

Developing Health and Health Care

A Strategy for Shropshire, Telford and Wrekin

Briefing 9: 19 November 2008

1. Introduction

This is the ninth briefing to inform staff and stakeholders about the work to develop an overarching **Health and Health Care Strategy for Shropshire, Telford and Wrekin**. The strategy provides a framework for improving health and providing health services over the next five years until 2012/13. It will also set out a vision to 2020 and beyond. This will outline the main developments and improvements that will be needed in the local NHS over the next 12 years.

Our local work forms part of a nationwide development process led by Health Minister and practising surgeon Lord Darzi to “shape the vision for the NHS over the next decade by making sure it focuses on the things that really matter, and meets both rising expectations and the challenges it will face over that time”.

The next stage report has been published by the Clinical Leaders Forum and will be considered by the Trust Boards of Telford and Wrekin Primary Care Trust and Shropshire Primary Care Trust on 25 November 2008. This report is also being published on our website at www.ournhsinshropshireandtelford.nhs.uk.

This report outlines progress to develop a strategy for local health services that **makes sense clinically** and **makes sense to the communities we serve**.

In “High Quality Care for All”, Health Minister and practising surgeon Lord Darzi sets out a far-reaching agenda which places quality as the organising principle for the NHS: “The vision ... is of an NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart – quality defined as clinically effective, personal and safe. It will see the NHS deliver high quality care for all users of services in all aspects, not just some.” – Lord Darzi (June 2008)

We have come a long way and we would like to thank everyone for the huge amount of work done on this so far. This is shared and complex work across the four Trusts and with our local community. We must look openly at the options and debate the opportunities and ongoing challenges, in order to come to decisions that make sense clinically and make sense to the communities we serve.

2. Developing Health and Health Care: Next Stage Report

Today’s report outlines what the local NHS might look like over the next 5 years. It is due to be considered by the Boards of Telford & Wrekin Primary Care Trust and Shropshire County Primary Care Trust next week and outlines a clinical vision to bring more care closer to home for patients and communities, to promote healthy lifestyles and to provide sustainable and accessible local hospital services.

Importantly it proposes that the majority of healthcare services at RSH and PRH can and should remain there in the medium term. It also outlines plans to progressively provide services more locally, for example in community hospitals and people’s own homes. Minor surgery, outpatient appointments and many types of scans will increasingly take place in community settings rather than in the acute hospitals. The report also recommends that a small number of services should be consolidated to a single site over the next five years.

The report’s recommendations are based on work led by senior doctors, nurses and other healthcare professionals in the county, working with partners from local authorities, community and voluntary organisations and patient & public representatives. Members of the public and NHS staff have also been involved at events held locally and through a dedicated website.

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These recommendations build on an earlier report published in May, which outlined broad scenarios for how acute hospital services might need to change over the next five years. Over the past six months, local clinicians have been looking carefully at these scenarios and have now produced a “long-list” of four clinical options focusing particularly on the shape of emergency surgery and inpatient children’s services.

No decision has yet been made about the eventual shape of these services. The next phase of the work is to undertake a detailed assessment of these options, covering issues such as the impact on local communities, financial aspects and clinical quality. This is expected to lead to a “short list” of detailed options for public consultation in the spring.

Alongside this detailed work to shape the NHS over the next five years, work is also continuing to create a longer term vision for local health services to 2020 and beyond. This longer term work will include assessing how services for the seriously ill and injured can be provided from a single site in future.

2.1 Preventing Disease and Promoting Healthy Lifestyles

The report outlines the next steps in helping people of all ages in Shropshire, Telford and Wrekin to get healthy and stay healthy. This includes providing more support to people to actively change their behaviour in ways that will improve their quality of life, prevent disease and help them live longer, healthier lives. It also includes the steps that NHS organisation, health professionals and partner organisations can take to support health improvement.

Smoking remains the biggest single cause of death, so the local NHS plans to build on the current Help 2 Quit service in a variety of ways. This could include appointing specialist co-ordinators to work with young people and pregnant women to give everyone the healthiest possible start to life.

Obesity also continues to rise, bringing with it increased risks of heart disease, cancer and type 2 diabetes. Tackling obesity needs a multi-agency approach, including the development of weight management services in convenient locations to make them easier to access.

2.2 Providing Services at Home or as Close to Home as Possible

More people are living longer with long term conditions such as heart failure. The NHS has an important role to help people with long term conditions to live an independent life, as this will help to improve their quality of life and also reduce the level of support they need from public services.

