Developing Health and Health Care
A Strategy for Shropshire, Telford and Wrekin

REPORT FROM THE CLINICAL LEADERS FORUM

Report One

Overarching Plan for Health and Healthcare in Shropshire, Telford and Wrekin: Care Pathways and Models of Care

November 2008

EXECUTIVE SUMMARY

In October 2007, the Clinical Leaders Forum, comprising the senior clinicians from the local Primary Care Trusts and acute trusts and representatives of the local authorities, was charged with developing an overarching plan for Health and Healthcare in Shropshire, Telford and Wrekin. The final report consists of two reports:

1. Report One: Care Pathways and Models of Care. This sets out the vision for health and healthcare across primary, secondary and social care;
2. Report Two: Challenged Service Strategies. This sets out clinical service options for the hospital services in Shrewsbury and Telford.

In carrying out this work, the project plan was revised to bring it, as far as possible, in line with the timetable for the Strategic Plan and World Class Commissioning. This has ensured that that the Strategic Plan is informed by the overarching plan and that the commissioning intentions are consistent with the overarching plan.

The Health and Health Care Strategy for Shropshire, Telford and Wrekin provides a framework for the provision of health services to local people. The strategy focuses on health and healthcare and the interfaces with social care and local government. It has been developed by the NHS organisations working with local government, patients and partner organisations.

The strategy builds on the strengths of the NHS in providing health services to the people of Shropshire, Telford and Wrekin. It also incorporates the conclusions and recommendations from the national review of the NHS led by Lord Darzi, "*Our NHS, our future*" and the NHS West Midlands' *Investing for Health* strategy.

As part of the process of developing an overarching strategy for Health and Health Care in Shropshire, Telford and Wrekin a set of guiding principles was developed and agreed with stakeholders. Two key principles have guided the development of the strategy:

- Proposals must make sense clinically; and
- Proposals must make sense to the communities we serve.

The Strategy was developed through eight Pathway Development Groups, each led by a senior clinician with membership from key stakeholders and organisations. The process of developing the overall plan was designed to ensure that there was active and effective engagement with key stakeholders through the development of the strategy. In addition to membership of the Pathway Development Groups, nine public and staff engagement events were held which were attended by some 700 people. Regular reports were also made

to key stakeholders including the joint Overview and Scrutiny Committees of Shropshire County and Telford and Wrekin Councils.

The Clinical Leaders Forum identified six strategic considerations which informed the strategy:

- Health, Wellbeing and Equity (including analysis of demographic trends and public health factors and deprivation)
- Quality, Safety and Effectiveness
- Supporting the Workforce
- Involving People in Making Decisions About Their Future Health Services
- Affordable, Sustainable and Fit For Purpose (including clinical and financial viability of services)
- Personalised Services and Access to Care Closer to Home.

The Clinical Leaders Forum identified three main objectives for the development of health and healthcare In Shropshire, Telford and Wrekin:

- 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.

The implementation of the overarching plan will be through the Models of Care which have been developed for eight pathways. These are:

- Maternity and New Born;
- Children's Health;
- Planned Care;
- Mental Health;
- Getting Health, Staying Healthy;
- Long Term Conditions;
- Acute Care;
- End of Life Care.

Each of these pathways sets out a future vision for how the services should be developed and the three strategic objectives realised. They have significant implications for the way in which health and healthcare is provided across health and social care as well as the independent and voluntary sector. Delivering the improvements will requires the development of primary and community care as well as a reshaping of the way in which hospital services are delivered.

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- Acute Care
- End of Life Care

B. Technical Papers
- Access
- Clinical Linkages
- Sustaining Services
- Children and Young People
- External Review of Paediatrics

C. Building Capacity in Primary Care
- Summary Report
- Care Coordination
- Diagnostics
- Workforce

D. Engagement Plan and Evidence of Engagement

1. INTRODUCTION

This report is the final report of the Clinical Leaders Forum (CLF) on Developing Health and Healthcare: A Strategy for Shropshire, Telford and Wrekin. Following a request from the West Midlands Strategic Health Authority for each local health economy to develop an overarching strategy for health and healthcare by October 2008, the Clinical Leaders Forum (CLF) was charged with developing the overarching plan. Specifically the CLF was 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 in to 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."

The Clinical Leaders Forum comprised the leading clinicians in the health organisations in Shropshire, Telford and Wrekin and senior officers from Shropshire County Council and Telford and Wrekin Council.

An Interim Report was considered by Shropshire County and Telford and Wrekin Primary Care Trusts in May 2008[1]. The main focus of work during the second phase (July – November) has been on:

- refining the models of care where the model developed during Phase 1 was well developed and agreed. These included Maternity and the New Born; Planned Care; Mental Health; End of Life; Getting Healthy, Staying Healthy;
- further development of the models of care for long term conditions, acute care and children's services. This work included further appraisal of 'challenged' strategies, particularly children's health and acute care;
- development of models of care for the areas of learning disabilities and dementia.

Considerable attention has also been paid to assessing the capacity in primary care and the ability of primary and community care to support activity as care moves closer to home. Five areas were identified as important in this regard: workforce and integrated community teams, diagnostics, information technology, the estate and care coordination and information for patients and professionals.

In carrying out this work, the project plan was revised to bring it, as far as possible, in line with the timetable for the Strategic Plan and World Class Commissioning. This has ensured that that the Strategic Plan is informed by the overarching plan and that the commissioning intentions are consistent with the overarching plan.

The Health and Health Care Strategy for Shropshire, Telford and Wrekin provides a framework for the provision of health services to local people. The strategy focuses on health and healthcare and the interfaces with social care and local government. It has been developed by the NHS organisations working with local government, patients and partner organisations.

The strategy builds on the strengths of the NHS in providing health services to the people of Shropshire, Telford and Wrekin. It also incorporates the conclusions and recommendations from the national review of the NHS led by Lord Darzi, "*Our NHS, our future*" and the NHS West Midlands' *Investing for Health* strategy.

This report presents the conclusions and findings of the CLF and in particular the Models of Care that have been developed by the Pathway Development Groups. A second report presents the conclusions and findings of the CLF regarding the challenged strategies.

[1] Interim Report from Clinical Leaders Forum to Shropshire County Primary Care Trust Board and Telford and Wrekin Primary Care Trust Board, 13th May 2008

2 THE PROCESS

2.1 Principles

As part of the process of developing an overarching strategy for Health and Health Care in Shropshire, Telford and Wrekin a set of guiding principles was developed and agreed with stakeholders. Two key principles have guided the development of the strategy:

- Proposals must make sense clinically; and
- Proposals must make sense to the communities we serve.

Formal and informal feedback on the principles was sought directly from stakeholders, through the Pathway Development Groups and at workshops with stakeholders. Feedback on the principles was generally supportive with the main written feedback from Shropshire County Council and Telford & Wrekin Council in a position paper which outlined the role of local government in relation to the health of the population; as a joint commissioner and provider of integrated services with the NHS; and in light of the "community leadership" role which is vested in local authorities.

The final principles and criteria are given in Figure 1. The principles were used by the pathway development groups to assess their services and identify key issues to be addressed. The principles were also used to assess options in those pathway development groups where choices had to be made about alternative models of care and/or configuration of services. Finally the principles were used to assess the strategic options for the 'challenged' services where there were particular issues about future configuration of services.

2.2 The Pathway Development Groups

The Strategy was developed through eight Pathway Development Groups, each led by a senior clinician. The eight groups and their leads were:

Pathway Development Group	Clinical Lead
Maternity and Newborn Care	Mr. Andrew Tapp, Clinical Director (SaTH)
Children's Health	Dr. Richard Brough, Consultant Paediatrician (SaTH)
Planned Care	Jo Banks, Head of Workforce Development (T & W PCT)
Mental Health	Dr. Martin Deahl, Consultant Psychiatrist, (SSS NHSFT)
Getting Healthy, Staying Healthy	Dr. Catherine Woodward, Director of Public Health (T&W PCT)

(continued on page nine)

Figure 1: <u>Principles</u>

	Themes	Criteria
Making Sense Clinically	***Health, Wellbeing and Equity***	▪ To offer equitable access to health and healthcare services according to need across the populations we serve, taking personal circumstances and diversity into account. ▪ To develop and commission all health care based on locally agreed care pathways. ▪ To maximise the opportunity to avoid preventable disease including through primary prevention and clinical pathway redesign. ▪ To meet the current, forecast and changing needs of the populations of Shropshire and Telford & Wrekin.
	Quality, Safety and Effectiveness	▪ To deliver care and dignity in patient services which are safe, of good quality and clinically effective. ▪ To ensure that care is responsive to emerging policy, evidence and technology, including that clinical teams are appropriately configured to deliver safe and effective care. ▪ To deliver evidence-based care within patient care pathways (from prevention to tertiary care) which minimise gaps, duplication and delay.
	Supporting and Developing the Workforce	▪ To ensure the Shropshire and Telford & Wrekin local health economy is an attractive and effective place for the training of clinical staff. ▪ To deliver organisational sustainability and accredited clinical services through carefully planned change, while recognising that the role of individual clinicians may need to change. ▪ To ensure that NHS workforce planning becomes a robust exercise conducted in close partnership across the organisations.

	Themes	Criteria
Making Sense to the Communities We Serve	***Involving People in making decisions about their future Health Services***	▪ To improve opportunities for people to be fully engaged in their own personal health and lifestyle choices. ▪ To increase personalisation and choice in health services. ▪ To ensure that all stakeholders are involved and influential in the development of options for services from an early stage. ▪ To help people navigate their way through the health and care system.
	Affordable, Sustainable and Fit for Purpose	▪ To be affordable within available resources. ▪ To take into account forecast changes in demographics and to be robust in the short term (2009) and in the medium term (2020). ▪ To take advantage of opportunities to work together across the public sector and with the community, voluntary and independent sectors to improve health and wellbeing, provide integrated services and improve our collective contribution to the communities we serve. ▪ To ensure that process leads to the right framework of health services for people in Shropshire and Telford & Wrekin that supports equity in health status and health services
	Personalised Services and Access to Care, Closer to Home	▪ To assure the public that in formulating and assessing options for safe and appropriate services, the Pathway Development Groups will have demonstrated that balanced consideration has been given to both the Princess Royal and Royal Shrewsbury Hospital ▪ To promote independence by providing equitable health at home or as close to home as possible, whenever this is clinically safe, clinically effective and affordable ▪ To continue to develop clinically appropriate alternatives to hospital admission, so that patients are only admitted when their needs cannot be met outside hospital ▪ To deliver enhanced access to diagnostic services, without the need for hospital-based out-patient or in-patient assessment ▪ Where hospital-based services must, by necessity, be provided further away, patient travel plans will be developed to ensure appropriate access according to clinical need, including emergencies ▪ To develop clinical pathways and discharge arrangements which facilitate early yet safe hospital discharge

Long Term Conditions	Dr Lindsay Ward, General Practitioner (T & W PCT, Phase 1) Dr. Jane Povey, Medical Director (SCPCT, Phase 2)
Acute Care	Dr. Kieran McCormack, General Practitioner (SC PCT)
End of Life Care	Dr. Wendy Jane Walton, General Practitioner (SC PCT)

During the second phase of the work the proposals for emergency and urgent care were taken forward by the Urgent Care Network. In addition the strategy has specifically incorporated dementia and learning disabilities.

The Pathway Development Groups included other healthcare professionals and commissioning staff, and worked closely with patient groups and other stakeholders. Their main tasks for the Pathway Development Groups included:

- mapping out the current service models for their pathway, and the main issues facing local services;
- understanding the challenges in greater detail, and identifying options for addressing these challenges;
- working with stakeholders to develop the options and to determine the future models of care and strategic direction;
- developing the preferred option(s) and detail activity, workforce and financial implications and key milestones.

A number of cross cutting themes were identified by the pathway development groups. These were seen as particularly important in developing the capacity in primary and community care to enable care to be provided closer to home. The key aspects of this were care co-ordination and navigation, diagnostics, workforce and integrated primary care teams, information technology and the estate.

As part of the development of the strategy, service strategies have been developed for four 'challenged' services as identified by the West Midlands Strategic Health Authority. In additional the strategy for Urology was added as this service area was highlighted in last year's Strategic Service Plan as needing review.[2]

2.3 Working With Patients and Stakeholders

The process of developing the overall plan was designed to ensure that there was active and effective engagement with key stakeholders through the development of the strategy. To support and advise on the engagement

[2] The challenged service strategies are discussed further in the Report from Clinical Leaders Forum: Challenged Service Strategies, November 2008

activities the Clinical Leaders Forum was advised by Professor Bob Sang, an expert on engaging with the public. A team of communications specialists drawn from across the local health economy supported the process. Each of the Pathway Development Groups was supported by a communications specialist who advised the PDG and supported their engagement and communications activities.

The aims of the Engagement and Communications Plan were to:

- ensure that "Developing Health and Health Care: A Strategy for Shropshire, Telford and Wrekin" leads to a vision that reflects the needs and aspirations of all local stakeholders through the fullest possible engagement in developing and owning the vision for future healthcare in Telford and Shropshire;
- understand our stakeholders' information needs, and address these through clear and timely communications;
- ensure that the NHS in Shropshire, Telford and Wrekin delivers clear and consistent messages to our stakeholders;
- work together as a community of NHS engagement and communications leads to support our organisations to develop a strategy for Health and Health Care in Shropshire, Telford and Wrekin.

The Engagement Plan identified five phases:

- Phase 1: Initial Engagement and Preparation during which key stakeholders were briefed on the process. This culminated in a workshop for some 70 people on 1st February;
- Phase 2 (February – May): Engagement and Development when options and models were developed and alternatives assessed. Much of this work was through the Pathway Development Groups. A number of workshops was held in February and March for particular PDGs and a further workshop on cross cutting themes (Table 1);
- Phase 3 (May – June): Submission of Outline Plans including a workshop on 7th May at which the conclusions of the work to the end of April were presented;
- Phase 4 July – November): Developing the Models of Care and options for the challenged service strategies;
- Phase 5 (2009): Implementation including the potential for formal consultation.

The key stakeholders included the four NHS organisations, NHS staff, local government, the voluntary sector and patients and carers. Stakeholders have been involved in the pathway development groups and the workshops. They have been involved in developing pathways and as pathways are developed and implemented they will play an increasing role. The work in involving stakeholders

must be built on and developed in the future to ensure that stakeholders play a key role in shaping the delivery of health care.

Table 1: Staff and Stakeholder Events

Date	Event	Location	Purpose	Attendance
19th November 2007	Staff Workshop	Albrighton Hall Hotel	Outline process and purpose	Over 100 NHS staff
1st February 2008	Public and Stakeholder Event	Telford, Park Inn	Share preliminary findings and progress to date	86 members of public and staff
20th March	Public and Stakeholder Event	Shrewsbury Football Club	Detailed discussion on planned care, end of life and long term conditions	58 members of the public and staff
14th April 2008	Public and Stakeholder Event	Whitehouse Hotel, Wellington	Children's services	25 members of the public and staff
7th May 2008	Public and Stakeholder Event	Albrighton Hall Hotel	Discussion of PDG Models of Care	78 members of the public and staff
9th July 2008	Staff Event	Mercure Hotel, Albrighton	Leadership and Engagement	Around 70 members of staff
15th and 16th July 2008	Public and Stakeholder Events	Telford and Shrewsbury	Discussion of interim report and next steps	Over 100 members of the public and staff
11th September 2008	Staff Event	Telford, Park Inn	Workforce issues	Over 65 members of staff
9th and 10th October 2008	Public and Stakeholder Events	Telford and Shrewsbury	Focus on children's and Emergency Care	Around 120 members of the public and staff

In addition to the Staff and Stakeholder Events, a wide range of media and briefings with key stakeholders have been used. Activities include:

- briefing papers giving updates on progress and inviting feedback. Seven briefings have been issued to a wide audience of staff, public, and stakeholders - available both electronically and in print;
- a website with information, news, reports, documentation from the events and links to regional and national websites;

- regular meetings with MPs and Council members and officers including joint Overview and Scrutiny meetings;
- regular briefings to staff and staff representatives;
- regular communication with the press
- posters and summary briefings produced explaining pathways and key issues in detail
- presentations and meetings with groups when requested.

Feedback and views of the public have also been sought from individuals and groups and through participation in the Shropshire and Telford and Wrekin Citizens Panels.

2.4 Governance of the Process

A key element in developing the strategy is that it should engage with patients, partner organisations and others and that the strategy should be based on rational information where possible and to have fully considered all the options. In order to assure the public in Shropshire, Telford and Wrekin that this has been done:

- advice was sought from Professor Bob Sang, an expert on engagement;
- meetings were held early with the chairs of the two scrutiny committees to brief them on the process. The purpose of these meetings was to brief the scrutiny committees and it was recognized that these briefings in no way removed the role of local government in reviewing the proposals;
- the scrutiny committees were briefed individually as well as at joint meeting during the process;
- councillors and senior staff of the two Councils were involved in workshops and in wider discussions;
- senior staff from the Councils were on the Clinical Leaders Forum;
- a Shared Governance Committee was established comprising representatives form the Councils, patient representatives and representatives from the voluntary sector. This Group met four times.

Councillors and officers from the two top-tier Councils have been particularly focused on the “making sense to communities” and the NHS and local government interface aspects of this review. Their involvement and contributions have been extremely important but do not indicate sign-up from their respective organisations to the recommendations set out in this and related reports. Nor does it preclude thorough and rigorous scrutiny by the relevant Health Scrutiny Committees.

Finally, the Boards of the four organisations were regularly briefed as were the Professional Executive Committees of the two PCTS.

3. BACKGROUND

3.1 The National and Regional Context

3.1.1 National Context

In July 2007 the NHS launched a national review of the NHS. Led by a practising surgeon and Health Minister Lord Darzi, Our NHS, our Future focused on three themes:

- Quality and safety;
- Access;
- Reducing inequalities.

