

Developing Health and Health Care

A Strategy for Shropshire, Telford and Wrekin

SHROPSHIRE, AND TELFORD EXECUTIVE GROUP'S REPORT TO SHROPSHIRE COUNTY AND TELFORD AND WREKIN PRIMARY CARE TRUST BOARDS

25th November 2008

BACKGROUND

In November 2007 the Chief Executives of the four NHS organisations in Shropshire, Telford and Wrekin (Shropshire and Telford Executive Group) commissioned the Clinical Leaders Forum (CLF)¹ to lead the development of the eight 'Darzi' clinical pathways and to carry out an assessment of challenged services where there were clinical viability issues or concerns about sustainability of services. Specifically the CLF were asked:

"To review the evidence in respect of the options and to make recommendations for the future pattern of clinically safe general hospital services, serving the populations of Shropshire, Telford & Wrekin, and the catchments of the provider organisations.

To consider options and make recommendations to Shrewsbury and Telford Executive Group (STEG) of an overall picture of the future shape of hospital services, within the context of a modern NHS. To give early consideration to A&E services, services for children and also to cover maternity and neonatal services, emergency surgery and urology services.

In doing so the CLF will need to liaise with the clinical pathway groups meeting at a West Midlands-wide level (associated with the 'Our NHS, Our Future' exercise), to give information and also to receive and consider information from these clinical pathway groups.

To conduct the work of the CLF in a structured manner and to describe a clear process of dialogue and consideration which leads to your recommendations which are evidence based.

The CLF will need to take into account future patterns of demography. Also to consider the issues around sustainability within the context of the European Working Time Directive (EWTD) and Medical Manpower Careers (MMC).

The CLF will make recommendations which meet the following principles: that recommendations will be clinically safe and also make sense to the communities we serve.

Financial saving is not a driver for this work. However, recommendations would need to be affordable within available resources, and be clinically sound and viable for the future."

¹ The Clinical Leaders Forum includes the senior clinical staff and directors of commissioning and strategy from the two Primary Care Trusts and the two acute trusts, and representatives of the two local authorities.

In May 2008 the two PCT Boards received an Interim Report from the Clinical Leaders Forum. The CLF has now completed its work and submitted two reports to STEG. The findings and conclusions have been discussed by STEG and with the West Midlands Strategic Health Authority.

The two reports from the CLF set out a clinical vision for health services in Shropshire, Telford and Wrekin which is informed by clinical considerations and the needs of the population. The process has involved a wide range of stakeholders and has looked at good practice elsewhere in the NHS and national and regional health policy.

CONCLUSIONS FROM STEG

Strategic Direction

1. STEG welcomes the three strategic recommendations of the CLF and in particular the emphasis on the prevention of ill health and the promotion of good health together with the clear vision of providing care closer to where people live. Whilst much of the public debate has focussed attention on hospital services, the wider context within which the strategy has been developed, as set out in the three strategic objectives, must be taken forward:
 - The prevention of disease and the promotion of healthy lifestyles and independent living;
 - Provision of services at home or as close to home as possible;
 - Provision of sustainable and accessible acute hospital services.

Patient and Public Involvement

2. STEG has recognised the considerable involvement of a wide range of stakeholders in the process including representatives of the two local authorities who were members of the CLF, a number of public engagement events and patients and other key stakeholders being members of the groups developing the models of care. The process for developing the clinical service options for children's services has also been reviewed by an external team comprising a senior clinician and a chief executive with considerable experience of children's services.
3. STEG recognised the importance of continuing to engage the public and other key stakeholders in the next stages of the work. It is recommended that a workshop be held in December or early January with key stakeholders to map out the engagement process to the point when formal consultation starts. This should be facilitated by Professor Bob Sang who has supported the process and who has considerable expertise in involving patients and the public in health service planning. In addition an expert in the recent legislation on public involvement² should be asked to participate.

Models of Care

4. The eight Models of Care that have been developed provide an overarching plan within which services for the people of Shropshire, Telford and Wrekin can be developed and improved. These models of care have been built into the two PCTs' Strategic Plans together with the projects and initiatives that have been identified by the Pathway Development Groups who have developed the models of care.