“There will be so many benefits for patients coming out of these proposals. There will be greater choice, improved continuity and most importantly, shared decision making between patients and staff. For patients with diabetes, for example, we want to develop further our community-based specialist teams to provide rapid diagnosis and ensure that that condition is quickly brought under control. We also want to reduce the need for patients to stay in hospital and help patients to better manage their own blood sugar levels and resulting complications,” said Dr Jane Povey, Medical Director of Shropshire County PCT.

The local NHS also plans to make more use of ‘telemedicine’, for example by using new technology to provide better care for patients with long term conditions.

Another key issue that has emerged from this work is the need for better navigation and care co-ordination for patients and carers.

The overall goal is to provide a single point of access for information, advice and signposting for health and social care services. Patients have told us that they feel confused about where to go for care, and sometimes do not feel that their care is joined up between different parts of the system. We will involve patients and carers, community and voluntary organisations, NHS staff and social care colleagues to develop a system where patients feel supported at every step of their health and care journey.

2.3 Providing Sustainable and Accessible Acute Hospital Services

Emergency Surgery and Accident and Emergency Services

The report recommends that there should continue to be an accident and emergency service at both PRH and RSH as part of this five year plan. However, to provide better and safer clinical care for the most seriously ill and injured, a higher level of emergency care should be provided at one of the two hospital sites.

Currently, all patients requiring the very highest level of accident and emergency services (known as "Level 1") receive this care outside the local area in major specialist centres such as Birmingham and Stoke. This includes the most complex cases requiring specialised services such as neurosurgery. Under these proposals, Level 1 A&E will continue to be provided at these regional specialist centres.

The report confirms that Shropshire, Telford and Wrekin should continue to have a Level 2 A&E dealing with most medical, surgical and trauma (including multiple trauma) emergencies. This would be located at either RSH or PRH. The other hospital should offer a Level 3 A&E dealing with most medical emergencies and significant trauma such as fractured neck of femur, but not multiple trauma.

Children's Services

Plans to improve the quality and safety of children's services are also set out in the report.

Very few children need hospital admission, and most children who are admitted to hospital only need a very short stay. There is much more that the local NHS can do to support children to be cared for at home, providing rapid assessment and home support through specialist children's nurses providing 'hospital at home'. We plan to develop a 'hospital at home' service alongside children's assessment services at both hospitals.

In order to ensure that inpatient children services are safe and sustainable, the plans will also see inpatient children's services provided at one of the two hospitals.

Overall configuration of hospital services

A "long-list" of four clinical options focusing on the configuration of major & emergency surgery and inpatient children's services has been set out in the report. The next steps include a detailed assessment of these options, covering issues such as the impact on local communities, financial aspects and clinical safety. This is expected to lead to a "short list" of detailed options for public consultation in the spring.

More information about the long-list of clinical options can be found in Section 4.

2.4 Looking Ahead to 2020 and Beyond

Alongside the work to shape services over the next five years, the report also outlines how work is progressing to develop a longer-term vision for the NHS to 2020 and beyond. Today's report also sets out a more detailed "long-list" of options for the long term configuration of services for the seriously ill and injured in Shropshire, Telford and Wrekin.

This long-list will now also be subject to a more detailed options appraisal with further information due in the Spring.

More information about the work looking ahead to 2020 and beyond can be found in Section 5.

2.5 Next Steps

No decision has yet been made about where the single site for major & emergency surgery or inpatient children's inpatient services will be located, although the number of likely scenarios have been narrowed down to four specific options.

Over the next few months, the local NHS will look at the long-list of four clinical options in more technical detail. This includes assessing the impact on local communities, a thorough financial and activity assessment as well as reviews from external bodies.

This work will continue to involve local communities, partner organisations and NHS staff and is expected to lead to a “shortlist” of options for public consultation in the Spring.

In parallel with this, the four Trusts will also continue to develop their vision for the local NHS for 2020 and beyond.

3. Developing Models of Care

Whilst this briefing can only provide the headlines of the latest report, the more detailed reports of the eight Pathway Development Groups set out a breadth of opportunities for developing and improving local health services. The eight Models of Care from the Pathway Development Groups have been built into the Strategic Plans for the two local Primary Care Trusts, alongside the projects and initiatives that will support us to offer world class care in Shropshire, Telford and Wrekin.

