

TELFORD & WREKIN COUNCIL**CABINET – 12TH July 2018****RESPONSE TO FUTURE FIT HOSPITAL RECONFIGURATION****REPORT OF ASSISTANT DIRECTOR: HEALTH & WELL-BEING****LEAD CABINET MEMBER – CLLR ARNOLD ENGLAND MEMBER FOR
COMMUNITIES, HEALTH & WELLBEING****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

Future Fit launched their long awaited consultation on the future of hospital services in the borough, Shropshire and Mid Wales on 30 May. This is the Council's response to that consultation which ends on the 4th September.

The consultation considers two options:

- Option 1:** The Royal Shrewsbury Hospital becomes an Emergency Care site with Women & Childrens in-patient services and the Princess Royal Hospital becomes a Planned Care site.
- Option 2:** The Princess Royal Hospital becomes an Emergency Care site retaining Women & Childrens in-patient services and the Royal Shrewsbury Hospital becomes a Planned Care site.

Under either option, both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week. The Planned Care site will also have Medical Wards for those needing to stay longer in hospital.

Option 1 is the preferred option of the CCGs. **Option 2** is the Council's preferred option in line with a unanimous decision by Full Council in September 2017.

2. RECOMMENDATIONS

To approve the Council's response to the proposed hospital reconfiguration that will be sent to the Clinical Commissioning Groups

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Co-operative Council priorities?	
	Yes	Improve Health & Wellbeing and protect and support vulnerable children and adults
	Will the proposals impact on specific groups of people?	
	Yes	Those most vulnerable groups who are significant users of hospital services – older people, children & young people, pregnant women and other vulnerable groups. The CCGs have undertaken an Integrated Impact Assessment that considers the impact on specific Equality & Diversity Groups and the impact on those from more deprived backgrounds
TARGET COMPLETION/DELIVERY DATE	The CCGs will make a final decision post-consultation in autumn 2018.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	<i>This must be decided by an officer from Finance. If yes, briefly summarise any impact(s) – financial impact must be completed by an officer from Finance</i>
LEGAL ISSUES	Yes/No	<i>This must be decided by an officer from Legal. If yes, briefly summarise any impacts – legal issues must be completed by an officer from Legal Services</i>
OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	Hospital reconfiguration will have far reaching impact on the borough – not only from an access to key health services point of view but also from an economic point of view to a growing borough.
IMPACT ON SPECIFIC WARDS	Yes	Hospital reconfiguration will have borough wide impact

PART B) – ADDITIONAL INFORMATION

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Under either option, both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week. The Planned Care site will also have Medical Wards for those needing to stay longer in hospital.

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The Council considers that Option 2 is better for all for a number of reasons. These are:

Financial

The local NHS has been given permission to spend up to £312m on changes to our local hospitals. The capital costs for Option 1 is about £312m and for Option 2 is £249m. There is a £63m difference. Both options deliver the same set of services but at different hospitals but Option 1 costs considerably more.

There are potentially other uses for the £63m capital, for example, the consultation highlights that SaTH are exploring opportunities to have two adult cancer day units as currently there is only one at the Royal Shrewsbury. The capital costs of another cancer day unit is not included in these proposals but at approximately £4m to £5m could easily be incorporated into Option 2 and still cost less than Option 1. This would mean that people living in the East undergoing chemotherapy do not have to travel so far for their regular treatment.

Most of the capital will be borrowed from either the Treasury or through Private Finance sources. The additional capital costs of Option 1 therefore does have on-going revenue consequences in terms of the cost of borrowing.

The Pre-Consultation Business Case suggests that the **additional** borrowing costs of Option 1 could be at least £3.3m per year. This however does not include the cost of borrowing from the private sector and therefore could be more. The Leader of the Council has written for clarity regarding the exact breakdown of the sources of capital and the level of interest to be charged on these loans. At the start of consultation, despite the delay in its launch to await the capital funding announcement, the CCGs could not confirm the exact amounts from each source.

Whatever the sources of capital funding, there are on-going revenue consequences in terms of the cost of borrowing. This money – at least £3.3m per year could be better spent on more GPs and community services for the benefit of all.

Clinical Sustainability

The Hospital Trust's ability to recruit the right clinical staff is critical to the success of either option. The larger Emergency Centre and Women & Children's services site will require more staff from specialities with significant national shortages, such as A&E and Critical Care. The Trust has acknowledged to Future Fit that it is easier to recruit at Telford. Option 2 is better for all as it maximises the hospital's ability to recruit to the specialities such as A&E with national shortages.

Health Needs – Women & Children

The significantly higher level of need for in-patient women and children's services was recognised by the NHS only 4 years ago, when the new Women and Children's Centre was built at the Princess Royal, at a cost of £28 million. This high level of need of Women and Children in the East has not changed and will only increase at a faster rate compared to the West in the future. Two-thirds of all births and all hospital admissions in children are closer to the Princess Royal Hospital and those least able to travel further – due to their socio-economic circumstances are expected to travel further under Option 1.

Emergency Care

Whilst overall average emergency travel times to the PRH (under Option 2) are slightly less than to the RSH (Under Option 1). Very little account has been taken of the proximity of other hospitals such as the Wrexham Maelor that are actually nearer to some of the communities that are described as being part of SaTH's 'catchment' area. If we consider only the emergency care patients who live closest to either RSH or PRH rather than these other hospitals, 60% of all emergency care patients live closer to PRH with average emergency travel times even shorter to the Princess Royal compared to the Royal Shrewsbury.

Based on this analysis, Option 2 will mean that the Emergency Centre will be located in the hospital that is nearest the majority of those communities for

whom either RSH or PRH is their nearest hospital. It would therefore more fully meet the emergency care needs of the majority of those needing emergency care at SaTH.

Planned Care

The Planned Care hospital is the site that most people will have to travel to by car. Journeys to the Emergency Care Centre will largely be via ambulance and to the Women and Childrens Centre – a combination of car or ambulance. Visitors will travel by car or public transport to either site. The Planned Care hospital will not only have Planned Care beds but also medical beds for on-going hospital care.

Currently most planned operations take place at Shrewsbury and therefore under Option 1 more people (circa 40,000) will have to travel to Telford instead for these operations and procedures. 70% of all patients admitted for planned care would therefore have to travel to a different hospital compared to now. With just over 5 out of 10 people needing planned care living closer to Shrewsbury – it makes more sense for the planned care site to be at the Royal Shrewsbury. The Royal Shrewsbury Hospital is more convenient to travel to by car or public transport for the majority living across the catchment area.

Older people are more likely to have transport difficulties with fewer people able or willing to drive long distances. This is the group most affected by moving all Planned Care to Telford. Choosing Option 1 will present the greatest challenge to those living in parts of Shropshire and Powys who find it difficult travelling to hospital for their planned operations and to visit those staying in hospital a long time.

Future Population Growth

Future Fit argue that the proposed clinical model and bed modelling takes into account the expected changes in the population over the coming years and how best care can be provided for everyone. However no population projections were used in *the selection of the preferred option* at the evaluation panels.

According to the consultation Option 1 is preferred because Shropshire and Mid Wales has an older population and that the numbers of older people are growing at a faster rate than across Telford & Wrekin. This assertion fails to recognise that the Princess Royal Hospital is the site closest to Eastern Shropshire and not only Telford & Wrekin residents and that the population in the East is predicted to increase at a faster rate than the West in those age groups that are significant users of hospital services – children, women of child bearing age and older people.

4. INFORMATION

The attached reports gives the Council's detailed response to Future Fit.

5. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

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