² Section 242 (1B) of the NHS Act, 2006 and Sections 17A, 24A, 24B and 242 A of the S Act 2006.

5. The further assessment and development of the strategy for challenged services (as outlined in conclusion 7) should not delay implementation of those aspects of the models of care for challenged services which can be taken forward in the short term, including:
 - Development of acute medicine and hospital at home;
 - Development of hospital at home for children and paediatric assessment units at both hospitals.
6. STEG recognises the importance of continuing to develop the capacity in primary and community care to support care closer to home and make this a reality.

Challenged Services

7. The final report from the CLF sets out the clinical service options for the challenged service strategies. This is the first and critical stage of developing options which are sustainable, clinically viable and financially robust and which provide the people of Shropshire, Telford and Wrekin with high quality, accessible hospital services.

The process that STEG propose for the development of options to meet the sustainability and viability issues facing the challenged strategies of acute surgery, accident and emergency, paediatrics, obstetrics and urology is summarised in the diagram attached to this report. In summary there are four stages in identifying and agreeing options for formal consultation:

- Stage One: Define the issues and challenges to be addressed. The Interim Report described these and set out the basis on which these issues should be addressed (CLF Interim Report, May 2008).
- Stage Two: Develop clinical service options which **make sense clinically** and **make sense to the communities we serve** (these are set out in the CLF's Final Report, November 2008)³.
- Stage Three: Further develop the clinical service options including an Equality and Diversity Impact Assessment, a financial assessment and external assessment by the National Clinical Advisory Team and the Office of Government Commerce. It is anticipated that this work will be completed by the end of February.
- Stage Four: Based on the above work agree the options that would go to formal consultation. It is proposed that this decision is made in March 2009.

Alongside this process the option appraisal of options for a single site for the seriously ill and injured for 2020 and beyond should be taken forward. Work on this has begun.

8. The CLF identified the major challenge facing hospital services in the immediate future was the need to ensure sustainable and safe services. The CLF concluded that the clinical options must ensure that:
 - the challenges facing emergency general and vascular surgery and inpatient paediatric were 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.

³ Report One: Care Pathways and Models of Care, November 2008 and Report Two: Challenged Service Strategies, November 2008.

9. The CLF has recommended that four clinical service options should be taken forward for financial assessment and scrutiny. The four options are summarised in the table below.

There was not a consensus in relation to option 2 and a number of members of the CLF felt that this option would potentially pre-empt the appraisal of options for hospital services in the future. The CLF agreed that since there was not a unanimous view on this option that it would be included at Stage Three.