The review focused on eight care pathways which reflect the main health themes for the population of England:

- Maternity and Newborn Care
- Children's Health
- Planned Care
- Mental Health
- Getting Healthy, Staying Healthy
- Long Term Conditions
- Acute Care
- End of Life Care.

The Our NHS, our future report (titled "High Quality Care for All") and reports from each of the eight Strategic Health Authorities in England were published in the summer of 2008. Our NHS, our future builds on the progress made in delivering the vision set out in the NHS Plan and the Government's reform agenda, to identify the way forward for a 21st Century NHS which is clinically-driven, patient-centred and responsive to local communities.

During the summer of 2008 each PCT developed their strategy for World Class Commissioning. In developing the overarching plan, the work programme was revised to bring it, as far as possible, in line with the timetable for the Strategic Plan. This has ensured that the Strategic Plan is informed by the overarching plan and that the commissioning intentions and activity projections and the overarching plan are consistent.

3.1.2 The Regional Context

NHS West Midlands is one of 10 Strategic Health Authorities. The area covers, some 5,000 square miles, and is home to more than 5.3 million people. The area contains the Coventry-Birmingham-Black Country conurbation and stretches from Leek in Staffordshire in the north to Ross-on-Wye in Herefordshire in the south,

from Bishop's Castle in Shropshire in the west to Rugby in Warwickshire in the east.

Investing for Health is the strategic framework for health services in the West Midlands. The regional plan sets the direction for Primary Care Trusts to determine their local plans that make sense for local circumstances. The framework starts from the understanding that there have been dramatic improvements in many areas, but that the system as a whole is not working as well as it could.

The framework acknowledges that we have to recognise and confront some important challenges if we are to create a health service that meets the needs and rising expectations of local people. It therefore identifies seven 'big challenges' that must be addressed through the framework:

Outcomes and Quality	Challenge 1: Inequalities Widening
	Challenge 2: Variable Quality & Safety
Patient Focus	Challenge 3: Complex Services Difficult to Navigate
	Challenge 4: Lack of Public Confidence in Services
Investment and Cost Focus	Challenge 5: Lack of Upstream Investment
	Challenge 6: Buying things that don't work
	Challenge 7: Costs Increasing Faster than Income

As well as these 'big challenges', the framework also highlights five themes – strategic priorities – that must guide health services in the future:

- Full Engagement;
- Improving Quality and Safety;
- Care Closer to Home;
- Sustainability;
- Organisations Fit for Purpose.

3.2 Health and Demographics[3]

3.2.1 Shropshire County

Shropshire is a predominantly rural county of 289,300 people with a varied landscape covering an area of 3,197 square kilometres. In 2006, the population density of Shropshire was 90 people per square kilometre. This is much lower than the average for England as a whole (389 people per square kilometre) and Shropshire is one of the most sparsely populated counties in England.

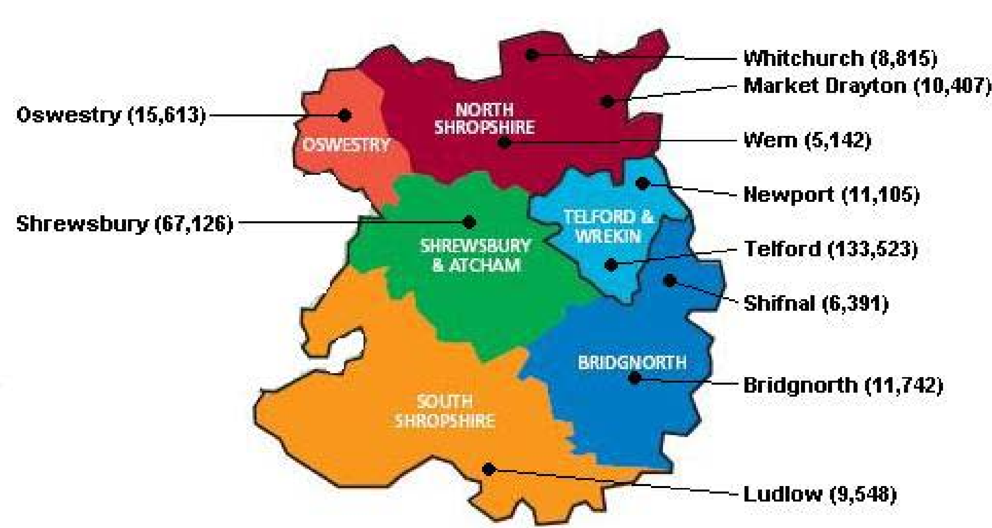
[3] This section draws heavily on information from the Directors of Public Health in the two PCTs and the draft Integrated Business Plan for FT status, SaTH.

The main population centres are Shrewsbury (67,126), Oswestry (16,660), Bridgnorth (11,891), Market Drayton (10,407), Ludlow (9,250), Whitchurch (8,067), Shifnal (6,391) and Wem (5,142).

There are few motorways and dual carriageway roads in the county, which means that most journeys take place on a network of A roads. There are also few rail links within the county, making travel around the county difficult for non-car users – 18% of households do not own a car compared with the England average of 27%.

It is currently a two-tier authority area comprising Shropshire County Council and five county districts (Bridgnorth, North Shropshire, Oswestry, Shrewsbury and Atcham, South Shropshire). Following consultation the Government has supported a proposal to establish a unitary authority in Shropshire which will replace these six local authorities. The new authority will be established by April 2009.

Figure 2: Main Centres of Population in Shropshire, Telford and Wrekin



3.2.2 Telford and Wrekin

The Borough of Telford & Wrekin covers around 112 square miles and has a population of approximately 167,000. At the heart of the Borough is the new town of Telford, so designated in the 1960s and now the local focus for both population and economic growth. The Borough is also home to several small towns - Wellington, Dawley, Donnington, Madeley and Oakengates. To the north of Telford is the market town of Newport and to the south on the bank of the River Severn is historic Ironbridge. The Borough also has a significant rural area which is located to the north and west of Telford and covers approximately 72% of the Borough's total area.

The area is dominated by the large new town of Telford (population 133, 523) and nearby borough towns. The other area of population concentration is Newport (11,015). Transport links are generally better than in rural Shropshire, including the direct M54 link to Birmingham and central England. However, there are still access difficulties for people without access to car transport in the more rural and more deprived parts of the borough – 22% of households do not own a car compared with the England average of 27% and 18% in Shropshire.

3.2.3 Out of Area Patients

In addition to the people of Shropshire, Telford and Wrekin, the local NHS also provides services to the people in the northern portion of the county of Powys, which includes a population of about 62,000 people. The county of Powys has a population of 126,000 people in area of 5,196 square kilometres.

3.2.4 Population Projections and Deprivation

Table 2 gives population by age and population projections over the next 15 years for Shropshire, Telford & Wrekin. The population under 15 is proportionately higher in Telford and Wrekin than Shropshire County (21% and 18% respectively) whilst the proportion over 65 is higher in Shropshire County (20% compared to 14%).

Table 2: Current and Projected Population

	Shropshire County			Telford and Wrekin		
	Population 2007	**Growth 2007-12**	**Growth 2007 - 22**	Population 2007	**Growth 2007-12**	**Growth 2007 - 22**
0-15	51,800	-5%	-7%	33,900	0%	9%
16-64	182,600	0%	-1%	109,300	5%	12%
65-84	49,900	17%	44%	19,900	18%	53%
Over 84	7,300	18%	64%	2,500	12%	48%
	291,600	2%	7%	165,600	**5%**	**17%**

Source: Shropshire County Council and Telford and Wrekin Council

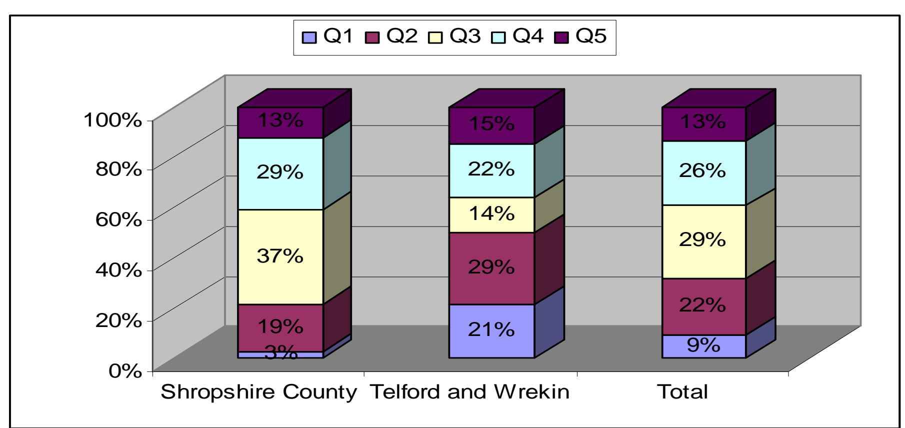
The population is projected to grow by just over 7% over the next 15 years in Shropshire County and by 17% in Telford and Wrekin with the largest growth in the older age groups (the over 65 population is projected to grow 47% in Shropshire County and 52% in Telford and Wrekin). In addition further inward migration into Telford and Wrekin and a significant expansion in house building (it is projected that at least 26,500 additional houses will be needed by 2026), is projected to increase the growth in the working population by 12%, compared to a 1% fall in Shropshire.

There has been a substantial inward migration of people from eastern Europe into Telford & Wrekin in recent years. Approximately 5% of the community are from black and minority ethnic groups. By 2026, it is estimated that the proportion of the population from black and minority ethnic groups will have grown to 6.5%, around 12,900 people.

Figure 3 summarises the levels of socio-economic deprivation in Telford & Wrekin and Shropshire County[4], as measured by the quintiles of the Index of Multiple Deprivation. Nearly half of the Telford & Wrekin population live in the two most deprived national quintiles. Overall, the Index of Multiple Deprivation (IMD) 2007 ranks the Borough as falling within the top third most deprived local authorities in England. This compares to 22% of the Shropshire County population who live in the two most deprived national quintiles.

In Telford & Wrekin 21.4% of the population (nearly 36,000 people) live in areas classified within the most deprived fifth of areas in England. In Shropshire County, 3% of the population (586 people) live in the most deprived 20% of areas in England.

Figure 3 Proportion of Population in National Deprivation Quintiles



The deprivation and health of the children varies across Shropshire, Telford and Wrekin. In Telford & Wrekin 24.5% of children aged 0-15 years live in deprivation, which is statistically significantly higher than the English average (22.4%). In Shropshire County 13.2% of 0-15 year olds live in deprivation, which is statistically significantly lower than the English average (22.4%). As a result there are more children living in deprived circumstances in Telford & Wrekin than

[4] This is a summative measure, based on 37 measures of socio-economic status. Scores are published at "super-output area" level (which exist below ward level and are defined by the 2001 census) and have an average population of around 1,500 people. For comparative purposes, super-output areas are often aggregated into the 20% bandings (quintiles) of the overall score.

in Shropshire County (8,318 in Telford and Wrekin and 6,820 in Shropshire County).[5]

3.2.5 Overview of the Health of the Population

Figure 4 summarises trends in life expectancy. Life expectancy at birth in both men and women is lower in Telford & Wrekin than in Shropshire County. Over the past decade, male life expectancy has improved in both PCTs. Projections indicate that the gap in male life expectancy between Telford & Wrekin and Shropshire County may narrow up to the 2008/10 position. In women, smaller improvements in life expectancy are predicted over the next few years. It is estimated that the gap in female life expectancy between Telford & Wrekin and Shropshire County will persist up to 2008/10.

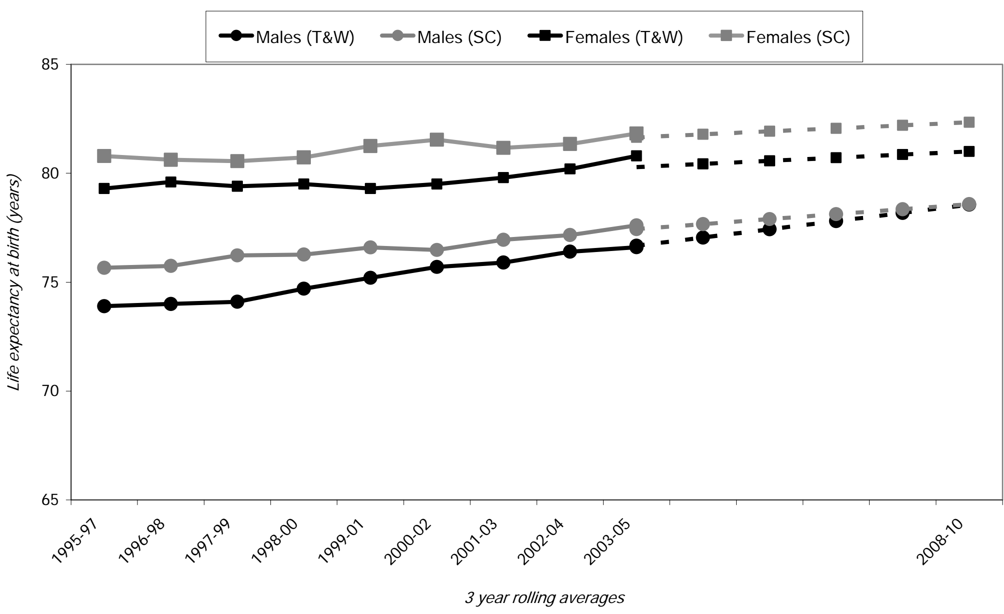
In line with trends elsewhere in England and Wales all age all cause mortality, infant mortality (AAACM) and deaths from circulatory diseases and cancers have been falling since the early 1990s. Comparisons of the health of the population in Telford and Wrekin and Shropshire show that:

- all age all causes mortality are similar to the national average in Telford and Wrekin for men and significantly higher for women than the national average. Those in Shropshire were significantly lower than the national average;
- infant mortality rates in both Shropshire County and Telford & Wrekin are similar to the national average;
- premature death rates from circulatory diseases were statistically significantly higher than the national average in Telford & Wrekin but significantly lower in Shropshire;
- premature death rates from all cancer were statistically similar to the national average in both Shropshire and Telford and Wrekin other than for women which is lower in Shropshire;
- suicide rates for men, women and persons in Telford & Wrekin and Shropshire County were similar to the national average but rising.

The Association of Public Health Observatories provides epidemiological models showing the prevalence of disease on local areas. These are summarised for some of the more common long term conditions in Table 3.

[5] Further detail of deprivation and demographics of children in Shropshire, Telford and Wrekin is given in Technical Paper 4: Children and Young People.

Figure 4: Trends in Life Expectancy, Telford & Wrekin and Shropshire County



Source: Office for National Statistics, Compendium of Clinical and Health Indicators www.nchod.nhs.uk

Table 3: Prevalences for Selected Long Term Conditions

	Modelled Prevalence			Estimated Number of Patients		
	T & W	Shropshire	England	T & W	Shropshire	Total
Diabetes	3.8%	4.2%	4.4%	6,306	12,377	18,682
Coronary Heart Disease	3.8%	5.1%	4.3%	6,283	14,841	21,214
Hypertension	22.3%	27.1%	23.8%	36,888	79,243	116,131
COPD	2.2%	1.8%	2.3%	3,658	5,510	8,808
Atrial Fibrillation			1.1%	1,821	3,219	4,040
Heart Failure			1 – 2%	3,310	5,852	9,162
Stroke			1.5%	2,483	4,389	6,872

Sourced: Department of Public Health, Telford and Wrekin PCT

Other indicators (Figure 5) point to a greater public health agenda in Telford and Wrekin than in Shropshire, where the indicators are generally more favourable. For instance:

- the proportion of babies breastfed at birth in Telford & Wrekin remains significantly lower than in Shropshire County;
- the proportion of mothers still smoking at delivery in Telford & Wrekin is significantly higher than in Shropshire County;
- there has been no improvement in smoking in pregnancy rates in Telford & Wrekin or Shropshire County in the past five years;
- whilst teenage conception rates have fallen, the under 18 conception rates remain significantly higher than the national average in Telford and Wrekin but are in the lowest quartile in Shropshire;
- obesity levels are high compared to the rest of England and rising.

3.2.6 Conclusions

The analysis of demographic trends and public health factors has significant implications of the health and healthcare strategy. When compared to national figures, Shropshire County is generally less deprived, with a low violent crime rate and a lower rate of teenage pregnancies. However there are significant areas of localized deprivation within Shropshire County such as Oswestry and parts of Shrewsbury and Atcham. There is also higher prevalence of long term conditions compared to England. Whilst there is a high level of obesity, there are fewer deaths from smoking, cancer and fewer early deaths from heart disease and stroke.

Conversely, Telford and Wrekin has higher projected growth in population, and a younger and more deprived population. The borough is also in the lowest 20% of areas based on income and employment levels. There are higher rates of early mortality from smoking and circulatory diseases than the average in England. Telford and Wrekin also has relatively high rates of teenage pregnancy and obesity and higher numbers of children living in deprivation.

