

# Developing Health and Health Care

## A Strategy for Shropshire, Telford and Wrekin

Development Workshop, 07 May 2008, Albrighton Hall Hotel and Spa, near Shrewsbury

## Event Report

On 7 May 2008, seventy-eight people attended an engagement event at the Albrighton Hall Hotel and Spa near Shrewsbury organised by the county's four health Trusts<sup>1</sup>.

The event aimed to engage a wide range of stakeholders in the development of a strategy for health and health care for Shropshire, Telford and Wrekin. It was facilitated by Professor Bob Sang, who is widely regarded as one of the UK's leading experts on engaging people and communities in health service planning.

This was a follow-up event to a workshop on 01 February 2008. An interim report on the development of the Health and Health Care Strategy is due during May, so this engagement event provided an opportunity to feed back on the work since the first workshop and hear a wide range of views to influence the interim report.

### 1. Background

The strategy will provide a framework for improving health and providing health services over the next five years until 2012/13. It will set out how patients will be treated, what developments and improvements are needed, the implications for staff including recruitment, and the financial plan. The strategy will also develop a vision to 2020 which will outline the main developments and improvements that will be needed over the next 12 years.

This local work forms part of a wider national process, known as "Our NHS, our future", to develop the future vision for the NHS, being led by Health Minister and practising surgeon Lord Darzi.

An interim report is due in May 2008, with the final strategy expected in October 2008. It is being developed by eight **Pathway Development Groups** (PDGs), each led by a senior clinician. The eight groups are: Maternity and Newborn; Children's Health; Mental Health; Planned Care; End of Life Care; Acute Care; Long Term Conditions; and Staying Healthy.

The development of the strategy is overseen by the **Clinical Leaders Forum** which includes the senior medical and nursing staff and the directors of commissioning from the two Primary Care Trusts and the two Acute Trusts.

### 2. Objectives

The objectives of the event were:

- For Pathway Development Groups to feed back on progress since the event on 01 February 2008 including the emerging shape of future health services in the PDG

<sup>1</sup> Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust, The Shrewsbury and Telford Hospital NHS Trust, Shropshire County PCT and Telford and Wrekin PCT

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- For participants to advise and comment on this emerging vision
- For the four NHS organisations to “put together the pieces of the jigsaw” from the eight PDGs, outline the overall vision for future health services and set out a range of scenarios that could emerge
- For participants to provide feedback on these scenarios, discussing their advantages and disadvantages, to identify any further scenarios that need to be explored and to provide advice on the ongoing engagement work that will be needed in order to develop the local strategy by October 2008

### 3. Participants

A wide range of individuals and partner organisations were invited to the event alongside NHS staff. Participants on the day included patients and members of the public, health and social care professionals and representatives from local authorities, unions and professional associations, voluntary and community organisations, patient and public involvement forums and community health councils from Shropshire, Telford and Wrekin and Powys.

Participants were provided with a briefing pack before the event, which is also available from the project website.

### 4. Proceedings

#### 4.1 Introduction and Scene-Setting

The event opened with a welcome and introduction given by Brian Taylor (Chairman, Telford and Wrekin PCT) and Jo Chambers (Chief Executive, Shropshire County PCT). All presentation slides are available from the project website at [www.ournhsinshropshireandtelford.nhs.uk](http://www.ournhsinshropshireandtelford.nhs.uk).

Professor Bob Sang proposed some ground rules for the day which were accepted by participants, and outlined the programme for the day.

#### 4.2 Pathway Development Group Workshops

During the event, all participants had the opportunity to join discussion workshops for two different Pathway Development Groups: one allocated on arrival at the event to make sure that there was broad involvement in all pathways, and a second of their choice so that participants could comment on the issues that were most important to them.

Each of the eight workshops was hosted by the Clinical Lead or their representative assisted by someone acting as a recorder. Several of the PDGs provided a short briefing to participants, copies of which are available from the project website.

Notes from the workshops are available from the project website at [www.ournhsinshropshireandtelford.nhs.uk](http://www.ournhsinshropshireandtelford.nhs.uk).