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

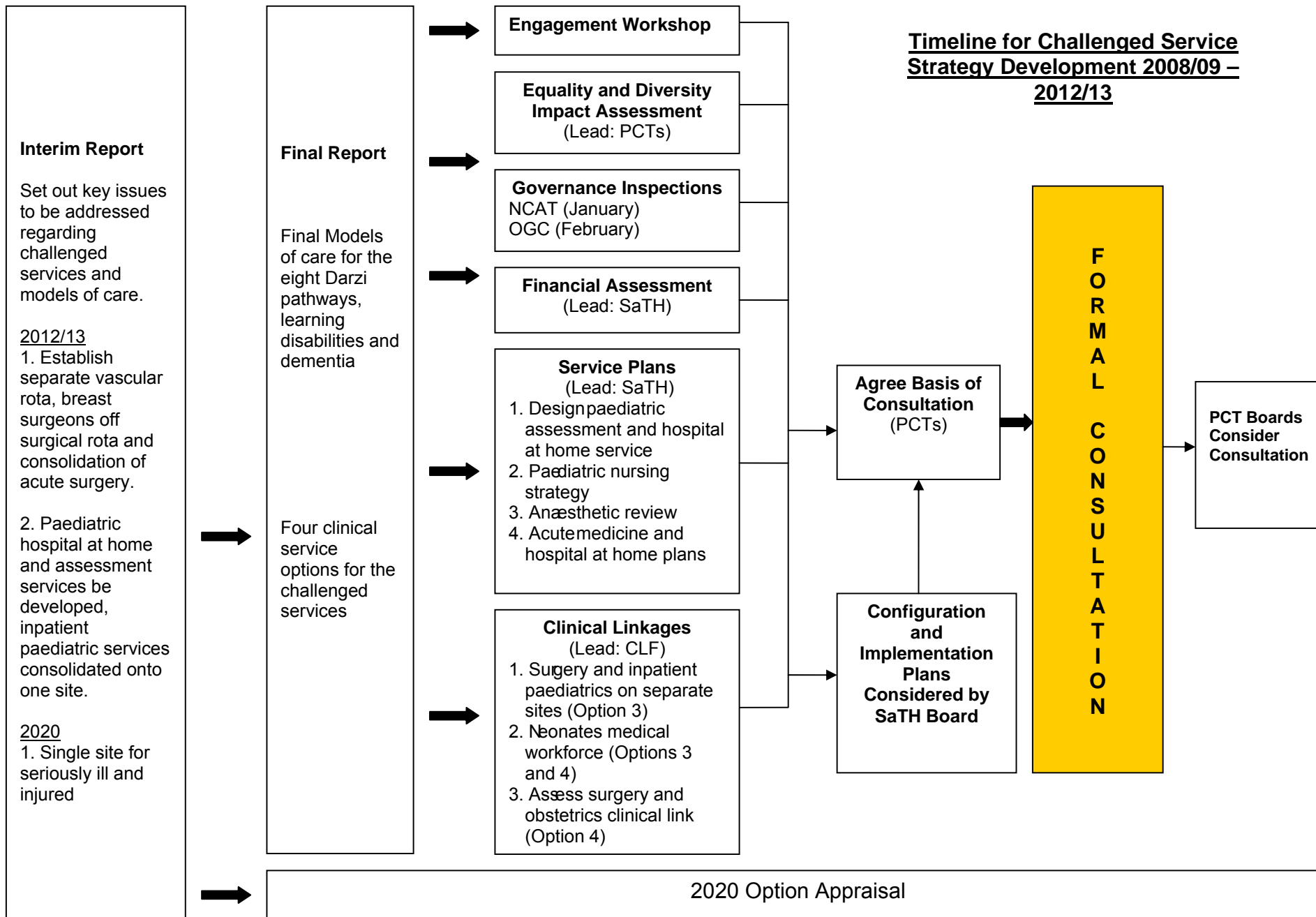
There was considerable discussion within STEG about the inclusion of Option 2. It was however agreed that, in the absence of an agreement at STEG, this option should be included in the list of options to go forward for review at Stage Three.

⁴ A Level 2 Acute Emergency Service deals with most medical, surgical and trauma (including multiple trauma) emergencies but not those requiring specialised services such as neurosurgery (which are taken to regional Level 1 Emergency Services). A Level 3 Acute Emergency Service dealing with most medical emergencies and significant trauma such as fractured neck of femur but not multiple trauma.

Recommendations

The following recommendations should be presented to Trust Boards:

- 1. To RECEIVE the reports from the Clinical Leaders Forum and to support the three strategic recommendations of the CLF, in particular the emphasis on the prevention of ill health and the promotion of good health together with the clear vision of providing care closer to where people live.**
- 2. To AGREE that the engagement and consultation process should be further developed through a joint workshop as outlined in conclusion 3 above, to be held no later than 16th January.**
- 3. To APPROVE the implementation of the Models of Care as developed by the Pathway Development Groups (conclusions 4 and 5).**
- 4. To APPROVE the development of detailed plans to improve the capacity in primary and community care to support care closer to home (conclusion 6).**
- 5. To APPROVE the outline process for taking forward the development of options to address the challenged service strategies set out in conclusion 7 above and shown in the attached diagram. Lead organisations have been identified to take forward this work. It is vitally important that this work is done with the full engagement of key stakeholders and will be subject to external scrutiny by the National Clinical Advisory Team and the Office of Government Commerce.**
- 6. To AGREE that the four options set out in Table One above should be taken forward for further review in Stage Three of the options development process.**
- 7. To NOTE that a further report will be received from STEG early in the new year setting out proposals for taking forward the work on the longer term options for the future of acute hospital services in Shropshire, Telford and Wrekin.**



Timeline for Challenged Service Strategy Development 2008/09 – 2012/13