Figure 5: Indicators of Health

Indicator	Telford and Wrekin	Shropshire County				
		Bridgnorth	North Shropshire	Oswestry	Shrewsbury & Atcham	South Shropshire
Income Deprivation	Red	Green	Green	Green	Green	Green
Homelessness	Red	Orange	Red	Amber	Red	Green
Children in Poverty	Red	Green	Green	Green	Green	Green
Teenage Pregnancy	Red	Green	Green	Green	Green	Green
Smoking (adults)	Amber	Green	Green	Amber	Green	Green
Binge Drinking (adults)	Amber	Amber	Green	Amber	Amber	Green
Healthy Eating (adults)	Amber	Amber	Amber	Amber	Amber	Green
Physical Activity (adults)	Amber	Amber	Amber	Amber	Green	Amber
Obese (adults)	Red	Amber	Red	Red	Amber	Amber
Life expectancy male	Amber	Amber	Amber	Amber	Amber	Amber
Life expectancy female	Amber	Amber	Amber	Amber	Green	Green
Deaths from smoking	Red	Green	Amber	Amber	Amber	Green
Early deaths: heart disease & stroke	Red	Amber	Amber	Green	Amber	Green
Early deaths: cancer	Amber	Green	Green	Amber	Amber	Amber
Infant deaths	Amber	Amber	Amber	Amber	Amber	Amber
Road injuries and deaths	Green	Red	Red	Amber	Amber	Amber
Mental health	Amber	Green	Green	Green	Green	Green
Hospital stays due to alcohol	Red	Green	Green	Green	Amber	Green
Drug misuse	Green	Amber	Amber	Amber	Amber	Amber
People with diabetes	Red	Amber	Red	Green	Amber	Red
Children with tooth decay	Amber	Green	Amber	Amber	Amber	Amber
Older people: hip fracture	Amber	Red	Amber	Green	Amber	Red

Source: APHO and Department of Health

Key	
Red	Significantly worse than England average
Amber	Not significantly different from England average
Green	Significantly better than England average

3.3 Commissioning Healthcare

Services for the people of Shropshire, Telford and Wrekin are commissioned through the two PCTs as summarised in Table 4.

Table 4: Commissioning Arrangements*

PCT	Population	County Districts	Practice Based Commissioners	PBC Coverage	
				GP Practices	Population (list size) as at 01.01.08
Shropshire County PCT	289,000	Bridgnorth South Shropshire Shrewsbury & Atcham Oswestry North Shropshire	South East South West Shrewsbury Other North West North East	8 8 11 2 7 8	55,371 43,793 83,432 10,189 49,732 51,914
Telford & Wrekin PCT	162,000		Wrekin Small Practices Others	4 5 11	45,831 18,562 104,250
	451,000			64	463,074

* In addition Telford and Wrekin are planning to establish two more practices, one in the town centre and one alongside the Princess Royal Hospital.

Practice Based Commissioning (PBC) is developing in a number of ways within both PCTs. Within Shropshire County PCT, there are four locality commissioning groups covering the North East, Shrewsbury and Atcham, the South West and South East. The other practices are taking PBC forward as individual practices. In the North West, the individual practices work together as and when appropriate. The commissioning plans all support the strategic direction of care closer to home, improved access and vibrant community hospitals.

Service improvement is focused on redesigning traditional out-patients and avoiding preventable admissions using the Advanced Primary Care Services model and other community services. Consultant involvement in these new models of care is seen as a priority and joint working between secondary and primary care clinicians and managers is now well under way.

In Telford and Wrekin PCT there are currently two consortia, the Wrekin Commissioning Group and the Small Practices Consortia. The rest of the practices in Telford and Wrekin are working individually on PBC .

Commissioning of mental health, learning disability, substance misuse, physical disability and older people's service are undertaken on a joint basis with Shropshire County and Telford and Wrekin Councils. In addition, the development of personal budgets and direct payments in social care services

and lead budget-holding in children's services, means that many citizens are beginning to "micro-commission" their own services.

Both PCTs have recently developed strategic plans for World Class Commissioning. The competencies of the commissioners are a key factor in the delivery of a 'World Class' service to the population of Shropshire, Telford and Wrekin. PCTs should not commission services in isolation and in addition to the commissioning of health care services, the PCTs are committed to the consideration of the wider determinants of health and the role of partners, such as local government and the voluntary sector in improving the health. The development of the Health and Healthcare Strategy has engaged with all partners, including patient groups and the strength of that partnership is integral to the success of all of the planned redesign.

The process of developing the World Class Commissioning strategy has shown:

- the local leadership of the NHS;
- effective working with community partners;
- engagement with public and patients;
- strong clinical leadership;
- a understanding of the demographics to assess need;
- prioritisation of investment;
- promotion of improvement and innovation; and,
- sound financial planning.

In developing the strategy and taking forward world class commissioning, the local health economy will build on these principles to ensure that services are fit for purpose and that the right planning and procurement skills are developed to ensure that commissioning of services is an involving, open and transparent process.

3.4 Healthcare in 2008

The provision of healthcare in Shropshire, Telford and Wrekin is summarised in Figure 6 (see page 25) and discussed in this section.

3.4.1 Self Help and Prevention

The NHS works closely with local government and voluntary agencies improve health and quality of life. Examples of Programmes include:

- Help to Quit (H2Q) programmes to encourage and support people to give up smoking;
- programmes to encourage and enable people to exercise;
- adv ice, education, support and specific schemes to reduce dependence on alcohol;

- an active breastfeeding promotion and support programme;
- programme to reduce the level of teenage pregnancy.

Despite these programmes the population of Shropshire, Telford and Wrekin have relatively low levels of health compared to the population of West Midlands. For example:

- high teenage pregnancy rates in Telford and Wrekin
- high alcohol related admissions to hospital;
- prevalence of adult obesity and diabetes, relatively high levels of death from smoking, heart disease and stroke for some sections of the communities.

In common with the rest of the NHS, investment in health prevention is relatively low (Wanless Review) and increased investment could have significant benefits for the population and reduce dependence on the NHS[6].

3.4.2 Primary Medical and Community Services

Primary Care

Primary and community services are currently managed by local PCTs. There are 20 GP practices in Telford and Wrekin and 44 in Shropshire County. Out of hours services are provided by Shropdoc, a not-for-profit company formed by Local Shropshire Doctors to manage their out-of-hours responsibilities. ShropDoc covers the whole of Shropshire, Telford & Wrekin, Powys & Wrexham, a population of some 750,000 people. Improving access to primary care services is a key PCT target.

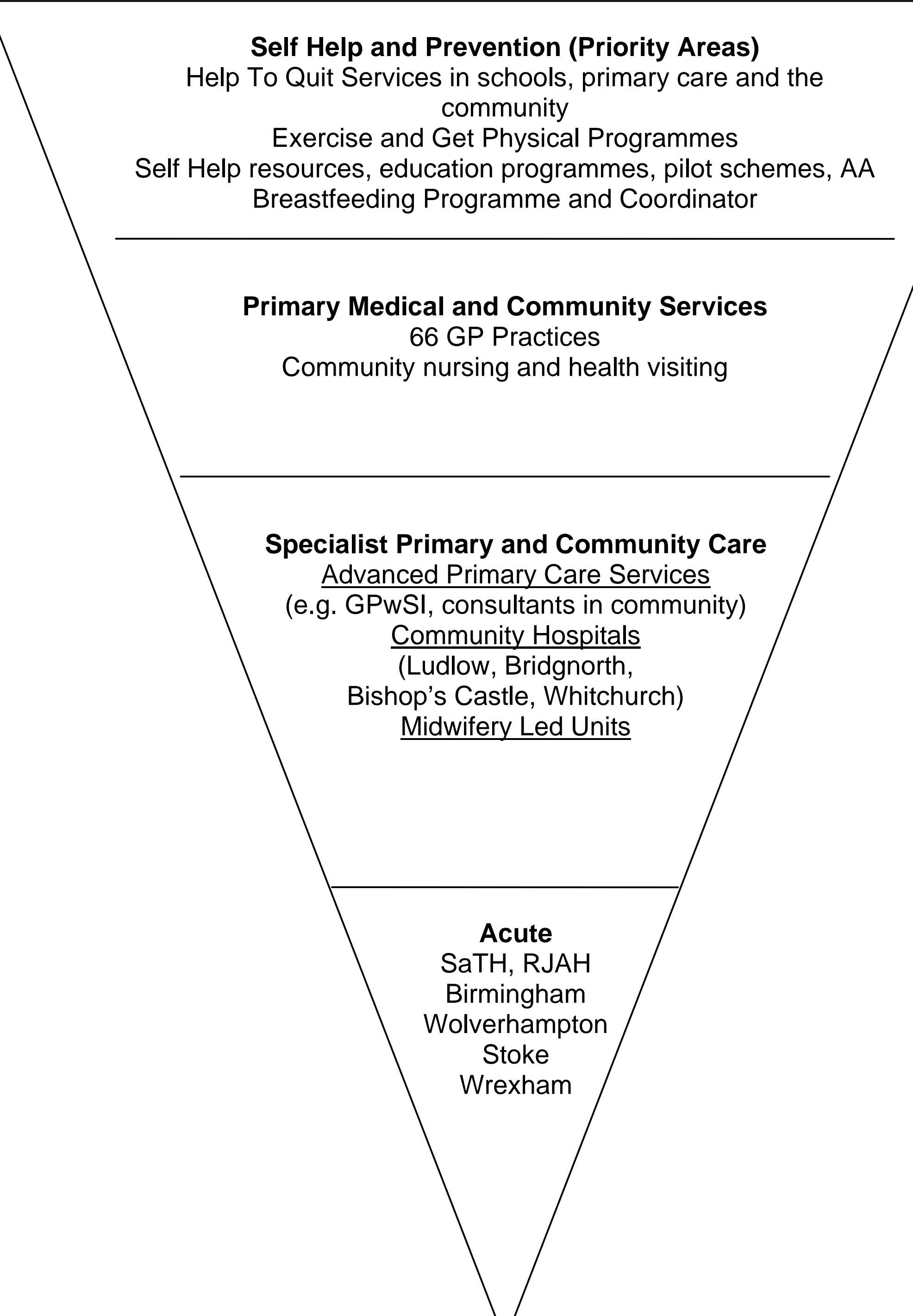
Within Shropshire County, all practices have open lists and all practices report that patients can book routine GP appointments two or more days ahead.[7] The latest survey on availability of appointments shows that:

- over 90% of practices were able to offer a third bookable appointment;
- at 90% of practices, patients could see a primary care professional within 24 hours.

In order to ensure patients can have access to a GP appointment the PCT funds a network of ‘buddy appointments’ where each week a number of practices across the county reserve appointments which can be offered to any patient where their own practice is unable to meet the 24hr/48hr access target. Patient

[6] Securing Good Health for the Population as a Whole, 2004.
[7] In 2007/08 all 44 GP practices in Shropshire County were signed up to the Access Directed Enhanced Service and to participating in the quarterly Primary Care Access Survey (PCAS). In January 2007 the Department of Health surveyed patients about their experiences of access to primary care services. In Shropshire 42 out of the 44 practices took part in the survey.

Figure 6: Schematic Overview of Healthcare System in Shropshire, Telford and Wrekin



note summaries can be transmitted to the buddy practice if a patient accepts an appointment elsewhere.

The table below shows the results of the Patient Experience for Shropshire and Telford and Wrekin compared with the West Midlands and national performance.

Table 5: Patient Experience in Shropshire County and Telford and Wrekin PCT

	Satisfaction Telephone Access	Access to GP in 2 days	Advanced Bookings	Appointment with specific GP	Satisfaction with opening hours
Shropshire County	92%	87%	87%	94%	85%
Telford and Wrekin	84%	85%	71%	85%	85%
West Midlands	85%	86%	75%	87%	85%
England	86%	86%	75%	88%	84%

In summary people in Shropshire reported better telephone access, better opportunity to book appointments ahead and better access to a GP of their choice, compared to other areas across the West Midlands and in England. In Telford and Wrekin these were slightly lower satisfaction levels. In those practices where satisfaction was below levels elsewhere plans were agreed to improve access through investing in staff or facilities.

NHS Dentistry

Shropshire County and Telford & Wrekin PCT share dental and other independent contractor primary care service arrangements. Dental Public Health and the Salaried Primary Care Dental Service is hosted by Shropshire County. There is also joint working with other PCTs in Staffordshire and throughout the West Midlands through a well-established Dental Public Health network

The objective of a modernised NHS dental service for 21st Century Shropshire are to improve oral health and provide accessible services focused on prevention and high quality, effective treatment. Central to this is the need for children to learn the essential skills to secure and maintain good oral health.

Substantial improvements have been made over the last 3 years to increase access to NHS dentistry and improve oral health inequalities. Within the local population, there are groups who require special attention – hard to reach groups and groups with special needs, rural communities, and people requiring domiciliary care, the homeless, and families of the armed services. The PCTs are developing a flexible service to cater for these groups. For example if a practice sets up in an area of particularly poor oral health contracts can be “stepped” to reflect the initially higher treatment needs of the new patients taken on.

NHS dentistry services will be improved and developed over the next five years through:

- prioritising oral health to ensure that it is an integral to the health improvement agenda establishing a comprehensive preventive care system for children and young people which include enhanced services for those in most need; ensuring that oral health is seen as an integral part of health improvement actions in particular in children and young people with programmes such as Sure Start, health promoting schools programme and community based health improvement programmes; giving responsibility to Community Health Partnerships to achieve a more co-ordinated approach across community based services, to assess needs and respond through multi-professional and multi-agency action and ensuring that dental teams are responsive to the needs of children and that all dental services are child friendly;
- establishing new practices to improve access in rural areas;
- increasing capacity in domiciliary services and specialist contracts for dentists with special interests;
- increasing dental workforce through increased placements, dental nurse training programme and a dental foundation programme;
- reducing waiting times for orthodontic assessment and treatment and develop managed clinical network to reduce admissions to secondary care through improving the capacity in primary care;
- developing plans to improve access for vulnerable groups.

3.4.3 Specialist Primary and Community Care

The focus of specialist and primary care is to support care closer to home through:

- the development of advanced primary care services (APCS) including specialist primary care staff, for example GPs with a special interest (GPwSI), specialist nurses and consultants working in the community;
- a hub and spoke midwifery model;
- joint commissioning of services with the local authorities;
- providing services at the community hospitals in the rural areas of Shropshire.

The way in which the APCS service can work in reducing reliance on the acute sector in is the respiratory service in Shropshire County. This service has three elements: a consultant led APCS; respiratory specialist nurses; and pulmonary rehabilitation. These services work together to empower the patient to manage their condition. With support from the specialist nurses and proactive case management, patients have a self-care plan. This plan includes medication for use when the patient has an exacerbation. Known and new patients are also seen in the APCS and there are strong working relationships with secondary care

clinicians. Patients can also receive informal support as a member of the 'Breathe Easy' club. Discussions are underway with a voluntary group who will visit house-bound patients and offer appropriate support.

In Telford and Wrekin, a Nurse Consultant in primary care is leading the community teams to develop further skills in IV therapies, blood transfusions and community care of more complex patients such as those who require ventilation in order to facilitate early discharge and avoid admission. Care pathways are being carefully process mapped to ensure that GPs and Consultants work together with the community staff to provide safe and sustainable community care.

In other areas there is the potential to give greater support to patients in the community – for instance those with diabetes. Whilst the view is that this should be a primary care led and managed service for all patients except those with complex needs, the reality is that many patients are still reviewed on an annual basis in secondary care with no planned discharge to primary care. Also, for many patients insulin is initiated within secondary care, despite capacity to provide this service in primary care with appropriate support from secondary care.

The proportion of patients treated in the community in 2006/07 was:

- 16% of A and E attendances;
- 25% of births in midwifery led units;
- 7% of new outpatients and 3 % of follow up appointments;
- 3.5% of X-rays.

Services that are available to support the provision of care closer to home and away from an acute hospital are listed below. Services are provided by the NHS, voluntary and charitable organisations, the independent sector and families and other informal carers especially at the end of life:

- Mental Health: beds for short-term crises admissions, rehabilitation and recovery, residential care home, independent living for people with mental health problems drop in services and crises resolution home treatment services. A number of these services including beds for the elderly mentally ill and drop in services are provided by the voluntary/charitable sector e.g. MIND or the independent sector e.g. Coverage Care and Accord Housing, Bennett House;
- Emergency Care: out of hours (Shropdoc), care coordination centre (in hours) a partner organisation of Shropdoc, transfer of non urgent patients between providers predominantly through 'Patients First';
- Long Term Conditions: community nurses, diabetes nurse specialists, services provided by voluntary agencies e.g. brain injury and support groups e.g. stroke, arthritis Ludlow Group, Copt Horne Cardiology Group;

- Children's Services: CAHMS, out-patients at community hospitals and Monomer campus, respite and palliative care, Hope House, CYP Services;
- Planned Care: advanced primary care services (APCS) in dermatology, ENT, gynaecology, minor surgery, respiratory, orthopaedics, outpatients;
- End of Life: Macmillan outreach teams, Marie Curie nursing, hospices (Severn), pilot GPwSI pilot in Telford, SE and NE Shropshire, nurse specialists in the community and consultants domiciliary visits.

Shropshire is well served by community hospitals with community hospitals in Bishop's Castle, Bridgnorth, Ludlow and Whitchurch. The community hospital services are summarised in Table 6.

There are no NHS community hospitals in Telford and Wrekin, although there is a private community facility in Newport – Newport Cottage Care. There are a number of towns with significant populations which have primary care and are a distance from Telford or the nearest acute hospital and where there is a need to develop services closer to home.

Shropshire County PCT has an ongoing programme to improve and develop the community hospitals. Recent refurbishments have included Bridgnorth and there are plans to refurbish Bishop's Castle. A major project to develop a new healthcare campus in Ludlow will provide:

- outpatient, diagnostic and therapies;
- minor surgery and endoscopies;
- a minor injuries unit
- intermediate care beds;
- midwifery and children's centre;
- base for mental health services;
- healthy living centre;
- GP services;
- dental, pharmacy and optician services.

The proposal to develop Ludlow Hospital focuses the on integration between hospital and community services and to support the care of people closer to home. It is anticipated that the campus will provide for some 500 admissions a year, 18,800 outpatients (up to 70% of outpatient activity), 6,200 minor injuries together with associated diagnostic procedures and therapy support and 100 births a year. The proposals will also improve access to primary care. The model of care is shown in Figure 7.