Earlier in the summer we produced two-page briefings for each of the Pathway Development Groups. We have updated these briefings to summarise how the proposed model of care has developed over the last few months, and the work that will be needed to deliver this. The briefings are published in this week’s report and are also being published on the website.

Some of the headlines include:

- Improving choice, access and continuity of care by building on the successful “hub-and-spoke” model for **maternity** services, with our consultant-led unit linking with a network of local midwife-led units.
- Developing a **children’s** “hospital at home” service so that more children can receive more care in their own homes, avoiding unnecessary hospital admission.
- Improving the way we provide **planned care** by making it easier for patients and carers to navigate their way through the services they need, with our ultimate goal being a single point of access for information, advice and signposting for health and social care services.
- Increasing awareness and understanding of **mental health** to reduce stigma and increase social inclusion.
- Developing personalised services, such as weight management, that support people to **get healthy and stay healthy**
- Strengthening our focus on prevention and earlier diagnosis of **long term conditions**, and developing individual and personalised treatment plans for people once they are diagnosed
- Strengthening our integrated approach to **acute care** in partnership between acute hospital, GPs, primary and community care, the ambulance services and local authorities to help people access the right care in the right place at the right time.
- Progressively offering more choice around **end of life care**, giving patients and carers more ownership and control over the process of dying and death.

We will continue to discuss these issues with local communities over the coming months, involving patients, carers, community & voluntary organisations, NHS staff and partner organisations in shaping health services that **make sense clinically** and **make sense to the communities we serve**.

4. Sustainable and Accessible Acute Hospital Services over the next five years

The report identifies that a major challenge facing hospital services in the immediate future is the need to ensure safe and sustainable services. It concludes that clinical options for the next five years need to be developed to ensure that:

- the challenges facing emergency, general and vascular surgery and inpatient paediatrics are met in a timely manner and at the latest by 2012/13
- any option should not pre-empt the appraisal of options for hospital services in the longer term and, in particular, the recommendation that services for the seriously ill and injured should be provided from a single site as we look to 2020 and beyond

A long-list of four clinical options for sustainable and accessible acute hospital services over the next five years has been identified. These are set out in the table below.

	PRH	RSH
1	Level 3 A&E, urology	Level 2 A&E with acute surgery, inpatient paediatrics, obstetrics and neonates
2	Level 2 A&E with acute surgery, inpatient paediatrics, obstetrics and neonates	Level 3 A&E, urology
3	Level 3 A&E with inpatient paediatrics, urology	Level 2 A&E with acute surgery, obstetrics and neonates
4	Level 2 A&E with acute surgery, and inpatient paediatrics	Level 3 A&E, obstetrics and neonates, urology

As mentioned above, the levels of A&E service can be defined as follows:

- Level 1 A&E: Currently, all patients requiring the very highest level of accident and emergency services (known as "Level 1") receive this care outside the local area in major specialist centres such as Birmingham and Stoke. This includes the most complex cases requiring specialised services such as neurosurgery. Under these proposals, Level 1 A&E will continue to be provided at these regional specialist centres.
- Level 2 A&E: The report recommends that Shropshire, Telford and Wrekin should continue to have a Level 2 A&E. This service deals with most medical, surgical and trauma (including multiple trauma) emergencies. This would be located at either RSH or PRH.
- Level 3 A&E: Whilst one hospital will have a Level 2 A&E, the other hospital should offer a Level 3 A&E dealing with most medical emergencies and significant trauma such as fractured neck of femur, but not multiple trauma.

The four clinical options in the table above will now require a more detailed options appraisal so that a short-list of options can be developed. This options appraisal will need to include:

- Equality and diversity impact assessment, which will review the impact these options will have on local communities across Shropshire, Telford & Wrekin
- Financial assessment, making sure that they are affordable within available resources – both in terms of revenue (e.g. the day-to-day running costs of the services) and capital (e.g. the costs of buildings and equipment)
- External assessment and scrutiny (including by the National Clinical Advisory Team and the Office of Government Commerce)
- Continued detailed assessment of service plans and clinical linkages (for example, designing the children's hospital at home service)
- Assurance that they do not pre-empt the appraisal of options for hospital services in the longer term

This work will take place between now and Spring 2009. If it does lead to proposals for substantial changes in the way that local health services are delivered, then we will also discuss with the Health Overview and Scrutiny Committees and local communities how formal public consultation will take place.

5. Looking Ahead to 2020 and Beyond

Alongside the work to make sure that hospital services are safe and sustainable over the next five years, we are continuing to shape the longer term vision for local services.