#### 4.3 Touching Base

Following the first of the two Pathway Development Group workshops, Professor Sang invited participants to feed back general comments in four themes, as set out in the table overleaf.

Theme	Comments raised by participants
Light Bulb Moments	<p>Need to find better ways to include the voluntary sector in end of life care – for example, providing up-to-date information about voluntary and community support organisations to care co-ordination centres.</p> <p>Frequent change in the NHS means that some of the connections between the NHS and the voluntary sector are not as strong as they once were.</p> <p>Involving patients and the public early provided the best possible challenge to NHS clinicians and managers. It was uncomfortable, but it helps us reach the right solutions.</p> <p>Making sure that the clinicians have a shared understanding of the model of care before confusing the public with mixed messages.</p>
Alarm Bells	<p>Look after volunteers – for example, it is becoming difficult to find volunteer drivers due to changes in tax regime.</p> <p>Pathways are not only clinical – need to look at the whole life experience.</p>
Quiet Satisfaction	<p>Care co-ordination centres are on the right track and there is big scope if we involve the voluntary sector and social services. If the right information is available to the care co-ordination centre then we can have a big impact</p> <p>Plagiarism is the way forward – today is a good opportunity to share our good ideas across the different pathway development groups.</p>
Niggling Doubts	<p>Can this process lead to a real re-shaping of resources in the system? How can we assist organisations to overcome some of the vested interests that exist to deliver real change – for example, by providing the support needed by informal carers or investing in upstream prevention and health promotion?</p> <p>Will the NHS be capable of delivering the internal and external cultural change that this will require – from inward looking to inclusive with wider engagement; from a focus on hospitals and buildings to a focus on high quality care closer to home.</p>

#### 4.4 Applying the Guiding Principles

As part of this work a set of guiding principles has been developed to underpin any decisions about future health services. There are two overarching principles, that **proposals must make sense clinically** and **they must make sense to the communities we serve**. For each of these principles there are three criteria. After the second PDG workshop, participants were given the opportunity to provide advice on the way decisions should be made about future health services. This was done by asking people to provide individually a weighted score for each of these six criteria. The results are set out below:

Making Sense Clinically	Health, Well Being and Equity	2 <sup>nd</sup>
	Quality, Safety And Effectiveness	1 <sup>st</sup>
	Supporting and Developing the Workforce	6 <sup>th</sup>
Making Sense to the Communities We Serve	Involving People in Making Decisions about their future Health Services	5 <sup>th</sup>
	Affordable, Sustainable, Fit for Purpose	3 <sup>rd</sup>
	Personalised Services and Access to Care, Closer to Home	4 <sup>th</sup>

Participants were also asked to work in groups to decide collectively which of the six criteria would be their least important. This exercise was not intended to produce a tangible “least important” criterion but to highlight how difficult it will be to make decisions about future health services that fulfil the needs and expectations of every individual and organisation.

#### 4.5 Putting Together the Pieces of the Jigsaw

Angus Hannagan, Chairman of Shropshire County PCT, introduced the next stage of the workshop which would look at the main strategic issues emerging from the different pathway development groups and how these might be pieced together into the shape of future health services.

Simon Conolly, Chief Executive of Telford and Wrekin PCT, provided this detail, describing five major strategic themes:

- **demographics and the health of the population** - increasing elderly population, rising levels of obesity linked to lower levels of physical activity, high prevalence of long term conditions in Shropshire, relatively high mortality rates from circulatory disease and high rates of smoking and teenage conception rates in Telford and Wrekin, deprivation in Telford and Wrekin generally higher than in Shropshire, rurality of Shropshire, and increasing population – particularly in Telford & Wrekin.
- **access to services** - most people's experience of the NHS is services that are local through GP practices, pharmacies etc.; some people need access to specialist and acute hospital services available in fewer locations; transport links across the area present some challenges to access; potential to bring more services out of hospitals and into local communities – but this means less activity in the hospitals.
- **clinical viability** - similar size hospitals, sub-specialisation; out of hours arrangements (A&E, Surgery, Paediatrics, Anaesthetics and Critical Care); European Working Time Directive; training of medical staff; recruitment; developing specialist services.
- **financial viability** – we continue to face the normal NHS financial pressures of providing a full range of services within finite resources; healthcare costs of elderly population; opportunity cost of subsidising access; cost of duplication of services; limitations on developing services; age and condition of estate at some acute hospitals.
- **care closer to home** – some specialties will increasingly be provided in community settings, for example currently only 10% of musculo-skeletal services are provided in community settings whilst by 2020 this may increase to 50%. In other specialties the increase will be higher, and even more procedures will be provided in local settings such as community hospitals and health centres.