Figure 7: Ludlow Community Hospital Advanced Primary Care Service

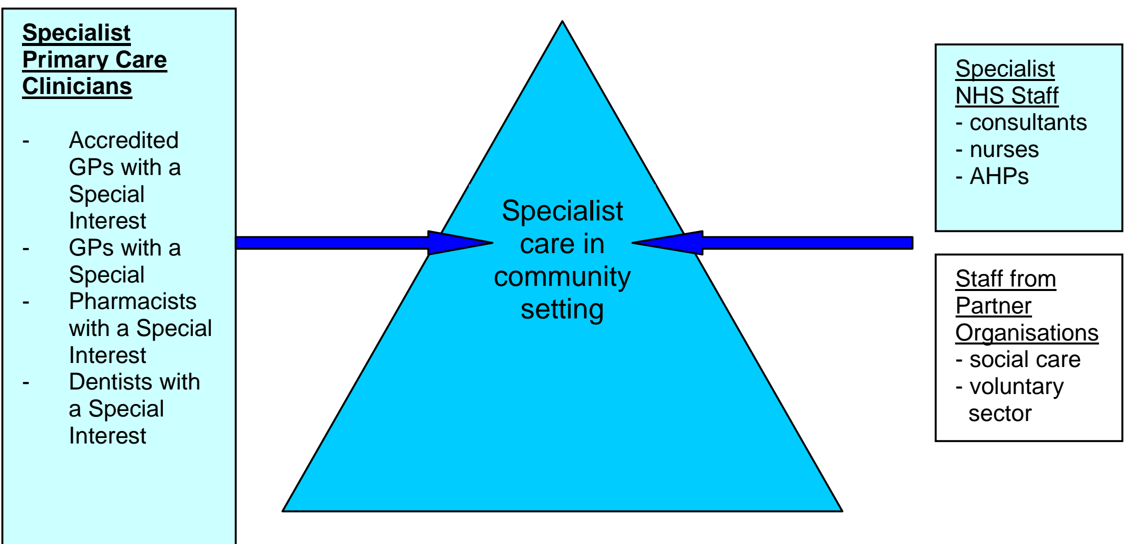


Table 6: Community Hospitals and Hospital Based Services*

Hospital	Population	Facilities	Services
Bishop's Castle	1,630	18 beds MIU Physiotherapy	Rehabilitation and inpatient beds for the elderly Visiting services – audiology, podiatry, speech therapy.
Bridgnorth	11,742	25 beds 4 Theatre Beds MIU/DAART Outpatient facilities Midwifery led unit (2 labour rooms, 4 postnatal beds) Day Surgery Ultrasound X-Ray Physiotherapy Surgical Podiatry	Rehabilitation and inpatient beds for the elderly Midwife-led maternity unit Consultant outreach services (Dermatology, Cardiology, General Surgery, Paediatrics, ENT, Orthopaedics, Neurology, Respiratory, Gastroenterology) APCS in ENT Range of Voluntary Support Groups Visiting services – audiology, podiatry, speech therapy.
Ludlow	9,548	40 beds MIU Outpatient facilities Midwifery led unit (2 labour rooms, 7 post natal beds) X-Ray	Rehabilitation and inpatient beds for the elderly Midwife-led maternity unit Consultants outreach services (General Surgery, Paediatrics, Respiratory, Obstetrics and Gynaecology) Range of Voluntary Support Group
Whitchurch	8,815	32 Beds 16 older adults Mental Health beds MIU Outpatient facilities Physiotherapy Occupational therapy Social Care Day Centre X-Ray	Rehabilitation and inpatient beds for the elderly Nursing for MH beds provided by South Staffs NHS Trust Consultant outreach services (Cardiology, General Surgery, Paediatrics, ENT, Gastroenterology, Obstetrics, Orthopaedics, Respiratory, Gynaecology) Range of voluntary Organisation support groups

* There are also midwifery units at Robert Jones and Agnes Hunt Hospital (6 post natal beds), The Royal Shrewsbury (13 beds) and The Princess Royal in Telford (14 beds).

3.4.4 Acute Services

Acute Hospital services are mainly provided by The Shrewsbury and Telford Hospital NHS Trust and the Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust as well as other hospitals in Stoke, Wolverhampton, Birmingham and Wrexham.

The Shrewsbury and Telford Hospital NHS Trust is the main provider of acute hospital services for Shropshire, Telford and Wrekin and also mid Wales. The Trust runs the Princess Royal Hospital in Telford, the Royal Shrewsbury Hospital, midwife-led units in Ludlow, Bridgnorth and Oswestry as well as other outreach services (e.g. specialist nursing).

The Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust is a specialist hospital providing elective orthopaedic surgery and musculoskeletal medical services as well as some local hospital services for communities in and around Oswestry.

Together these Trusts treat 83% of the patients from Shropshire County (77% of acute expenditure) and 96% of the patients from Telford and Wrekin (92% of acute expenditure). The two PCTs are therefore very dependent on the two local Trusts (Table 7).

Table 7: Activity and Expenditure by Acute Provider for Shropshire County PCT and Telford and Wrekin PCT

	% Patients Treated		% Acute Expenditure	
	Shropshire PCT	T & W PCT	Shropshire PCT	T & W PCT
The Shrewsbury and Telford Hospital NHS Trust	68%	94%	65%	89%
Robert Jones and Agnes Hunt Orthopaedic and District Hospital	15%	2%	12%	3%
Other	17%	4%	23%	8%
	100%	100%	100%	100%

There is limited choice for people in the west of Shropshire with the main alternative provider being the Nuffield Hospital Shrewsbury. The choice is much greater for people in the east of Shropshire County PCT and in Telford and Wrekin PCT. The population of Market Drayton or Bridgnorth have up to ten alternative providers available within 25 miles – including major NHS and private providers in Birmingham, Wolverhampton and Stoke.

3.4.5 Local Authority Services

Shropshire County Council and Telford and Wrekin Council provide a broad range of 24 hour and community based services. These include:

- Joint Commissioning with the NHS including mental health, learning disability, substance misuse, physical disability and older people's service;
- Services for Children and Young People including school and community cluster teams, integrated with the NHS, Police and other partner agencies; education services; specialist social work; Children's Centres / Sure Start programmes; residential care; educational psychology and support for young people with severe emotional and behavioural needs; specialist services for children with disabilities; youth offending services; and adoption, fostering and family placement;
- Adult Social Services including specialist assessment, care management and social work services as part of older people's services, physical disability and sensory loss services; joint intermediate care services; joint mental health services; learning disability services and substance misuse services; occupational therapy services; direct payments services; advocacy services; carers services; and The Supporting People programme.

In addition, Telford and Wrekin Council and the five district councils in Shropshire (and the new, unitary Shropshire Council from 2009) provide, or commission, other key services which impact on health and health care. These include housing and homelessness services; disabled adaptations and equipment services; home improvement and repair services; affordable warmth / fuel poverty services; benefits advice; Environmental Health and Food Safety Services; and Leisure Services.

4. STRATEGIC CONSIDERATIONS

4.1 Health, Wellbeing and Equity

As described in Section 3, the population of Shropshire, Telford and Wrekin will change dramatically over the next 15 years. Of particular importance is the increase in the number of people over 65 of 17% in Telford and Wrekin by 2012 (52% by 2022) and 17% in Shropshire (47% by 2022). There are also concerns about the rising obesity levels, levels of smoking, alcohol and substance abuse and high teenage pregnancy rates. The health and healthcare strategy proposes an increase in the investment in health promotion to:

- enable an increasingly elderly population to live independent lives;
- focus on the areas of particular concern including reducing smoking, alcohol and substance abuse and reducing teenage pregnancy rates;
- promote an increase in activity levels and other lifestyle changes to reverse the rising levels of obesity.

Failure to invest in health promotion and work with local government and other agencies will lead to increasing demands on the health services and an increasing dependency on hospital services. There will also be significant increases in demand on other services such as social services.

Some sectors of the population have poorer access to services where earlier access would significantly improve the outcome for patients and/or avoid the need for more costly treatment and care. For example this is an issue in maternity services for disadvantaged groups such as those with mental health problems, those experiencing domestic violence and migrants.

4.2 Quality, Safety and Effectiveness

There are national standards and policies which this strategy needs to ensure are delivered. These include:

- the Darzi Review of the NHS
- the West Midlands SHA Investing For Health;
- ensuring timely access to both primary and secondary care services;
- giving patients a choice about where they get their treatment and care;
- National Service Frameworks and strategies;
- national standards on clinical services;
- guidance from the Royal Colleges, the National Institute for Health and Clinical Excellence (NICE) and the Healthcare Commission.

This guidance has been incorporated into the work of the Pathway Development Groups and is referred to in the PDG reports.

4.3 Supporting and Developing the Workforce

Section 4.5 details significant challenges facing the medical workforce and the ability to continue to provide some services within the present configuration of services in the hospitals. A key element of this is the ability of the NHS to offer attractive jobs to highly trained clinical staff and to successfully recruit and retain high quality clinical staff

The Darzi review has identified the importance to patients of providing high quality care closer to where people live and to enabling them to lead independent lives with the support of healthcare professionals. This has significant implications for the clinical workforce, for instance:

- developing specialist skills in the community;
- enabling those with specialist skills in the hospitals to take a more active role in community and primary care settings;
- supporting the more dispersed provision of care with information technology and access to information and advice.

Providing care closer to home will require the further development of primary care and community teams and close working across the health and social care sectors, with voluntary agencies and other services. The strategy will need to ensure that there are programmes and initiatives in place to ensure that the current working relationships are strengthened and developed and to support the workforce in collaborating across different agencies.

4.4 Involving People in Making Decisions About Their Future Health Services

The development of this strategy has been clinically led and has involved patients, the voluntary sector and partner organisations including local government. The further development of the strategy must build on this and actively involve stakeholders in the development of plans for the future of health care services.

The strong message that has come from the patient and patient groups involved in the strategy is that patients want to be more actively involved in decisions about their own care and, wherever possible, to take responsibility for managing their condition. This happens in many instances. But in many others it will require changes in the approach in both secondary and primary care. Patients will need to have greater information to make choices about their care and healthcare professionals will need access to information about the care that has been provided by other healthcare professionals.

The way that clinical teams work and the need to provide information and signposting to help patients 'navigate the health care system will be central to enabling patients and carers to take more control over their care and their lives.

4.5 Affordable, Sustainable and Fit For Purpose

4.5.1 Clinical Viability of Hospital Services

Over the next 10 years a number of trends that have been seen in the configuration and nature of services traditionally provided in district general hospitals. These are anticipated to accelerate. Specifically:

- an increasing range and complexity of work can now be carried out in primary and community care settings and closer to where people live;
- some specialist services will be concentrated in fewer major centres;

The two hospitals in Shrewsbury and Telford are similar sized hospital for emergency admissions and A and E attendances There are significant challenges to continuing to provide emergency services from two sites and continue to provide 24 hour a day out of hours cover by senior medical staff to both hospitals. This has become increasingly difficult over the last ten years as a result of:

- sub specialisation with medical staff becoming more specialist;
- out of hours arrangements – in some specialties there are consultants covering a number of services and/or sites at the same time;;
- European Working Time Directive (EWTD);
- training of medical where trainees support the delivery of training and there are conflicts between the service and the training needs;
- difficulties in recruitment.

The current provision of services has also limited the ability to develop more specialised services that could be provided in Shropshire, Telford and Wrekin, for instance vascular surgery and paediatrics.

These issues are discussed in more detail in the CLF's report on challenged service strategies.[8] In summary, continuing to provide services for the seriously ill and injured from two sites for the population of Shropshire, Telford and Wrekin and Powys is increasingly difficult and carries with it risks to patients, pressure on medical staff and limits the ability to develop more specialist services. At the same time, the urban population concentrations in Shrewsbury and Telford combined with the rurality of the population in Shropshire County and the deprivation levels in Telford and Wrekin provide major challenges for access to health care services. The strategy will need to ensure that both these issues are taken into account.

[8] Challenged Service Strategies, Report from Clinical Leaders Forum, November 2008.

4.5.2 Financial Viability

During the last decade the NHS has received unprecedented increases in funding. Growth is projected to increase by 4% in real terms over the next three years. Within this financial outlook there are pressures on resources and demands to meet the increasing needs of the population and to finance new developments. Many of these pressures are no different to pressures faced elsewhere in the NHS.

There are however some specific issues affecting the financial viability of services which need to be incorporated within the strategy in addition to those felt throughout the NHS. These include:

- the current configuration of services result in duplication of hospital services across three sites and particularly across the Royal Shrewsbury and Princess Royal Hospitals;
- Telford and Wrekin PCT are currently subsidising access to paediatric inpatient services by paying SaTH an additional £200,000 per year over the amount paid per patient to enable them to recruit additional staff. This is likely to increase further with the European Working Time Directive to around £400,000;
- the need to invest in medical staff to support emergency services across two sites. It is estimated that this would be between £1 million and £2 millions depending on the precise configuration.

The Robert Jones and Agnes Hunt NHS Trust in Oswestry is facing significant financial challenges and a review is currently underway, supported by external financial consultants. This work is being taken forward as a parallel but separate exercise.

4.6 <u>Personalised Services and Access to Care Closer to Home</u>

4.6.1 Care Closer to Home

An increasing range of healthcare can be effectively provided closer to home so avoiding a visit to or stay in an acute hospital is one of the strategic principles. Table 8, summarises the current situation and best practice from elsewhere in the country for selected services. It is clear that there is considerable scope to move care closer to home which the strategy will need to accommodate and support.

Table 8: Potential to Treat Patients Closer to Home

	Clinical Service – Best Practice	Best Practice[9]	Current Practice
Acute Care	Urgent Care and Minor Injuries		19% A & E Attendances
Planned Care	Dermatology - community services to manage skin conditions	80 % plus avoidable admissions	11%
	Neurology		0%
	General Surgery – direct access minor surgery clinics, nurse led clinics	35% reduction in outpatient attendances	<5%
	Urology – specialist nurses, nurse led clinics, GPwSI flexible crystoscopy examinations and endscopy lists	40% reduction in outpatient attendances	0%
	Urology – improve drug therapies, diagnostics and community management of kidney and urinary tract infections	50%-80% kidney/urinary tract infections admissions avoidance	0%
	Musculo-skeletal – triage team, extended scope for physiotherapists, GPwSI, multi professional clinics	40% reduction in outpatient attendances	10%
	ENT - GpwSI developments for range of conditions	40% reduction in outpatient	<5%
	Ophthalmology – protocols for cataracts, rapid access clinics to community optometric clinics, nurse led pre assessment and follow up	35% reduction in outpatient attendances	0%
	Other Medical Outpatients		<5%
Long Term Conditions	Cardiac – management of ongoing cardiac conditions	Heart failure 30% - 50% Chest Pain 50%	<5%
	Diabetes	25% plus avoidable admissions	0%
	Respiratory – specialist services in the community to manage COPD and asthma	Asthma 33% to 50% avoidable admissions COPD 20% - 50% avoidable admission	<5%
Maternity	Births in midwifery led units, at home		25%
Mental Health	Hospital at home and community nursing Improved assessment and triage at A & E		
Staying Healthy	Smoking, obesity, alcohol abuse		n/a
End of Life	Increased choice to die at home		23% of people wanting to die at home do so

[9] West Midlands SHA Local Health Economy Overarching Plans Analysis, February 2008, Team Work Management Services.

4.6.2 Access to Hospital Services

A detailed assessment of access to hospital have been undertaken using drive time data provided by Dr Foster, adjusted to reflect market share. This has provided an estimate of the 'effective' catchment population (Table 8).

Table 9: Effective Catchment Populations of the RSH and PRH[10]

	PRH	RSH	Total	Other Trusts
Shropshire County	74,456	154,448	228,904	60,696
Telford and Wrekin	150,382	0	150,382	11,218
Montgomeryshire	0	36,819	36,819	22,931
	224,838	119,267	416,105	94,845

The conclusions of the drive time analysis are:

- over 80% of the population of Shropshire, Telford and Wrekin live within a 40 minute drive of the RSH or PRH;
- some 5% of the 'effective' catchment population have a drive time of over one hour. The areas affected are parts of Shropshire County (2% of the population) and Montgomeryshire (41% of the population);

The analysis is based on drive times. The greater deprivation and lower car ownership levels in Telford and Wrekin would further impact on the population without a car and/or require greater use of public transport or the ambulance service to access services. The health of the population and deprivation levels are discussed in Section 3.2.

The views of patients when choosing a hospital for planned care were obtained through participation in the two Council's Citizen Questionnaire. In summary:

- 60% of the population in Shropshire County and 68% of the population put quality of care, reputation of the hospital and expertise of the surgeon ad the most important factor;
- 11% of people in Shropshire County and 15% of people in Telford and Wrekin felt that speed of treatment was the most important factor;
- Proximity of the hospital was the most important factor for 11% of people in Shropshire County and 13% of people in Telford and Wrekin;
- 10% of people thought cleanliness was the most important factor.

Whilst proximity of care is likely to be of greater importance when considering emergency care, it is clear that safe and effective services are critical issues for the people of Shropshire, Telford and Wrekin.

[10] Technical Paper 1: Access. The 'effective' catchment population is based on an analysis of drive times to hospitals and non elective market share.

4.7 Issues Identified by Pathway Development Groups

In addition to the issues regarding the challenged strategies discussed above, the Pathway Development Groups through the assessment of their services, discussions and workshops with stakeholders identified a number of issues facing the services and areas where services could be improved. These are detailed in the reports from the PDGs and summarised in Table 10.

