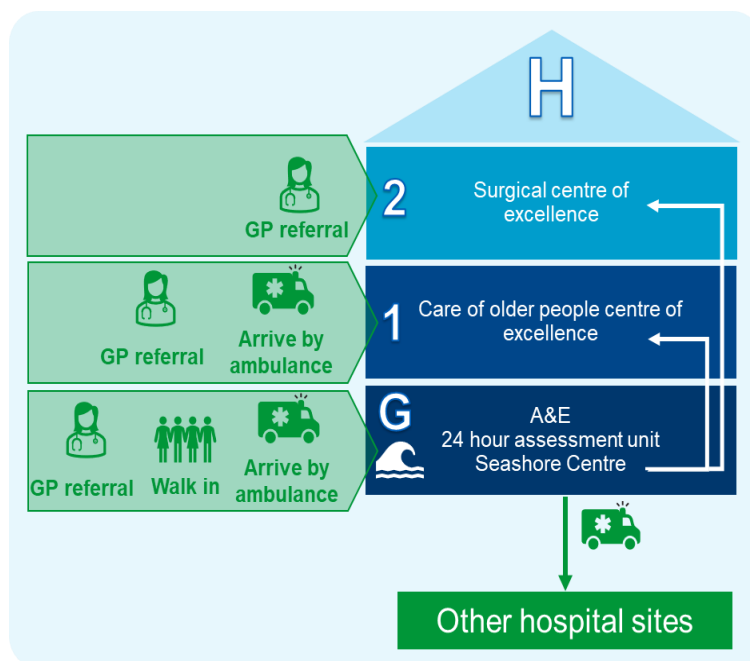
Weston General Hospital will **continue to provide A&E services from 8am to 10pm**, exactly the same as for the last 5 years.

All other services at Weston General Hospital will continue as now, such as outpatient appointments, maternity care, children's services, cancer care, diagnostic tests like x-rays, intensive care, emergency surgery and stroke rehabilitation. Services will continue for people of all ages.

Under the proposed new model, inpatient medical specialties are concentrated in other surrounding hospital leaving Weston to focus on developing centres of excellence. This will mean all people in an ambulance, other than those with conditions for which there are existing established pathways (e.g., major trauma), would be taken to Weston General Hospital for assessment and initial treatment. If, on assessment, they need inpatient medical care for more than 24 hours (other than people who would benefit from treatment in the new centre of excellence for older people or emergency surgery) they would be transferred to another local hospital for their care.

This option ensures that Weston General Hospital:

- treats the majority of emergency cases at Weston
- reduces the number of non-elective beds displaced to neighbouring hospitals
- gives Weston staff a wider range of patients to treat, thereby aiding recruitment and retention.



## Appendix B: Engagement Plan