The report restates the recommendation that as we look to 2020 and beyond there will need to be a single site for services for the seriously ill and injured. This is because there are many changes facing our society and the NHS, including:

- the availability of new and expensive technologies to provide specialist diagnosis and treatment for the seriously ill
- new opportunities to provide more care closer to home rather than in acute hospitals
- the changing nature of society including an increasing elderly population, addressing rural and urban deprivation, patients' expectations for 24-hour specialist care, more people living with long term conditions, and changing demographics (e.g. population growth)
- the need to focus more resources on prevention and health promotion to address the growing health problems associated with obesity and smoking

This week's report moves on from the broad scenarios described in the interim report in May. It outlines a long-list of more detailed options for the longer-term shape of hospital services. These include:

- Option 1 (the baseline option): this will be the configuration of hospital services agreed for implementation by 2012/23
- Option 2: the main A&E would be based in Shrewsbury with PRH continuing to provide a range of services including outpatient, day case surgery, minor injuries midwife-led unit and specialist community services.
- Option 3: the main A&E would be based in Telford with RSH continuing to provide a range of services including outpatient, day case surgery, minor injuries midwife-led unit and specialist community services.
- Option 4: the main A&E would be based at a new site between Shrewsbury and Telford. Under this option there are a number of possibilities for the future of services at RSH and PRH (including that they close, or that they continue to provide a range of services including outpatient, day case surgery, minor injuries midwife-led unit and specialist community services)

In all of these options there will be a vibrant network of community hospitals, along with a range of specialist and general community services, providing services closer to home.

Work is continuing to assess these options, with more information due in the Spring.

6. Guiding Principles

As the work progresses we will continue to use the guiding principles that we have developed with local communities and partner organisations to underpin decisions about future health services.

Two overarching principles guide this process. These are 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 which will help us to work with communities to shape future health services:

Making Sense Clinically	Health, Well Being and Equity
	Quality, Safety And Effectiveness
	Supporting and Developing the Workforce
Making Sense to the Communities We Serve	Involving People in Making Decisions about their future Health Services
	Affordable, Sustainable, Fit for Purpose
	Personalised Services and Access to Care, Closer to Home

7. Progress to Date and Next Steps

In May 2008 we published the interim report from the Clinical Leaders Forum. This shared the emerging issues facing the local NHS. It set out key issues that needed to be addressed in order to improve health and promote healthy lifestyles, provide more care closer to home, and ensure sustainable and accessible hospital services. The report suggested that over the next five years acute and emergency surgery would need to be consolidated onto a single site, as would inpatient children's services (alongside the development of paediatric "hospital at home" and assessment services). It also suggested that there would need to be a single site for the seriously ill and injured looking ahead to 2020 and beyond.

The report published this week builds on the interim report in May. It includes final models of care for the eight pathways (maternity and newborn care, children's health, planned care, mental health, getting healthy staying healthy, long term conditions, acute care and end of life care). It sets out four detailed clinical options for the configuration of challenged services (including emergency surgery and children's services) over the next five years. It reiterates the recommendation in the interim report that the NHS needs to develop options for a single site for services for the seriously ill and injured looking ahead to 2020 and beyond. This report will be considered by the Boards of the PCTs next week, and it is also available from our website.

Depending on their decision we expect the next stages of the work to develop the shape of service over the next five years to include equality and diversity impact assessment, financial assessment, external assessment and scrutiny, and continued detailed assessment of service plans and clinical linkages. Options for the clinical configuration of acute hospital services will need to be reviewed by the Trust Board of The Shrewsbury and Telford Hospital NHS Trust, as this organisation is accountable for the clinical quality and safety of the services it provides.

Bringing all of this work together, local Primary Care Trusts will then be able to present a short-list of options for public consultation (with the involvement of Health Overview and Scrutiny Committees and other partners in deciding the nature and scope of this consultation). We expect this to take place around March 2009 but this timetable may be subject to change. We will keep you updated through these briefings.

Alongside this we will continue to assess options for the shape of health services to 2020 and beyond.

So, over the coming months we will continue to work with people across Shropshire, Telford and Wrekin to shape future health services that [make sense clinically](#) and [make sense to the communities we serve](#).

8. Find Out More and Make Your Views Known

You can find out more from our website at www.ournhsinshropshireandtelford.nhs.uk. It includes information about the process, opportunities to become involved, reports from local engagement events and links to national legislation and policy which must guide how we shape local health services. Please feel free to link to this site from your public websites and intranets.