Table 10: Overview of Issues Identified by Pathway Development Groups

	Principle	Staying Healthy	Maternity & New Born	Children's Services	Acute Care	Planned Care	Long Term Conditions	Mental Health	End of Life
MAKING SENSE CLINICALLY	Health, Well Being and Equity	Ageing population. Increasing obesity levels. Alcohol and substance misuse. Teenage pregnancy rates in Telford and Wrekin	Inadequate support for mental health and substance abuse patients, domestic violence victims and migrants. Outcomes worse in poor areas. High teenage pregnancy rates, Telford.	Strengthen early intervention & prevention - obesity, oral health, sexual health, and alcohol abuse, all rising or above England average in some areas. Increasing prevalence of children with LTC/disabilities.	Ageing population. Access for those with mental health problems need improving.	Increasing obesity levels. Ageing population	Increasing demand with ageing population. Poor access for mental health and people with learning disabilities. Higher prevalence in lower paid & unemployed.	Ageing population and increasing dementia.	Ageing population. Focus almost entirely on cancer, need to consider other long term conditions.
	Quality, Safety and Effectiveness		Ante natal care access. Ante natal screening. Midwives not always available through established labour. Labour ward cons cover. NICU only recognized as level 2.	Clinical viability of inpatient services on two sites. Need earlier intervention and shorter waiting times for CAHMS. Nursing capacity at PRH. EWTD.	Clinical viability - workforce issues in A and E, surgery, anaesthesia and critical care. A and E targets. Stroke care standards not met. EWTD.	18 week target. Need to improve access to diagnostics. Cancer strategy.	Inadequate early detection. Proactive care not risk stratified. Variable standards e.g. those with co morbidities, stroke services. Limited shared information between professionals	Care too secondary care biased. Support to GPs too specialized. Need more emphasis on recovery, not long hospital stays.	Variable, dependent on voluntary sector. Support for those dying in hospital needs improving.
	Supporting & Developing the Workforce	Limited knowledge of staff re services.			Primary care capacity if care moves from acute.	Primary care capacity if care move to community.	Need to improve capacity and training.		Need to improve awareness and skills.

	Principle	Staying Healthy	Maternity & New Born	Children's Services	Acute Care	Planned Care	Long Term Conditions	Mental Health	End of Life
M A K I N G S E N S E T O C O M M U N I T I E S	Involving People in Making Decisions about Their Future Health Services		MSLC not fully established.	Voluntary sector involvement	Lack of information for people to make choices.	Lack of information for people to make choices.	Limited involvement of voluntary sector and patients/carers in planning future health services.	Good involvement	Scope to strengthen links with voluntary sector
	Affordable, Sustainable and Fit for Purpose	Higher priority needs to be accorded to prevention.	Facilities at RSH not fit for purpose. Ludlow MLU needs updating.	Inadequate therapy capacity. Lack of adolescent beds. High acute admissions to hospital.	Delayed discharge. Ludlow Hospital facilities need improving. Separate elective from emergency	Are RSH facilities suitable for 21st century. Ludlow Hospital facilities.	Scope to reduce admissions and length of stay.	Skelton Hospital facilities need rationalising and improving.	Reliant on charitable sector.
	Personalised Services and Access to Care Closer to Home		Need better ante/post natal care in community settings. Midwifery led units support more births. Community support for breastfeeding needs strengthening.	CAHMS and disabilities - transition of care from child not well managed. Social care/health care systems not fully coordinated. Too hospital based.	No single 'portal of entry'. Need to strengthen urgent care services outside of A and E.	Do patients have real choice. High cancellation rates for out & in patients. Scope to increase care outside acute setting. Limited role of 'ACPS'	Reactive, not proactive. Care fragmented. Limited self management. Need more information & education for patients. Transition to adult care not well managed.	Transition between children and adults inadequately managed. System is not well enough coordinated.	23% people die at home compared to 50% who say they would prefer to die at home. Care fragmented. Lack of information re support.

5. STRATEGIC OBJECTIVES

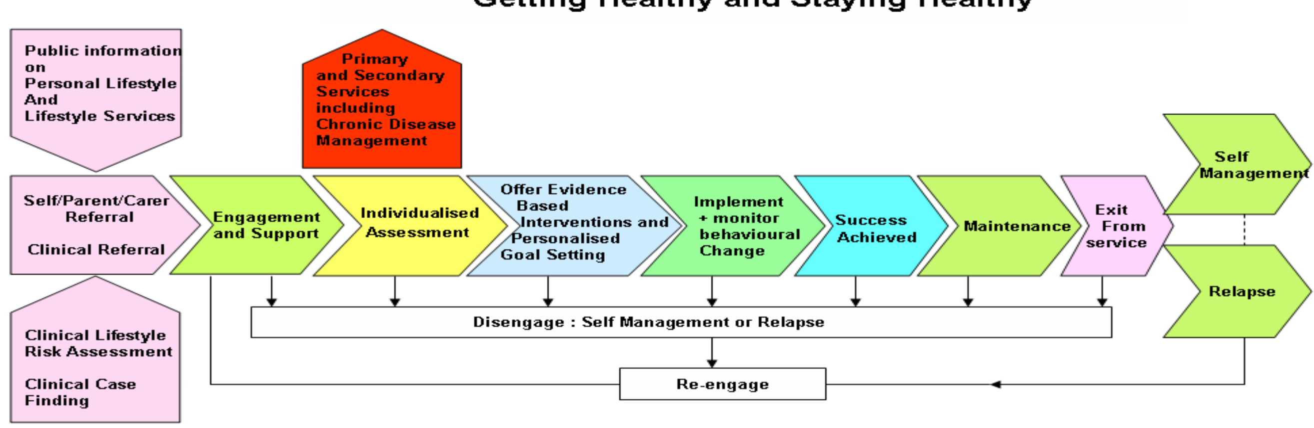
The Vision for Heath and Healthcare Services in Shropshire, Telford and Wrekin has three main objectives:

- 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.

5.1 Prevention of Disease and Promotion of Healthy Lifestyles

The 2020 Vision is one where people are encouraged and helped to lead a healthy lifestyle and, for those with long term conditions, individuals manage their disease and are supported to lead as independent a life as possible. The 2020 for Getting Healthy, Staying Healthy is the Wanless[11] fully engaged scenario where the lifestyle change model is fully developed and geared up to respond to maximum demand for lifestyle change services. The Model of Care for this is shown below.

Figure 8: 2020 Vision for Model of Care for Getting Healthy, Staying Healthy



Pathway to Success
for an Individual in ensuring that choosing a lifestyle service makes a change for life

T&W and SCPCT, Getting Healthy Staying Healthy Pathway Development Group
Version 7 (final)
2-04-08

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11 The Wanless Review: Securing Good Health for the Whole Population: Final Report, Department of Health February 2004.

5.2 Care Closer to Home

The prevalence of long term conditions[12] and those living with the effects of a disease such as cancer will increase by 25% over the next 20 years due to an ageing population and the earlier treatment of patients earlier so enabling them to live longer with their disease. For this group of people, living an independent life will not only improve their quality of life over an increasing number of years but also reduce the demands on the health service. For those people nearing the end of their life, they will be supported in their choice of where they want to die through voluntary, health and social care services and the independent sector working together to provide a range of integrated and coordinated services.

The proposed strategy aims to provide personalised services and access to care closer to home through:

- patients managing their care and exercising choice about how and where they receive their care;
- strengthening and development of the Advanced Primary Care Services model;
- continued developments of pathways across primary and secondary care;
- better information and sign posting for patients;
- developing specialist community services including community hospitals, midwifery led units and integrated working across primary and health and social care teams, strengthening community nursing and diagnostics in the community;
- involvement of the voluntary sector and local authorities in planning and delivering services;
- increased specialist skills in the community and advice to primary care including specialist GPs, consultants and specialist nurses working in the community and making use of technologies to provide information and advice to health care professionals;
- development of facilities in the community including community hospitals and primary care premises.
- a network of health facilities linked electronically to provide information to professionals, patients and carers.

5.3 Sustainable and Accessible Hospital Services

The third strategic objective is to ensure that hospital services across Shropshire, Telford and Wrekin are sustainable and that there is a network of community and acute hospitals within Shropshire, Telford and Wrekin. Specifically:

[12] Long Term conditions are those that cannot at present be cured but can be controlled by medication and/or other therapies. LTCs include diabetes, coronary heart disease, respiratory diseases and those with complex morbidities. Mental health which has many of the same characteristics as a LTC was considered by the Mental health PDG.

- A single acute service will be provided across two sites for the next ten years with the immediate challenges to emergency care and paediatrics addressed;
- By 2020 all emergency services for the seriously ill and injured should be concentrated onto a single site. The way in which this should be done will be assessed through a detailed options appraisal.

6. MODELS OF CARE

The following pages provide two-page summaries of the models of care developed by the eight Pathway Development Groups:

- Maternity and Newborn Care
- Children's Health
- Planned Care
- Mental Health
- Getting Healthy, Staying Healthy
- Long Term Conditions
- Acute Care
- End of Life Care

Maternity and Newborn Care

Summary of our local clinical vision for a world class service

Here we summarise ideas from local clinicians for improving maternity and newborn care throughout Shropshire, Telford and Wrekin over the next five years in order to provide 'world class' care.

In developing these proposals, clinicians from Shropshire County and Telford and Wrekin have worked together with local communities, NHS and social care staff and other key partners. In addition, they have drawn on the regional framework for maternity and neonatal care recently published by NHS West Midlands.

What has emerged from this is a suggested vision for delivering the highest possible quality of services for mothers and babies.

We welcome your views and comments so that we can publish a local framework for health and health care in Shropshire, Telford and Wrekin in October 2008.

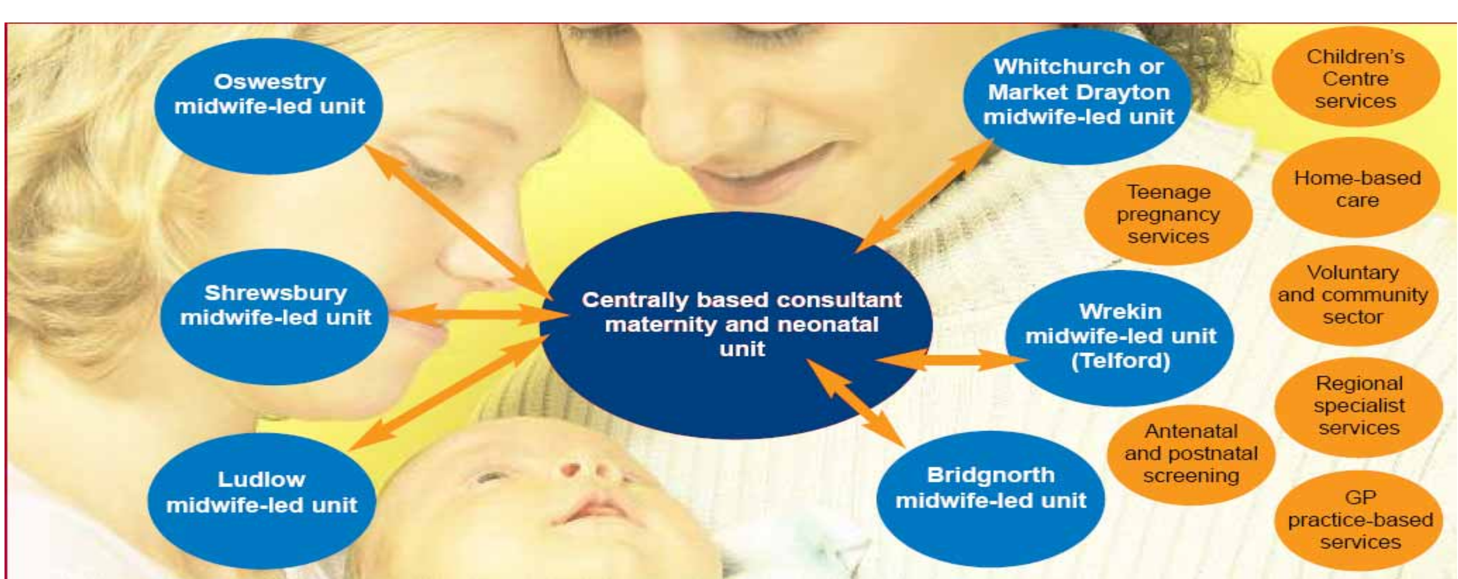
Key elements of our proposed pathway

In drawing up our proposed pathway, we have been mindful of several key factors:

- Projected increases in the birth rate in Shropshire, Telford and Wrekin
- The current absence of a midwife-led unit in the north east of Shropshire, which results in 25% of births taking place outside the county
- Midwifery staffing levels falling below levels recommended in the Maternity Matters strategy
- The need for medical staffing rotas to comply with EU working time directives and the Safer Childbirth review
- The need for further investment to improve facilities at the consultant-led unit and at the midwife-led units in Ludlow and Shrewsbury

Our proposed maternity care pathway is set out in the diagram on this page. As it shows, no major changes to the current model of care for Shropshire, Telford and Wrekin are proposed, other than the development of a midwife-led unit in Whitchurch or Market Drayton and delivery of more antenatal and post-natal care in children's centres and midwife-led units in the county.

We will continue to have a centrally located, consultant-led maternity and neonatal unit as the hub of the network, together with local midwife-led units. Out of around 5,000 births a year in Shropshire, 1,400 of those considered to be 'low risk' currently take place in five midwife-led units based in Shrewsbury, Oswestry, Ludlow, Telford and Bridgnorth or at home. We will support more women in giving birth to their babies at one of these units or in their own home. We will also take a fresh look at the configuration of neonatal units that has been developed by the Shropshire, Staffordshire and Black Country Newborn Network.



Implementing our 2020 vision

Key Performance Indicators

1. Early Booking
Target: 80% in first trimester

2. Continuity of Care
Target: 75% of visits with the same maternity health care professional in community settings

3. Detection of fetal growth restriction
Target: 60% of growth restricted babies detected antenatally

4. Smoking in Pregnancy
Target: Reduced to a prevalence of 15% by 2010 or 1% reduction per year

5a. Breastfeeding
Target: Increase in breastfeeding initiation rates by 2% per year

5b. Breastfeeding
Target: To establish breastfeeding prevalence at 6-8 weeks from birth

Improved maternity facilities

Under our proposals, hospital-based inpatient and outpatient maternity and neonatal facilities will be significantly enhanced.

A second operating theatre and recovery facilities are required to meet current requirements and the additional demand arising from the projected rise in the birth rate.

We believe that these developments are best undertaken at the main consultant-led unit, although its location will need to be reviewed in the context of the broader scenarios for the future of health services in Shropshire, Telford and Wrekin.

In addition, the existing midwife-led units in Shrewsbury and Ludlow will be enhanced.

Medical and midwifery staffing

To deliver the highlighted KPI's and the recommendations of 'Maternity Matters', the Maternity workforce will be expanded. Midwifery and Support Worker staffing levels will be increased to levels recommended by Birth Rate Plus and Safer Childbirth.

The increase in Midwives and Support Workers will enable one to one care in labour, women to see the same midwife for at least 75% of her community visits and achieve improved breastfeeding rates and Baby Friendly status.

Additional senior and middle tier obstetricians will be required to meet NHSLA standards, Safer Childbirth recommendations and EWTD requests, let alone to deliver high quality medical care.

Additional anaesthetists and theatre staff are required to support 24 hour dedicated Consultant labour ward cover.

Recommended action

To move these proposals forward, it is recommended that:

- A business case be prepared for a midwife-led unit at Whitchurch or Market Drayton
- Enhancement of the midwife-led unit at Ludlow, together with plans for expanded children's centre services, be included in the business case for the development of the site as a social enterprise
- A business case be developed for improvements to maternity and neonatal facilities at the Royal Shrewsbury Hospital
- A workforce development plan be completed for midwifery, obstetrics and neonatal nurses

In addition, it is recommended that plans for the Re-designation of neonatal units in Shropshire, Staffordshire and the Black Country be reviewed to take account of our concerns about the impact on the current service at the Royal Shrewsbury Hospital.

*Find out more and have your say… t***o ensure that this strategy *makes sense clinically* and *makes sense to the communities we serve*. You can find out more from our website at www.ournhsinshropshireandtelford.nhs.uk Or by writing to: Developing Health and Healthcare, c/o Communications Team, The Shrewsbury and Telford Hospital NHS Trust, Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury SY3 8XQ. Or you can email communications@sath.nhs.uk**

Children's Health

Summary of our local clinical vision for a world class service

Here we summarise ideas for improving children's health in Shropshire, Telford and Wrekin over the next five years. The aim is to ensure that sick children receive world class services to restore and maintain their health, and that all children have opportunities to 'be healthy', in line with *Every Child Matters.*
In developing these ideas, local clinicians from Shropshire County and Telford and Wrekin have worked together with parents, carers, NHS, social care staff and other key partners.

In addition, they have drawn on the regional framework for children's health recently published by NHS West Midlands.
What has emerged is a suggested vision for delivering the highest possible quality of care. For the minority of children who require treatment in hospital, options are presented for further local investigation and debate.
We welcome your views, which will help us to continue to develop a local framework for health and health care in Shropshire, Telford and Wrekin.

Service improvement

To develop and improve our children's service, we are proposing the following, to make the healthcare we provide sustainable and of the highest quality possible.

- **Hospital at Home**
Hospital at home would be a nurse-led service with two main aims: avoiding admission to hospital and discharging children earlier. It would initially cater for children passing through the assessment services and the inpatient units. It would not replace existing inpatient facilities but will compliment them.
- **Outpatient services**
Outpatient facilities at the Royal Shrewsbury in particular need major improvement
- **The Assessment service**
We aim to provide a high quality assessment service that meets the diverse needs that are provided in the current service: routine work and emergency work,
- **Inpatient services**
Currently our high-dependency facilities only meet minimum requirements and there are no facilities for adolescent care. Also our paediatric surgery is currently split between two sites and consolidation of these services would allow us to concentrate all our expertise on one site. We also aim to improve our facilities for children with special needs and other specialist care services.
- **Transport**
If site reconfiguration occurs then transport requirements for patients, staff, and carers would need to be taken into consideration

Clinical Linkages

The most important factor in deciding the location of a single paediatric outpatient site is its relationship to the other clinical services that it uses.
The following services have been identified as having strong links with children's healthcare service.

