

**TELFORD AND WREKIN AND SHROPSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE's - Final Response to Consultation *Keeping it in the County – Securing the future of hospital services in Shropshire, Telford and Wrekin***

**1. What do you think about our overall proposals for Services at the Royal Shrewsbury Hospital and the Princess Royal Hospital?**

Strongly support  
Support  
No opinion  
Against  
Strongly against

The Joint Committee believes that retaining the status quo is not an option if we are to maintain and protect valuable health services in Shropshire. It is essential that we secure the best possible Health Services for the County as a whole and give our support, subject to further reassurances that proposals put forward are safe, sustainable and affordable, as identified by both the Assurance Panel and in the Joint HOSC process.

**2. CHILDREN'S SERVICES**

**2a. What do you think about our specific proposals for inpatient children's services?**

Strongly support  
Support  
No opinion  
Against  
Strongly against

The Joint Committee is supportive subject to the assurances identified below.

**2b. What do you like about our proposals for inpatient children's services?**

Proposals have been clinician led with a focus on achieving improvements and consolidating services and resources on one site and not based around finance.

The PRH has the capacity to meet demand with paediatrics, neonatal, clinician led maternity, oncology, operating theatres and family accommodation close together with specialist Paediatric teams available 24/7. DoH research and health needs assessment have been taken into account in the decision to base services at the PRH

The services will no longer be located at the RSH in a building which is in a very poor condition and cramped, with only one operating theatre. This is unsustainable into the future, as is the continual struggle to ensure that sufficient clinicians and support staff are available.

The Joint Committee welcome the assurance that the proposals will maintain these services within the county and look forward to the possible repatriation of some services. It is acknowledged that currently some premature babies at PRH and RSH go out of county as there are not enough neonatal cots. It is hoped that the reconfiguration will address this capacity issue.

We welcome the assurance that the paediatric oncology facilities will be as good, if not better and that the families and members of the public will be invited to contribute to the development of the service.

### **2c. What, if anything, worries you about our proposals for inpatient children's services?**

Safety and outcome for children with trauma presenting at the RSH out of hours where there will be no in-house paediatrician and team other than on call arrangements. The Joint Committee recognise that this risk needs to be balanced against the recommendation from the Assurance Panel that the services should be provided only on the basis of clinical need.

Additional travel time to the PRH for children from the north west and south of the county with trauma, transported both by car and ambulance.

The availability of sufficient paediatric trained surgeons and associated staff at the PRH if proposals go ahead to ensure sustainable services in Shropshire.

Some paediatric clinicians have spoken against the proposals, albeit they have acknowledged the status quo is not an option and have agreed to work together to make the proposals workable.

The relocation of facilities that have been provided/funded with community support and investment at the RSH.

However, it is acknowledged that some premature babies at PRH and RSH have need to go out of county as there were not enough neo-natal cots. We would anticipate future service design and commissioning should plan for this situation and as such this will be addressed for the benefit of the children and their families.

**2d. What would reassure you on any worries you may have?**

All clinicians working together to ensure clinical pathways and arrangements are in place that mitigate risks to those having to travel the further distance to the PRH for those requiring emergency treatment and arriving out of hours at the RSH including the transfer between hospitals

Reassurance from the WMAS that they are able to reach, stabilise and transport safely children with trauma from the north west, and south of the county the further distance to the PRH.

That the excellent paediatric oncology unit at the RSH is acknowledged and those involved in raising funds to build the unit at the RSH will be invited to be involved in the design of the new unit at the PRH, with similar and hopefully improved standards to that originally provided at RSH.

Further discussions with parents to listen and discuss their particular concerns and give reassurance.

Further work is undertaken with commissioners to develop hospital at home to avoid unnecessary hospital admission.

Continuing transparency in the financial arrangements and estates planning for this service to support the proposals.

Detailed evidence of workforce planning and availability to support the proposals.

**3. MATERNITY SERVICES**

**3a. What do you think about our specific proposals for maternity services?**

Strongly support

Support

No opinion

Against

Strongly against

The Joint Committee is supportive subject to the assurances identified below.

**3b. What do you like about our proposals for maternity services?**

The relocation of the consultant led maternity unit to the PRH will provide a modern, improved environment where there will be capacity to meet demand now and into the future with linked services, including operating theatres.

**3c. What, if anything, worries you about our proposals for maternity services?**

The loss of the clinical led unit at the RSH leading to extra travel time for emergencies arising from midwife led units from the northwest, and south of the county. Depending on the route taken, the time pathways must be explored and safe routes established. We acknowledge that some journey times may be reduced and others increased.