He outlined the vision for health services to 2020 that would respond to these challenges:

- People in Shropshire, Telford and Wrekin will have more opportunities to take control of your health and health care.
- You will have more access to services and support that help you to improve your health, and that reduce inequalities between different parts of our community.
- Health services should be provided closer to home where possible, including support to enable you to maintain your independence.
- This includes expanding the range of diagnosis and treatment services in GP services, in pharmacies, in community hospitals and in local health centres.
- Improved information and signposting will help you find your way through the health and care system.
- You will also have more choice in how your care and treatment is provided, and a stronger voice in NHS planning and decision-making – for example, through membership of NHS Foundation Trusts.

- Alongside this, clinically sustainable acute hospital services and access to specialist services at regional centres will be available when you need them, but most of your care will be provided closer to home.

Whilst many of the aspirations for providing personalised care closer to home are achievable, this may have an important impact on hospital services. In order to set out the overall strategic approach over the next 12 years we therefore need to be clear what this important piece of the jigsaw will look like in the years ahead.

Simon Conolly outlined four possible scenarios for future hospital services that could emerge in order to address these challenges<sup>2</sup>:

- Scenario 1: No change. We fail to address the challenges we face, so health services increasingly drift out of the area. We are unable to invest successfully in providing more care closer to home and improving health.
- Scenario 2: Minimum change in acute hospital services at RSH and PRH. The impact of this is that much less investment is available to strengthen community services, community hospitals, care closer to home and health promotion. Also, there is a risk that this is effectively Scenario 4 as by doing this we do not really address the challenges we face.
- Scenario 3: We invest in more care closer to home including primary care, health centres, GP practices, community hospitals and in people's homes as well as in health promotion. In order to ensure the safety and sustainability of acute hospital services in the medium term then these need to focus on either RSH or PRH (with different services focusing on different sites).
- Scenario 4: We invest in more care closer to home including primary care, health centres, GP practices, community hospitals and in people's homes as well as in health promotion. In order to ensure the safety and sustainability of acute hospital services then we develop a new hospital between Shrewsbury and Telford as the major emergency centre for the area. RSH and PRH continue to provide a range of planned surgery and diagnostic services.

Participants were asked to work in groups to:

- Identify whether scenarios have been missed
- Discuss the advantages and disadvantages of the scenarios that had been identified
- Provide advice for continuing to develop this work with local communities

Key messages about the scenarios from the plenary session and in table top flip-chart notes:

- "Do nothing" is not an option. However, in the public mind, "do nothing" is often considered to be the best option. Explaining a need for change to local people, staff, local politicians and partners will be a major challenge.
- Most groups did not feel that Scenarios 1 and 2 were realistic options. Some participants highlighted that Scenario 1 and Scenario 2 are very similar as they effectively lead to the same outcome in that the challenges we face are not addressed.
- Even in Scenario 3, there is a risk that more specialist services might drift out of Shropshire, Telford and Wrekin unless we get the mix of services right.
- Scenario 4 was felt to have many benefits (e.g. it could help attract skilled staff to the area) but more is needed to understand some of the potential downsides such as cost (e.g. capital

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<sup>2</sup> To reduce the potential confusion with the main report, the wording and numbering of the scenarios has been updated from the presentation slides to reflect the wording in the main report. The original presentation slides are available from the project website at [www.ournhsinshropshireandtelford.nhs.uk](http://www.ournhsinshropshireandtelford.nhs.uk)

costs) and the wider impact (e.g. on transport, carers, mobility, environmental impact etc.) and thereby make a case for this scenario.