General Paediatric and Emergency Surgery
Trauma
Anaesthetics
Ear, Nose and Throat (ENT)
Neonatology

Our aim is:
'To provide high quality children's healthcare that focuses on the needs of the child and is delivered at home, or as close to home as possible."

Pathways of Improvement in Children's health

Reasons for change

Changing clinical safety and sustainability
We face a real challenge in our recruitment and training requirements. Our consultants agree that our service is clinically safe but could be safer. There are concerns that if nothing changed there would be a serious risk to how we provide services, and in the cases of high quality specialist services with small patient numbers, e.g.neonatal units, there is a danger that these could be moved elsewhere.

Changing Service Development
We are committed to improving all our healthcare services for children. Centralisation of our services can help us to do this. The consolidation of our children's oncology service from two sites to a single site, for example, has allowed it to work closer with a specialist cancer unit at Birmingham Children's Hospital, reducing the need for many patients to travel to Birmingham for their treatment.

Changing needs
The nature of illness in children is changing. There is now much less in the way of acute infection in children's wards and survival rates are increasing for chronic diseases and conditions. More children are also being sent home for nursing treatment such as tube feeding or ventilation. This all means that our service levels have changed drastically over the last few decades allowing us to rethink our services.

Changing European Working Time Directive (EWTD)
Previously, junior doctors worked an average of 74 hours a week, but EWTD means that from August 2009 they should not exceed 48 hours. Therefore we need to employ more doctors to provide 24 hour cover and support medical training. Most junior grade doctors are recruited in training posts but since the number of training posts is also being reduced, recruitment becomes harder.

Pathway of Improvement

Here, we set out the four options for service configuration in detail. It is important to remember, however, that the service is not just about what happens in hospital. Many sick children can now be cared for in their own homes. It is therefore vital that we strengthen the community-based services that support children and their families in this way, which is why we are advocating the development of a new 'hospital at home' initiative to be provided by an expanded community nursing service.

*After consultation with staff and public, a common theme has emerged regarding the options below, in that they can be viewed as a pathway of improvement for children's health care rather than standalone options - **Option One** being where we are now, with **Option Four** representing our possible vision for 2020.*

Option One	Option Two	Option Three	Option Four
TWO Assessment Services & TWO Inpatient Units	**TWO Assessment Services & TWO Inpatient Units & Hospital At Home**	**TWO Assessment Services & ONE Inpatient Unit & Hospital At Home**	**ONE Assessment Service & ONE Inpatient Unit & Hospital At Home**
		Sub Options: **PRH** **RSH**	***Sub Options:*** **PRH** **RSH** **'New Site'**

*Find out more and have your say …*to ensure that this strategy ***makes sense clinically*** and ***makes sense to the communities we serve***. You can find out more from our website at **www.ournhsinshropshireandtelford.nhs.uk** or by writing to **Developing Health and Healthcare, c/o Communications Team, The Shrewsbury and Telford Hospital NHS Trust, Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury SY3 8XQ**. Or you can email **communications@sath.nhs.uk**

Planned Care

Summary of our clinical vision for a world class service

Here we summarise ideas for improving planned care in Shropshire, Telford and Wrekin over the next five years. The aim is to ensure that patients receive a world class service.

In developing these ideas, local clinicians from Shropshire County and Telford and Wrekin have worked together with service users, carers, NHS and social care staff and other key partners. In addition, they have drawn on the regional framework for planned care recently published by NHS West Midlands.

What has emerged is a suggested vision for delivering the highest possible quality of care, with emphasis on moving services from secondary to primary care so that most patients have less far to travel and do not have to attend hospital for what they need. We have also given specific examples of how this would work in a number of key specialties. These ideas draw heavily on our interim work earlier this year. We welcome your views, which will help us to continue to develop a local framework for health and healthcare in Shropshire, Telford & Wrekin.

Key elements of our proposed pathway

A fundamental aim of these proposals is that, wherever possible, there should be a shift away from providing planned care in hospital and a shift towards providing it in primary care.
In addition, we want to bring about a closer integration of services. That means hospital and primary care services working more closely together to ensure that patients receive diagnosis and treatment at the right time, in the right place from the right person.
In changing the model of planned care in this way, we aim to:

- make it easier for patients to navigate their way through the services they need;
- reduce travelling distances and times for diagnosis and treatment by providing more conveniently located services closer to where patients live and work;
- provide faster, more efficient services, with shorter waiting times at each stage in the pathway;
- develop new clinical roles to enable staff to provide a better service and enhance their career opportunities;
- use available clinical and other resources more effectively, reduce reliance on acute hospital care and increase the range of non-acute settings where care is provided.

A generic pathway for delivering planned care in the future

Patient attends GP practice

Integrated Care Services

Menu of options
- Choose and Book
- Diagnostics
- Advanced Primary Care
- Other new services
- New Outpatient Appointments

Follow up outpatient appointments ↔ Inpatient stay ↔ Follow up outpatient appointments

Issues:
- Access to GP

Issues:
- Access to quick diagnosis
- Training in reporting and interpreting results
- Access to therapy services
- Services closer to home
- Patient information and communication
- Integrated care
- Capital and facilities
- Access protocols
- Quality of care
- Discharge summary

Issues:
- Risk of infection
- Pre-operative assessment in primary care
- As short a stay as possible
- Access to equipment
- Clean ward
- Basic nursing care
- Delayed discharges

Action needed to apply our proposed model in four key specialties and medical outpatients

Integrated dermatology care services

This would entail open access to dermatology services in primary care and community settings across Shropshire, Telford and Wrekin, with specialist advice being provided online and the use of digital camera imaging to aid diagnostics.

To deliver the new model, it would be necessary to appoint an additional dermatology consultant and GP with a special interest in this field. Investment in equipment would also be required.

Planned shift in proportions of dermatology work undertaken in secondary and primary care:

	2008	2012/13	2020
Primary care	10%	50%	90%
Secondary care	90%	50%	10%

Integrated urology care services

This would entail open access to urology services in primary care and community settings across Shropshire, Telford and Wrekin, with specialist advice accessible online and specialists also available at the point of care. The new model could be implemented through enhanced training of existing nurse specialists and the appointment of a GP with a special interest in this field.

Planned shift in proportions of urology work undertaken in secondary and primary care:

	2008	2012/13	2020
Primary care	0%	40%	70%
Secondary care	100%	60%	30%

Integrated musculoskeletal care services

This would entail open access to musculoskeletal services in primary care and community settings across the county, with specialist advice available online and patients attending a 'one stop shop' designed to meet as many of their needs as possible.

To deliver this new model, investment is required in additional musculoskeletal specialists, a specialist in rehabilitation medicine and a rheumatology specialist.

Planned shift in proportions of musculoskeletal work undertaken in secondary and primary care:

	2008	2012/13	2020
Primary care	10%	30%	50%
Secondary care	90%	70%	50%

Integrated neurology care services

This would entail open access via a 'one stop shop' to neurology services in primary care and community settings across the county, with specialist advice available online and specialists also available at the point of care. The new model could be implemented through enhanced training of existing nurse specialists and the appointment of a GP with a special interest.

Planned shift in proportions of neurology work undertaken in secondary and primary care:

	2008	2012/13	2020
Primary care	0%	30%	95%
Secondary care	100%	70%	5%

Medical Outpatients

Part of our proposed strategy involves moving as much medical outpatient work as possible from secondary to primary care. This, we believe, can be achieved by a combination of workforce training, specialist nurses working in the community and timely access to specialist advice.

To deliver this new model, investment is required in facilities, diagnostics (EEG and CT scanning), information technology and the appointment of a GP with a special interest in this field.

Planned shift in proportions of medical outpatient work undertaken in secondary and primary care:

	2008	2012/13	2020
Primary care	0%	70%	90%
Secondary care	100%	30%	10%

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Mental Health

Summary of our local clinical vision for a world class service

Here we summarise ideas for improving mental health services throughout Shropshire, Telford and Wrekin over the next five years, as well as setting out a longer-term vision for what needs to be done between now and 2020 to ensure that local residents are receiving 'world class' care. In developing these ideas, local clinicians from Shropshire County and Telford and Wrekin have worked together with service users, carers, NHS and social care staff and other key partners. In addition, they have drawn on the regional framework for mental health recently published by NHS West Midlands. What has emerged is a suggested vision for promoting good mental health in our communities, and for how we can deliver the highest possible quality of mental health care and support to those who need it. We welcome your views, which will help us to continue to develop a local framework for health and healthcare in Shropshire, Telford and Wrekin.

Key elements of our 2020 Vision

Our 2020 vision is based on the principle that **'there is no health without mental health'**. In other words, mental well-being is an integral part of general well-being – so much so that it should be a concern of all health and public services. To ensure good mental health, we believe there should be:

- greater emphasis on health promotion and prevention;
- a shift towards providing more mental health services in primary care and reducing hospital admissions;
- early identification of signs that an individual is suffering from mental distress;
- easier and more equal access to services for people throughout Shropshire;
- greater consistency in the way services are provided across the county;
- a strong focus on the recovery model of care and on getting people back into education, training, work and living fulfilling lives in their communities;
- effective management of mental illness coupled with a focus on the 'positive' that ensures people have the right life and communication skills coupled with a sense of self-esteem and worth;
- a single point of access into specialist mental health services;
- better co-ordination of mental health care and better liaison between GPs, primary care teams and specialist services;
- a step by step pathway for ensuring access to psychological therapies.

As the diagram shows, our aim is to increase people's awareness and understanding of mental health and mental illness. This, we hope, will lead to reduced stigma associated with mental health problems at the same time as promoting greater social inclusion.

Using this vision as our guide, we have developed a mental health clinical pathway for the effective management of illness.

The pathway is based on person-centred, individualised assessment of needs leading to evidence-based treatment and care. People presenting with mental health needs may be referred, as appropriate, to support services in the community or to specialist services. Those recovering from an acute episode of mental illness need the right level and type of ongoing support to enable them to resume their lives as fully as possible. The idea is that they should recover sufficiently to be able eventually to sustain that recovery without the need for specialist support.

Working with media and marketing to raise general awareness of protective forces and risk factors

Using educational approaches to promote and extend knowledge and availability of skills for mental health and well-being

Reduced stigma and increased social inclusion Developing understanding of mental health and mental illness

Effective management of illness

Early responses and identification of distress

Implementing our 2020 vision

Adult Mental Health Inpatient Services

Our aim: To reduce the number of admissions to inpatient services by one third and develop a range of alternatives to hospital. This could be achieved by making best use of units such as Castle Lodge in Telford and Oak Paddock in Shropshire County, and by community teams supporting more people in their own homes.

Expected outcomes: If this strategy is pursued, it would mean the number of acute adult inpatient beds at Shelton Hospital being reduced from 69 to 46. At the same time, there would be a significant increase in the number of contacts that people with mental health problems have with community-based services.

Benefits: Greater choice for service users, with care provided 'closer to home' in the least restrictive environment consistent with their needs. Improved clinical outcomes and fewer people requiring long-term care in an inpatient setting. Increased support for staff working in the community.

Primary Care

Our aim: To deliver more mental health services in primary care settings and to ensure that those services are integrated with other health services, so that patients benefit from a more holistic approach to meeting their needs.

Expected outcomes: A 75% expansion of mental health services provided in primary care, with the voluntary sector playing a key part. An increase in the number of people receiving psychological therapies.

Benefits: A wider range of treatments and support available to patients through primary care, including nursing, counselling, cognitive behavioural therapy, social support and housing. Fewer people being referred to secondary services. A reduction in the stigma associated with mental illness. Improved chances for service users seeking to get back into work.

Older People - Dementia Services

Our aim: To meet the mental health needs of older people during a period when it is estimated that the numbers potentially requiring care and treatment for dementia will rise by 45%. This will require alternative forms of support to be developed outside hospital.

Expected outcomes: A reduction by one third in the number of older people admitted to inpatient services for dementia care.

Benefits: Greater choice for service users, with care provided closer to their homes and increased support for the families and carers of older people.

Psychological Therapies

Our aim: To develop a stepped model of services so that individuals experiencing mental distress can access the psychological therapies best suited to their individual needs.

Expected outcomes: More service users, including older people, being able to access psychological therapies.

Benefits: Reduced waiting times. Improved clinical outcomes. Fewer inappropriate admissions to hospital.

Emerging Diagnoses

Our aim: To meet the specific needs of people diagnosed with personality disorder, autistic spectrum disorder and alcohol or drug dependency.

Expected outcomes: Development of new services that will more effectively meet the needs of individuals and their families. Support provided in future by a network of professionals rather than by a single member of a team

Benefits: Care provided closer to people's homes. Fewer inappropriate and 'out of area' admissions. Reduced dependency over time on mental health services.

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Getting Healthy, Staying Healthy

Summary of our clinical vision for a world class service

Here we summarise ideas for helping people of all ages in Shropshire, Telford and Wrekin to get healthy and stay healthy.
In developing these ideas, local clinicians from Shropshire County and Telford and Wrekin have worked together with service users, carers, NHS and social care staff and other key partners. In addition, they have drawn on the regional framework for staying healthy recently published by NHS West Midlands.

What has emerged is a suggested vision for the best ways of preventing disease and promoting health over the next five years and beyond.

We welcome your views and comments, especially on the options for future hospital care, to help us to continue to develop a local framework for health and health care in Shropshire, Telford and Wrekin.

Key elements of our proposed pathway

By 2020, we want people in Shropshire, Telford and Wrekin to be ‘fully engaged’ in promoting and maintaining their own health. To achieve this, we aim to ensure that:

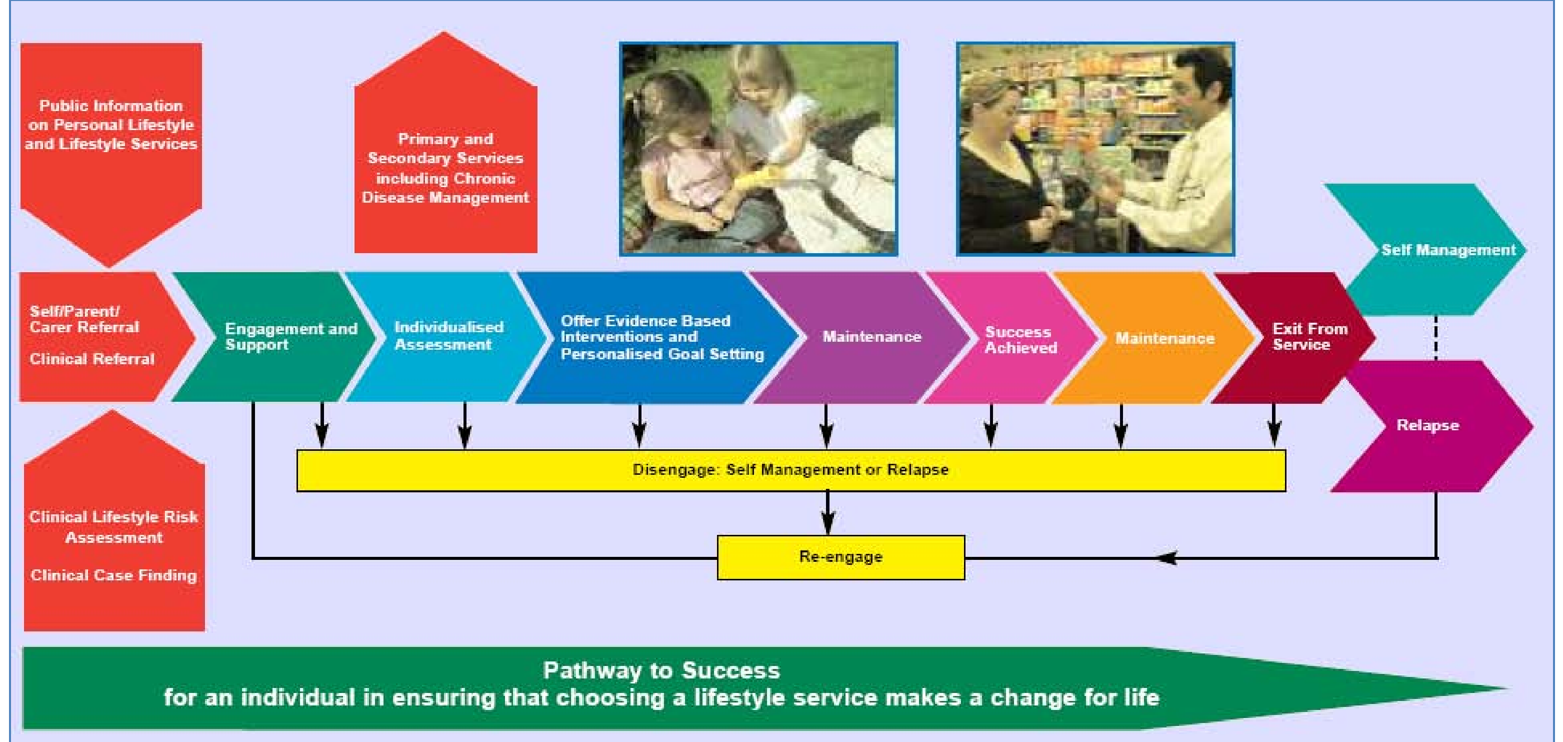
- more people are actively seeking to change their behaviour in ways that will improve their quality of life, prevent disease and help them live longer;
- health professionals and the public have become truly‘equal partners’ in promoting health

Our approach recognises that personal lifestyles are responsible for many people’s health problems and that there is enormous scope for reducing the risks of disease by helping people to change their lifestyles.