The potential loss of midwives who do not want to move to the PRH. However, it has been acknowledged that there is a mix of midwives and staff across the county and so it is anticipated that there would be no reduction in the trust staffing overall if the unit moved to PRH.

**3d. What would reassure you on any worries you may have?**

Further development of the clinical pathways and arrangements to mitigate risks for those having to travel the further distance to the PRH.

Further work with GPs and Midwives to assess those considered at risk and appropriate action taken to ensure the safety of mothers and their unborn children.

We are encouraged by the development of the clinical pathways thus far. We acknowledge assurance of further development of these pathways and the engagement of the WMAS in this programme and their commitment to this process.

**4. SURGERY**

**4a. What do you think about our specific proposals for surgery?**

Strongly support  
Support

No opinion  
Against  
Strongly against

The Joint Committee is supportive subject to the assurances identified below.

#### **4b. What do you like about our plans for surgery?**

Proposals will attract high quality surgeons and support staff, thus maintaining and ensuring improved and strengthened services for Shropshire, leading to our hospitals becoming recognised and accredited centres of excellence.

The Joint Committee supports proposals for vascular service on one site 24/7 which will result in the provision of AAA screening at the RSH which will improve timely access to services. Progress is also noted in terms of angioplasty procedures and surgery for widening the arteries around the heart without the need for patients to travel out of county.

#### **4c. What, if anything, worries you about our proposals for surgery?**

The possible impact that new commissioning arrangements may have and the impact that any new DOH plans on service provision may have that could lead to some services ultimately going out of county.

Service changes not meeting planned timescales putting patients at risk and impacting on the project as a whole.

Availability of funding and key staff.

#### **4d. What would reassure you about any worries you may have?**

A detailed project plan with timescales and workforce planning.

That arrangements can be put in place for all A&E patients who cannot be stabilised and transferred will be operated upon at PRH.

### **5. UROLOGY AND STROKE SERVICES**

Are there any comments you would like to make about the location of urology or about the future pattern of local stroke services?

Taking account of the inpatient figures quoted on Page 19 of the consultation document, the location of urology with acute surgery at the RSH is sensible.

With demographics relating to age of population, it would seem best to centre stroke services, with vascular surgery at the RSH, albeit preferable to retain some support at both sites, given that both hospitals will have A&E and urgent surgery can be undertaken to patients unable to be transferred.

The Joint Committee welcomes the decision during the consultation process to provide thrombolysis service 24/7 on both sites.

The Joint Committee would wish the PCTs to present it with an evaluation of the current position against the National Stroke Strategy and where there are areas of deficiency would wish to have a clear indication from the commissioners and SaTH what steps are being taken to ensure the full implementation of the Strategy for the local population.

## **6. OTHER COMMENTS**

Are there any other comments you would like to make?

Members have been informed that the funding for the capital costs will be agreed. However, it is vital that the hospital Trust and PCTs have robust plans for all aspects of the financial planning to ensure that the proposals are financially sustainable.

Because of the reorganisation of the services cognisance must be taken of route/pathways which must be explored, to enable safe routes to be established. We acknowledge that some travel time will be reduced, other increased.

The role of the West Midlands Ambulance Service is key to the planning and the implementation of the proposals. It is important that any additional costs for transfer between hospital sites are taken into account when considering the cost of the proposals for the commissioning organisations.

A key concern that has been raised throughout the consultation has been ensuring that there is good transport to both hospital sites. The Committee want to ensure that arrangements are made so that staff, patients and visitors can move between sites as soon as services are relocated. It is also important that arrangements are made to ensure adequate parking at both hospital sites and that the cost of any new build parking at the PRH can be met.

Another concern relates to workforce and contingency planning to ensure that once the process of transferring services begins, to ensure patient safety is not compromised.

The Joint committee has welcomed the opportunity to be involved in the consultation process and have an opportunity to comment on the outcome of the clinical workshop in August 2010 that started the discussion around the current proposals. The Chairmen particularly welcomed the opportunity to visit both the PRH and RSH and also to observe the PCTs' Assurance Panel meetings in November 2010 and February 2011.

A final comment relates to those who still have opposed the proposals. The Joint Committee asks that the Trusts do all they can to alleviate those concerns. The Joint Committee particularly requests that ongoing discussion and work continues with our Welsh colleagues to address the concerns of those in Wales who will also be affected by the proposed change in services they access.

The Joint Committee request details of any changes prior to their implementation.

Further, it is essential that the public are kept fully informed of any service changes and the implications for patients prior to any such change taking place.  
**This will ensure patients access services at the right place first time.**