- A major factor in deciding between Scenario 3 and Scenario 4 would be a realistic assessment of the quality of the hospital estate at the existing hospitals. For example, Scenario 4 would become more favourable if a major redevelopment of an existing hospital would be needed in the next 20 years anyway.
- Scenarios 3 and 4 provide the opportunity to ensure that finite resources are not continually drawn into providing hospital services and are more available to provide care closer to home, health improvement services, mental health and supporting people's wider general health.
- Opposition to Scenario 4 may come from a perception from people local to PRH and RSH that their services are being diminished, rather than effectively putting across the message that this scenario is about continuing to provide services in the local area (rather than services being lost to Shropshire, Telford & Wrekin). Alternatively, some objections may come from the perception that the local NHS now has to sustain the costs of three major hospitals rather than two.

Other scenarios proposed by the groups included:

- A new single central hospital without continuing to provide diagnostic and elective services at RSH and PRH. However, other groups suggested Shrewsbury and Telford would still need community hospital services, so effectively this could be seen as part of the spectrum of Scenario 4.
- Focusing acute hospital services on one of the existing sites. Other groups suggested that this was actually part of the spectrum of Scenario 3.

Key messages about the process included:

- Learn from the history – about previous NHS changes processes, and other change processes outside the NHS.
- All scenarios need more fleshing out to help explain them to local people and/or we need to work with local people to flesh out the scenarios. However, we need to keep focusing on the primary and community elements of these scenarios and not just on the acute hospital end.
- We need to understand what happens to the Robert Jones and Agnes Hunt Orthopaedic and District Hospital within this vision for the future.
- We need to be clear about the long-term vision as soon as possible. This is essential in order to help us address some of the short-term challenges we face. Some of our services are facing real problems, so if we know what we are aiming at to 2020 then we can start planning now towards that overall direction.
- Some feedback questioned why the scenarios focused on the acute part of the system rather than the wider developments needed in the system, but counter to this it was highlighted that we needed to get acute care right in order to deliver the vision emerging from each of the pathways<sup>3</sup>. It will be important in the ongoing debate not only to focus on hospital configuration as this may prevent us from delivering the wider vision for the pathways.
- The presentation needed to do more to help people make connections between the issues emerging from the pathway development groups and the longer term scenarios,

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<sup>3</sup> The updated scenarios in this event report include more emphasis on developing care closer to home, health improvement etc. than in the presentation slides.

## 4.6 Closing

The day closed with a short address from Simon Conolly, Chief Executive of Telford and Wrekin Primary Care Trust, and Jane Povey, Medical Director of Shropshire County Primary Care Trust.

They reinforced that the overall aim of this process is to deliver high quality care in each of the eight pathways, and then ensure that this was pieced together into a coherent vision for the future health services. The latter part of the day has been challenging and necessary – getting the acute hospital part of the jigsaw right will underpin providing the network of quality care for the other pathways (e.g. Maternity and Newborn, Children’s Health, Mental Health, Planned Care, End of Life Care, Long Term Conditions and Staying Healthy).

Key messages that had been heard from the day included an acceptance that services cannot continue as they are as there are challenges that need to be addressed in order to deliver a vision for future health services that **make sense clinically** and **make sense to the communities we serve**.

They thanked attendees for their participation during the day and confirmed that the issues raised would be taken forward into the ongoing process of developing health and health care in Shropshire, Telford and Wrekin.

## 5. Next Steps

An interim report on the strategy development work is due to be considered by the Trust Boards of Telford and Wrekin PCT and Shropshire County PCT on 13 May 2008. This event report will be presented to the Boards as an annex to the interim strategy report.

Following this there will be an ongoing process of communication and engagement during the summer. This will involve staff and local communities in shaping future health services for Shropshire, Telford and Wrekin.

## 6. Further Information

For further detail of each of the Pathway Development Group workshops and to learn much more about the Darzi Review and how this could impact on local health provision, please visit our website: [www.ournhsinshropshireandtelford.nhs.uk](http://www.ournhsinshropshireandtelford.nhs.uk)