To bring about significant health improvements, we believe that there must be effective partnerships between the NHS and the other organisations whose activities also have a major influence, including housing services, education and employers. Our model for ‘getting healthy and staying healthy’ is based on:

- improving public information on the importance of lifestyle changes to health and how to access the necessary help, advice and support in making those changes;

- developing personalised services that address the specific needs of individuals



Proposed action to tackle our four 'priority areas'

Smoking Cessation

Smoking remains the biggest single cause of death and illness. Yet 70% of smokers say they want to quit and 80% wish they had never started. To build on the success of the county-wide *Help 2 Quit* service, we propose to:

- increase availability of stop smoking services by providing them in a wider range of accessible venues, including pharmacies and workplaces;
- train all frontline health and allied professionals in stop smoking interventions;
- appoint stop-smoking support workers to help 'high risk' groups to stop;
- create opportunities for former smokers to act as 'champions' of the stop smoking service and provide volunteer support to others who are trying to stop;
- appoint specialist co-ordinators to target young people and pregnant women;
- expand the role of hospital-based stop smoking nurses to help reduce the risks of complications among smokers who require surgery.

Weight Management

Obesity is rising, bringing with it increased risks of heart disease, cancer and type 2 diabetes. To help tackle the problem in Shropshire, Telford and Wrekin, we propose to:

- train our frontline workforce to promote greater awareness of the health consequences of obesity and to provide weight management services for children, young people and adults;
- launch initiatives to address the fact that a significant proportion of excess weight in children is gained before they reach school age;
- develop the role of school nurses in preventing obesity in children;
- provide weight management services in a variety of convenient locations, including schools, workplaces and pharmacies;
- target people from disadvantaged backgrounds, possibly through the use of 'community weight management champions' to get key messages across, raise awareness and encourage individuals to seek help and support

Addressing Alcohol Misuse

An increasing number of people are drinking above recommended safe limits, with a consequent rise in alcohol-related health problems. Alcohol consumption by young people in Telford and Wrekin is relatively high compared with national figures. To reduce the risks associated with alcohol misuse, we propose to:

- increase public awareness about the risks of drinking too much too often;
- undertake training of NHS staff to improve early identification of alcohol misuse;
- develop the role of the school nursing workforce to help deliver alcohol education to children and young people;
- provide information and help in a wide range of accessible venues in the community;
- work with hospital A&E departments to signpost individuals attending with alcohol-related problems to services that can help them;
- develop services for 'dependent drinkers', including specialist help to support home detoxification.

Breastfeeding

To encourage mothers to breastfeed, we will:

- encourage hospitals and community health services to adopt UNICEF *Baby Friendly Standards*; develop peer support services so that mothers can receive encouragement from others who have tried and succeeded;
- undertake public campaigns to promote breastfeeding and increase awareness of the benefits;
- provide training to health professionals so that they can support mothers in trying to breastfeed their babies and in sustaining their efforts once they have started;
- further develop local schemes to encourage the owners and managers of premises to become 'breastfeeding friendly'.

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Long Term Conditions

Summary of our clinical vision for a world class service

Here we summarise ideas for helping people of all ages in Shropshire, Telford and Wrekin to get healthy and stay healthy.
In developing these ideas, local clinicians from Shropshire County and Telford and Wrekin have worked together with service users, carers, NHS and social care staff and other key partners. In addition, they have drawn on the regional framework for staying healthy recently published by NHS West Midlands.

What has emerged is a suggested vision for the best ways of preventing disease and promoting health over the next five years and beyond.
We welcome your views and comments, especially on the options for future hospital care, which will help us to continue to develop a local framework for health and health care in Shropshire, Telford and Wrekin.

Key elements of our proposed pathway

In line with the feedback we received from patients, as well as the recommendations of the regional clinical group on long term conditions, we want to:

- develop a system where people are willing and able to take responsibility for their own health
- help and support people in understanding how to use the best information and advice to manage their condition
- ensure that people are cared for closer to their own homes by the right professional with the right skills
- provide integrated health and social care that is adaptable to patients' needs ensure that the care provided in the acute sector is more versatile, and that much of it is delivered in future in community settings rather than in hospital.

Patients told us that they want to be seen and treated as a whole person, not as a disease. They want better information about their diagnosis and the options available to them. They also want better co-ordination of services. Our model seeks to respond to these hopes and aspirations.

There are many benefits for patients from our proposed pathway, including easier access to care, greater choice, improved continuity and, importantly, shared decision making between patients and the staff who support them.

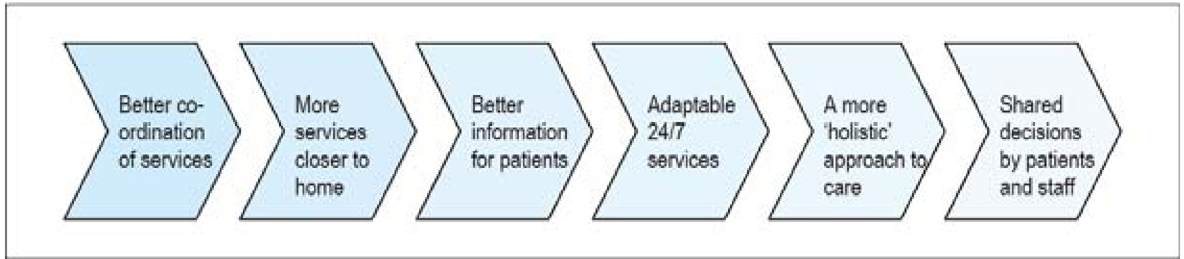
Other aims include an increased emphasis on prevention, earlier diagnosis of conditions and more individualised treatment plans once a diagnosis has been confirmed.

Care will also be more holistic, addressing not only patients' physical needs but also their emotional and cultural needs.

We recognise the importance of equipping and supporting staff to play their full part in delivering the care pathway we propose. This involves:

- strengthening partnership working to enable the safe delivery of care closer to patients' homes
- ensuring that 'gold standards' are used by all members of the multidisciplinary team, particularly in addressing the most complex cases
- training staff to deliver services in primary care and in a range of community settings
- improving communication between health and social care staff
- developing a flexible workforce that is available to support patients 24 hours a day.

On the reverse side of this summary, we highlight some proposed actions in six priority areas between 2008 and 2012.



Proposed action to tackle our four 'priority areas'

Six Priorities for Long Term Conditions

Diabetes

We propose to develop specialist diabetes disease teams aimed at providing integrated care.

The 24/7 service would seek to:

- detect and diagnose diabetes quickly in primary care to ensure that the condition becomes controlled as soon as possible
- prevent hospital admissions and length of stay in hospital caused by a loss of blood glucose control and/or complications arising from it
- speed up discharge from hospital where admission had proved unavoidable.

Heart Failure

We propose a model of community-based diagnosis and management of heart failure that enables more patients to receive care and support closer to where they live rather than in hospital. Provided by nurses with input from doctors and diagnostic technicians.

The service would aim to:

- improve co-ordination between primary and secondary care
- reduce avoidable hospital admissions and recurrent hospital stays

Respiratory Disease

We propose a 24/7 community-based respiratory disease service that provides screening, investigations pulmonary rehabilitation, oxygen assessment, nebuliser services and support to patients who need advice and help to stop smoking.

The service would aim to:

- enhance patients' independence and ability to function as normally as possible
- provide more accessible care and reduce hospital admissions.

Stroke

We propose a model of early supported discharge for people following acute stroke. Provided by teams of nurses, therapists and doctors.

The service would seek to:

- enable patients to undergo rehabilitation in community settings rather than in hospital
- help patients to regain their independence and remain in their own homes.

Dementia

We propose to develop a service that supports people with dementia and their carers through early identification and intervention.

The service would aim to:

- Increase public and professional awareness of dementia and reduce the stigma attached to it
- Provide good quality early diagnosis and intervention
- Improve the quality of care provided in a primary and secondary environment

Alcohol Misuse

We propose to develop a service that provides early identification and intervention of alcohol misuse and works to actively reduce alcohol consumption and the number of people who become alcohol dependent.

The service would aim to:

- Reduce unscheduled hospital admissions
- Reduce repeat presentations at accident and emergency departments

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Acute Care

Summary of our local clinical vision for a world class service

Here we summarise ideas for improving acute care in Shropshire, Telford and Wrekin over the next five years. The aim is to ensure that patients receive world class services and that they are treated in the right place and by the right clinicians for their particular condition and needs.
In developing these ideas, local clinicians from Shropshire County and Telford and Wrekin have worked together with patients, NHS and social care staff and other key partners. In addition, they have drawn on the regional framework for acute care recently published by

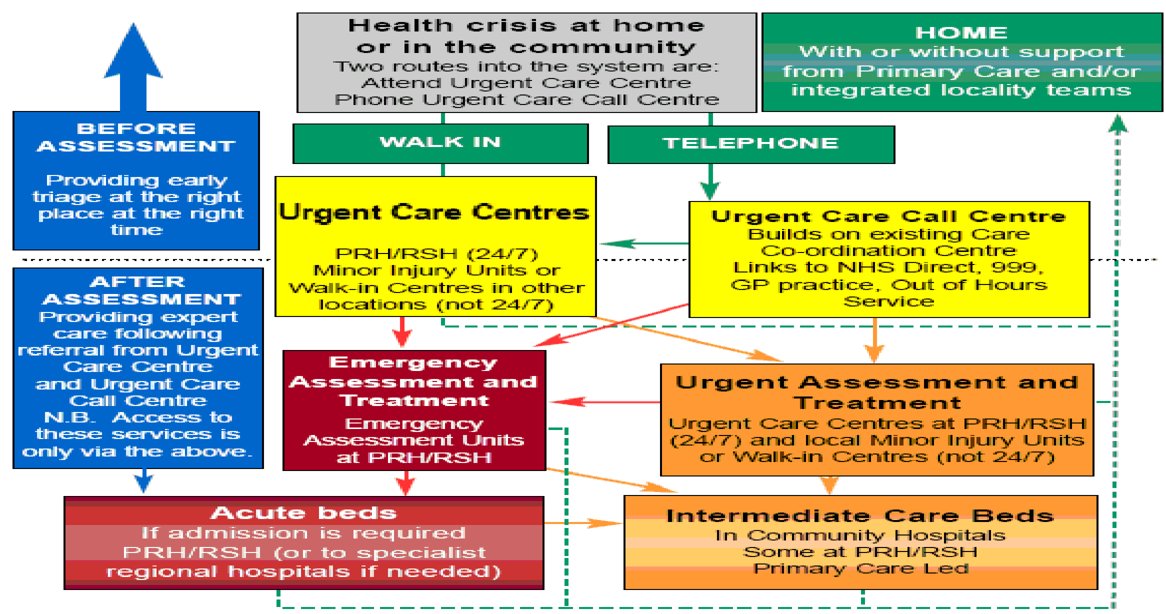
What has emerged is a suggested vision for delivering the highest possible quality of care.
This vision emphasises easy access to conveniently located services within a well integrated system that avoids unnecessary delays. It also focuses on preventing patients' health problems from becoming 'emergencies' wherever possible.
We welcome your views, which will help us to continue to develop a local framework for health and health care in Shropshire, Telford and Wrekin.

Key elements of our propose pathway

Patients with urgent or 'acute' care needs say they want reassurance, prompt attention, and effective and timely care. They also want to avoid being passed from one service to another and would like their GP to be kept informed.
Many people find the current system confusing. If they are not sure where to go for help, or if a service they need is not immediately available, they go to an accident and emergency department (A&E) or ring 999 by default. We are proposing a model that both satisfies the needs and expectations of patients and reduces inappropriate use of hospital A&E departments and unnecessary admissions.
Our aim is to enable patients to be seen in a primary care or community setting wherever possible, so that only those who
require high level specialist care come to hospital.
The new model will operate 24 hours a day, 365 days a year.
It will be both simple and seamless for patients, with urgent and emergency care based on clinical need.

Importantly, the service will be very much a partnership between acute hospitals, GPs, primary and community care, the ambulance service and local authorities.
In future, there will be a 'triage service' at every point of access to emergency and urgent care in Shropshire, Telford and Wrekin.
Delivering the 'triage' will be our proposed Urgent Care Centres (UCCs), which will be integrated with access to more acute hospital-based services. The UCCs will fall into two categories:

- 24/7 services integrated with the two A&E departments at the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital
- Daytime UCCs with limited opening hours. In Shropshire PCT, these will form part of the current Minor Injury/Illness Units at Ludlow, Bridgnorth, Whitchurch, Bishop's Castle and Oswestry. In Telford and Wrekin, a UCC will be located in a new health centre being developed in Telford, which will have walk in facilities.



Implementing our 2020 vision

Establish Urgent Care Centres at Princess Royal Hospital and Royal Shrewsbury Hospital plus Urgent Care Call Centre

This would involve developing two new Urgent Care Centres (UCCs) integrated with the A and E service at Royal Shrewsbury and Princess Royal Hospitals to direct patients to the most appropriate service for treatment.
Assessment of patients' needs at UCCs will be undertaken by an appropriate healthcare professional, who will give advice and, if required, refer patients on to A&E, their GP out of hours service or their GP for a routine appointment.
The UCCs will bridge the gap between primary and secondary care, reduce A&E waiting times, advise patients on self care and ensure a more consistent approach to meeting urgent care needs. This model will also help to ensure that clinical expertise is used in a better way to meet the needs of patients.

Develop rapid turn-around Acute Assessment Units at Princess Royal Hospital and Royal Shrewsbury Hospital

This would involve enhancing both hospitals' existing acute assessment units (AAUs). Within 24 hours of patients being referred to the AAUs, they will either be admitted to a specialist ward in the hospital, referred to another care facility or discharged home.
Essential features of the AAUs will include their ability to take patients at very short notice, access to improved radiology services, ability to refer to specialty ward beds, and a mix of medical staffing to meet the variety of acute health needs of patients using these services.
Benefits for patients include:

- early diagnosis leading to a safe management plan;
- improved care by more senior medical staff; and
- reduced time in hospital

Establish an integrated team at the hospital 'front door' and in the Acute Assessment Unit to follow patients through the pathway

This would involve establishing a team comprising nurses, therapists, social workers, consultants in elderly care and drug and alcohol workers who will:

- be available 24 hours a day and liaise closely with the Care Co-ordination Centre, out of hours services in the community and the hospital discharge team;
- follow up patients who need to be admitted to hospital to ensure that they are supported to return home or are referred to another facility as soon as clinically appropriate.

Develop care pathways for all common conditions so that patients move through the system smoothly and appropriately

This would start with a review of the existing clinical pathways for the conditions that currently account for the highest levels of A&E attendances and admissions to acute hospital services.
The project would look specifically at the staffing and skills needed to meet patients' needs in the safest, most effective and efficient way.

Other Key Tasks

- Examine the financial and other implications of shorter lengths of stay in hospital for patients with less complex conditions, balanced by a greater inpatient focus on patients with the highest levels of clinical need who are more costly to treat than average.
- Also examine the financial and other implications of establishing the new Urgent Care Centres at the Princess Royal Hospital and Royal Shrewsbury Hospital.
- Develop and expand the Care Co-ordination Centre to create a single point of access to the system.
- Examine the implications of the new model for staffing, information, IT and diagnostic equipment.
- Take account of service reconfiguration possibilities at the Royal Shrewsbury Hospital and Princess Royal Hospital sites.
- Link up with other projects for the redevelopment of Ludlow Hospital and the development of new GP surgeries.

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End of Life Care

Summary of our clinical vision for a world class service

Here we summarise ideas for improving care at the end of life in Shropshire, Telford and Wrekin over the next five years. The aim is to ensure that people receive the highest quality care during the final stages of their life. In developing these ideas local clinicians have worked together with service users, carers, NHS and social care staff and key partners including the Severn Hospice and other voluntary organisations. They have drawn on the regional framework for End of Life Care published by NHS West Midlands and the National End of Life Care Strategy published by the Department of Health in July 2008. What has emerged is a suggested vision for delivering the high quality care and support that patients and their carers need when they are nearing the end of their life, at the time of death and afterwards, whatever their diagnosis and in whatever setting they may be.

Key elements of our proposed pathway

In line with the feedback we received from patients, as well as the recommendations of the regional clinical group on end of life care, our priorities are to:

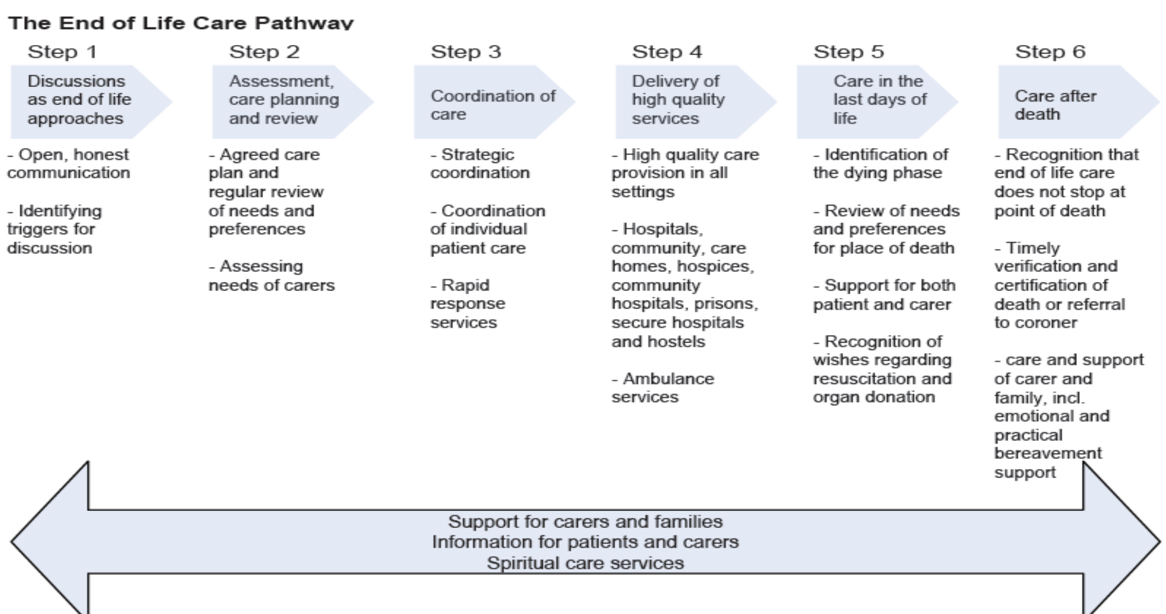
- ensure that patients are treated with dignity and respect at all times
- ensure they have appropriate treatment to control their pain and other symptoms, so that they are as comfortable as possible.
- offer patients information and choice over their care and where they die
- ensure that patients are cared for in supportive environments and are in the company of close family and/or friends at the time of their death wherever possible

Our aim is to extend best practice to ensure high quality care is available to all patients, whatever their diagnosis, wherever they may be and according to need. We hope to redress the fact that currently most people die in hospital although the majority would prefer to die at home. To achieve this we need to address a number of key challenges.

These include

- the perception of dying as a medical failure, making it difficult for clinicians to have open and honest discussions with patients who are approaching the end of life.
- lack of information for patients and poor communication between care sectors
- lack of 24 hour coordinated care services in the community
- variable levels of knowledge and skills among health and care professionals involved in caring for people at the end of life
- the projected rise in the numbers of elderly over the next 25 years, coupled with a lack of availability of carers, both informal and paid.

Progress has already been made in implementing the Gold Standards Framework in GP practices, the Liverpool Care Pathway across all care settings and both of these initiatives in some care homes. But much more remains to be done to achieve a fully coordinated service. The reverse of this summary highlights key actions for 2008 till 2012.



Proposed action to tackle our four 'priority areas'

Ensure that our commissioning strategy meets the needs of the population

We propose:

To revise the existing Shropshire, Telford and Wrekin palliative care strategy to take account of the National End of Life Care Strategy (July 2008), The NHS West Midlands report 'Investing for Health' (May 2008) and the Shropshire, Telford and Wrekin End of Life Care baseline review (January 2008).

To include the needs of young adults in transition from children's palliative care services and other vulnerable adults in commissioning services.

To consider options and develop a model for a 24 hour coordinated approach to care through joint commissioning of health and social care services and involving all relevant care providers including the voluntary and independent sectors.

- Optimise the use of existing services for example Integrated Palliative Care Scheme (Hospice at Home and Marie Curie)
- Consider central coordination of services to ensure better access and seamless care for patients
- Emphasis on the development of the key worker role for individual patients
- Ensure availability of 24 hour care and support in community settings
- Ensure adequate medical support out of hours either through quality assured service specifications for GP out of hours care or a specialist on call GP rota through the OOH provider.

To establish a consistent approach to education and standards in end of life care across the whole health economy including primary care, the acute sector, care homes and the voluntary sector, and to include standards for social care provision through agency staff.

- Expand the GPwSI role to develop close clinical links between the hospice-based specialist service, primary care, acute trusts, community hospitals and the independent care home sector.
- Develop quality standards within service specifications for all end of life care services

To use the results of clinical audit and service user feedback to inform future service development

Extend use of the End of Life Care Tools in Shropshire, Telford and Wrekin

A team of end of life care co-ordinators are working alongside health professionals across all settings. Together, they will maintain and increase the momentum of recent service improvements resulting from the introduction of the Gold Standards Framework, Liverpool Care Pathway and other key tools.

Through this initiative we are looking for four key outcomes:

- Increasing the numbers of patients achieving choice in treatment options and place of death
- Increasing deaths in community settings by at least 14% by 2012/13
- Reducing the number of admissions to hospital for end of life care
- Improving the quality of end of life care experience for patients and carers

Patients in all settings will be offered information about the options available to them and will be given the opportunity to state their preferences for end of life care by using the *Preferred Priorities for Care* document.

Overall, this will give patients and their families greater responsibility for and control over the process of dying and death. NHS staff will develop their skills and confidence in identifying and intervening appropriately with end of life care patients.

*Find out more and have your say …*to ensure that this strategy ***makes sense clinically*** and ***makes sense to the communities we serve***. You can find out more from our website at **www.ournhsinshropshireandtelford.nhs.uk** or by writing to **Developing Health and Healthcare, c/o Communications Team, The Shrewsbury and Telford Hospital NHS Trust, Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury SY3 8XQ**. Or you can email **communications@sath.nhs.uk**

7. BUILDING CAPACITY IN PRIMARY CARE

The Models of Care developed by the Pathway Development Groups project a considerable shift into community and primary care settings. This change will require a significant development of capacity in primary and community care as well as closer collaboration with social care and the voluntary and independent sectors. The change will also have implications for the acute sector in terms of transfer of skills, changing roles of the specialist and financial challenges.

The CLF has identified five key areas where primary and community care needs to be strengthened in order to support the models of Care. These are:

- care coordination and navigation;
- diagnostics
- the workforce;
- information technology; and
- the estate.

7.1 Care Coordination and Navigation

A key issue that was common to many of the Pathway Development Groups was the need to address navigation and care coordination for patients across the healthcare system. At an early stage of the discussions, it was agreed to link this approach for adults with the 'Putting People First' projects in both Social Care Systems. In Adult Social Care, World Class Commissioning is matched by an equivalent initiative called Putting People First which as a central theme around personalisation of services that will enable people to exercise choice and control over the way that care is provided, where possible within the person's own home. New concepts such as brokerage, enablement and provider development are part of this agenda.

The development seeks to benefit health and social care professionals as well as patients, carers the voluntary and independent sector. The overall goal of the project is to provide a **Single Point of Access** for information, advice and navigation to what, where, how and which services are appropriate in health and social care

"Nobody drops the care of the caller until they pass the baton of care"

A project team will be established to take the project forward and will include representatives from the NHS organisations, social care, the voluntary sector and patient and carer representatives.

7.2 Integrated Diagnostics

Across the health economy there is a lack of consistency with regard to what services patients receive and where. For example, many patients can have blood taken within the practice, whilst others have to travel to the Royal Shrewsbury or Princess Royal Hospitals. Some patients can have a plain film x-ray Monday to Friday at one community hospital but not at another. There are also inconsistencies in the level of direct access that GPs have to certain imaging services. For example, some GPs have direct access to MRI (i.e. not having to refer via a consultant) whilst the majority do not. This lack of consistency and gaps in service provision present a major constraint on moving care closer to home.

The principles that have been adopted in developing the plans for diagnostic services are:

- to promote independence by providing equitable health at home or as close to home as possible, whenever this is clinically safe , clinically effective and affordable;
- to continue to develop clinically appropriate alternatives to hospital admission, so that patients are only admitted when their needs cannot be met outside hospital;
- to deliver enhanced access to diagnostic services, without the need for hospital-based out-patient or in-patient assessment;
- to develop clinical pathways and discharge arrangements which facilitate early yet safe hospital discharge.

Diagnostic provision within the health economy spans primary, community and secondary care and for ease of description is broken down into two areas. These are:

- access to diagnostics, that is the generation of a request (for a blood test, x-ray, scan etc);
- intervention or procedure (actual phlebotomy or patient undergoing a ultrasound scan).

Table 11 below identifies the current and future diagnostic service in terms of access and intervention.

A Steering Group has been established to take this work forward. The Group includes membership from the four statutory NHS organisations. Consideration is also being given to the inclusion of non-statutory involvement such as Shropdoc and local independent providers.

Table 11: Present and Proposed Pattern of Diagnostic Service Delivery

	GP/primary care		GP led health centre		Community hosp/team		Secondary care	
Imaging	**Access**	**Intervention**	**Access**	**Intervention**	**Access**	**Intervention**	**Access**	**Intervention**
Audiology								
Barium enema								
Echocardiography								
Electrophysiology								
Colonoscopy								
CT								
DEXA								
Flexi sigmoidoscopy								
Gastroscopy								
MRI								
Neurophysiology								
Non-obstetric ultrasound								
Resp - sleep studies								
Urodynamics								
Plain film x-rays								
PET scan								
Pathology								
Blood gases								
FBC, U&E, LFTs								
INR								
Near patient testing								

Present and Future Service

Present Service

Future Service

7.3 Workforce

Developing and implementing the Models of Care developed by the PDGs requires a coordinated approach to workforce planning and development. A framework to enable and support the workforce planning and implementation of the Local Health Economy Review has been developed based on an assessment of the PDG proposals. As a result of this work the following are being developed:

- a coordinated approach to the development of an integrated workforce and the workforce aspirations identified by each PDG;
- new roles and service requirements to support the workforce aspirations of the PDG work plans;
- the development, education and learning needs to support new roles and service delivery;
- initial financial scoping in relation to controls and workforce activity.

The workforce aspirations include a vision to 2013 and outline the main workforce developments and improvements that will be needed over the next five years.

The key influences on the workforce strategy include:

- developing a flexible, adaptable workforce that is capable of sustaining continuous service improvement in order to deliver effective and efficient healthcare;
- modernising healthcare careers to maximise benefits for patients, staff and employers of a competence-based workforce;
- providing quality healthcare, while maximising value and productivity;
- extending and enhance skills of existing staff and teams at all levels on the career framework and develop new roles enabling healthcare to be provided in different settings;
- realising the benefits of Agenda for Change, the KSF and the consultant contracts;
- developing capable leaders, both clinical and non-clinical, at all levels within the NHS as a key priority for future health care.

Each PDG considered future skills needs, opportunities for joint/multi-agency working, new/changed roles, perceived skill gaps and training required. For each of these factors, a view was taken at each stage of the patient journey. These included prevention and early detection, primary and community care, secondary/specialist care and continued supportive care. The future needs for each PDG were assessed[13]. In summary the main cross-cutting learning and development implications identified by the PDGs are:

[13] These are detailed in the Workforce Project Report and summarised in the report on 'Building Capacity in Primary Care'

- there is a need to identify and assess psychological and mental health needs of patients in the different pathways;
- the workforce requires skills for the early detection of individuals at risk of developing conditions;
- the workforce needs to engage with individuals in personal health and lifestyle choices and personal health and influencing behavior;
- the workforce needs additional specialist and generalist skills and roles in primary and community settings;
- effective triage needs to be further implemented within the pathway;
- the workforce needs to engage with social care and voluntary sector staff in common and integrated training programmes;
- PCT funding needs to be identified to further increase workforce volume and capacity.

The development and learning requirements will be further analysed and confirmed by the future work forming part of a West Midlands SHA Project 9 to develop a full workforce transformation plan. It is planned that the findings within this report will be taken forward and developed into an integrated workforce transformation plan for the Local Health Economy, within the framework of Investing for Health Project 9.

7.4 Information Technology

Taking care closer to home has implications for information technology as a result of the wider range and volume of services being provided in community settings, and the increased number of locations. The following areas have been identified as key to supporting care closer to home:

- Order Communications – the systems in place and being developed should enable tests to be ordered and results to be reported;
- PACS – currently PACS is available in three of the four community hospitals. It is proposed to roll this out to all community hospitals;
- GP systems – there is a need to improve data capture in some practices. This is largely a cultural and working practices issue and PCTs need to have in place actions to ensure that there is appropriate data capture;
- different clinical systems (Lorenzo, Semahelix (SaTH) and HMS (GP Out of Hours) makes it very difficult to share electronic medical notes. A common system or at least systems which have excellent interfaces need to be adopted;
- linking of social care to enable information to be shared in key areas such as long term conditions;
- technologies to support mobile working as clinical staff increasingly work in a wider range and number of locations.

The Information Strategy for both PCTs and the acute trusts incorporate many of the issues above. The Information and IT strategies of the NHS organisations should be reviewed t o ensure that the key issues identified above are incorporated in future work programmes. Discussions should also be held with social care about the information implications of moving services closer to home.

7.5 Primary Care Estate

The draft Estates Strategy for Shropshire County and Telford and Wrekin PCTs outline the development programme for primary care premises and the community hospitals. Developments for primary care premises total £8 millions over the next five years across both PCTs. In addition there are planned developments in all four the community hospitals and the development of the Oswestry Primary Care Centre Phase 1 to provide GP premises, DART facilities, MIU and consulting rooms.

Whilst the estates strategy will provide capacity for treating more patients in community settings, the strategy needs to be reviewed once the overarching plan and strategic plans have been finalised and the extent of shifting care closer to home agreed. Specifically the developments at the community hospitals should be reviewed to assess whether they will provide the capacity to support care closer to home.

8. TAKING THE OVERARCHING PLAN FORWARD

This section summarises the implications for activity, the workforce and finance of the models of care developed by the PDGs.

8.1 Care Closer to Home

The models of care for each of the PDGs were assessed to determine the potential for moving care into primary and community care settings. These projections were then reviewed through:

- comparisons with projections in other health economies in the West Midlands;
- discussions with NHS organisations in Shropshire, Telford and Wrekin;
- assessment of the capacity in primary care and the time it would take to develop.

The conclusions of this work are shown in Table 12. Further analysis is needed to ensure that the pace of change is consistent with the capacity in primary and community care.

8.2 Project and Initiatives

A number of projects and initiatives have been identified by the Pathways development Groups. Many of these are summarised in the Models of Care (section 6) and have also been built into the Strategic Plans of the two PCTs.

8.3 Financial Implications

The shifts in activity from acute to primary and community settings have significant implications for the acute sector and for PCTs financial plans, commissioning intentions and the PCT Strategic Plans. The NHS in Shropshire, Telford and Wrekin needs to manage the financial risk to the health economy as a whole and agree:

- the pace of change of the shift to primary care;
- the extent to which changes in income can be set against staff working in primary care and community settings rather than in acute settings;
- the role that SaTH will play in delivering care outside of the RSH and PRH.

Table 12: <u>Care Closer to Home</u>

PDG Group	Initiative	Description	Total Activity Shift	09/10	10/11	11/12	12/13
Maternity & New Born	Develop Midwife led Unit capacity	Increase use of existing units and consider development of NE unit	Increase in midwife led births from 25% to 30%	1%	1%	1%	2%
Paediatrics	Hospital At Home	Develop hospital at home service to enable more children to be cared for at home	Reduction in emergency admissions by 20% 5% shift in new and follow-up outpatients	0% 0%	5% 1%	7% 2%	8% 2%
Planned Care	Integrated dermatology services	Open access to dermatology services within primary and community settings	40% of outpatient activity shift	10%	10%	10%	10%
Planned Care	Integrated musculoskeletal services	Open access to musculoskeletal services within primary and community settings	30 % of outpatient activity shift	0%	5%	10%	15%
Planned Care	Integrated urology services	Open access to urology services within primary and community settings	40% of outpatient activity shift	10%	10%	10%	10%
Planned Care	Integrated neurology services	Open access to neurology services within primary and community settings	30% of outpatient activity shift	5%	5%	10%	10%
Acute Care	Urgent Care Centres	Develop UCC at RSH and PRH to direct people to most appropriate care	30% shift in A&E 15% reduction in certain HRG emergency admissions	5% 3%	5% 4%	10% 4%	10% 4%

PDG Group	Initiative	Description	Total Activity Shift	09/10	10/11	11/12	12/13
LTC	Pathway for Respiratory Services	Reduce admissions and enable early discharge	10% shift in COPD emergency admissions 10% shift in new and follow-up outpatients	2% 2%	5% 5%	3% 3%	0% 0%
LTC	Shropshire Heart Failure Service	Reduce admissions through care closer to home and identification and active management of people at risk	10% in Heart Failure related admissions 10% reduction in NOP and corresponding FU's in Cardiology	2% 2%	5% 5%	3% 3%	0% 0%
LTC	Diabetes	Establish a multidisciplinary service in the community, integrated with primary care	10% in Diabetes related admissions	2%	5%	3%	0%
LTC	Early Supported Discharge (Stroke)	Develop rehabilitation and care in community settings to enable at least 40% patients to have rehabilitation outside hospital	Reduce Occupied bed days by 1600 by12/13	10%	20%	10%	0%
LTC	Stroke	To commission acute care in line with national standards (incl thrombolysis available 24/7)	80% of those admitted spend 90% of their stay on an acute stroke unit	To be determined			
LTC	Dementia (Older people)	Improve support for dementia patients and carers in the community	Reduce admissions to older peoples mental health wards by 30%	Dependant on Shelton re-build			
LTC	Alcohol misuse /reducing alcohol related admissions	To promote early identification and treatment of alcohol misuse and to reduce alcohol related A&E attendances and inpatient admissions	Baseline activity not available for A&E – first stage of project to undertake a needs assessment and identify activity baseline. To reduce the rate of admissions for alcohol related harm per 100,000 people	1653	1768	tbd	tbd
End of Life	GP with Special Interest (GPwSI) in Palliative and Supportive Care	Expand the existing GPwSI role in order to provide close clinical links and education between the Hospice based specialist service, primary care, acute trusts, community hospitals, the independent sector	See below– unable to split overall assumption by initiative				
End of Life	End of Life Care Pathway Project	Improving four key stages of the EOLC Pathway for all patients creating a team, which will work alongside existing CNS in Palliative Care in the acute, community and care home settings	Increase % of people able to die at home by at least 14% by 2012/13	3%	3%	4%	4%
End of Life	End of Life Care Commissioning Strategy	Review commissioning strategy for Shropshire, Telford and Wrekin	See above – unable to split overall assumption by initiative				

PDG Group	Initiative	Description	Total Activity Shift	09/10	10/11	11/12	12/13
Mental Health	Emerging Diagnosis	Improve diagnosis of personality disorder, autism spectrum disorder or ADHD	Reduction in A and E attendances (to be quantified once the baseline has been identified) and admissions (by 25% of total T code admission numbers)	2%	6%	7%	10%
Mental Health	Primary care	Further expand role of primary care mental health teams into mental health and wellbeing services	Reduction in A and E attendances(to be quantified once the baseline has been identified); improvement of early detection; and reduce therapy waiting lists to 18 weeks	tbd	tbd	tbd	tbd
Mental Health	In patient Services	Reduce beds at Shelton Hospital by a third and provide alternatives to admission by making better use of existing facilities	Reduce number of admissions (Shelton) by 25% adult ward and increase support in community settings	Dependant on Shelton re-build			