

QUESTIONS FROM JOINT HOSC REGARDING FUTURE FIT

ACUTE SECTOR AND WMAS

Question from Joint HOSC	Name of person who will provide answer	Please indicate below if question will be provided via: <ul style="list-style-type: none"> • A written response (needed by 2nd Feb) • Verbal response at meeting • Be answered at a future date – (please state when if known)
1. How are organisations working together to address the challenged services at the acute Trust e.g. A&E and ensure they are safe until changes are made.	Caron Morton David Evans	verbal
2. How will you work together to resolve the wider capacity issues and reduce the number of patients fit for discharge at SaTH? How will you work together to identify the extent of this problem and the underlying issues?	Caron Morton David Evans	verbal
3. If there is a problem to address and ICS is not the answer, does the Acute Trust have any other suggestions? What are the other pressure points in freeing up beds?	Caron Morton David Evans Peter Herring	verbal

4. How will SaTH's financial position affect the viability of the Future Fit Programme?	Peter Herring	verbal
5. How many Urgent Care Centres / Local planned care facilities/ Community units /Health hubs and Diagnostic and Treatment Centres will there be as part of the Future Fit programme and where will they be located?	Mike Sharon	Shortlisting paper (after Board on 4 th Feb)
6. How affordable is the Future Fit Programme? How is the programme taking into account utilising existing buildings, facilities and equipment and including the costs of the maintenance backlog at RSH? (We understand that only co-location with paediatrics is a must.)	Mike Sharon	Verbal <i>N.B. The assumptions in the Feasibility Study align with College of Emergency Medicine Guidance about the 'seven key specialties': Critical Care, Acute Medicine, Imaging, Laboratories, Paediatrics, Orthopaedics & General Surgery.</i>
7. What is the outcome of the CQC inspection? Does this affect the Future Fit programme?	Peter Herring	Inspection Report now published on CQC website. Overall rating is 'requires improvement' with 'good' for caring services. See http://www.sath.nhs.uk/cqc/
8. What is the clinical view on the co-location of A&E with Women's and Children's Services?	Mike Innes Bill Gowans	An 'Acute services template' completed by SaTH clinicians was provided to the Evaluation Panel and can be provided after Board on 4 th Feb. It summarises the clinical quality and safety advantages and disadvantages of collocating consultant-led obstetrics/neonatal care with EC. Other obstetric services are not considered, and paediatric inpatient services are an essential colocation with EC (see 6 above).
9. How will you work together to reach a realistic consensus on the number of beds needed in the acute sector? How does this	Mike Sharon Mike Innes Bill Gowans	Verbal

affect the affordability of the Future Fit programme and what are the long term consequences for the sustainability of services?		
10. How are you ensuring that the current services are delivered with care, compassion, competence, communication, courage and commitment while planning and delivering the Future Fit Programme?	Peter Herring	verbal
11. How are transfers between hospitals being managed? What are the performance measures for the current contract and how is the provider performing?	Caron Morton	verbal
12. What arrangements have been put in place to build on the success of the GP service at the A&E at PRH?	Caron Morton	verbal
13. How well is the Welsh Ambulance Service engaging in the Future Fit Programme and working to resolve the cross border pressures on the WMAS?	Mike Sharon	Verbal
14. How well has Future Fit communicated the current provision of services at PRH and RSH? e.g. that patients with some acute illnesses / injuries are currently treated out of county?	Adrian Osborne	verbal

PRIMARY AND COMMUNITY CARE

15. How are you working together to develop the capacity and model of care in Primary and Community Services (Future Fit 2)?	Caron Morton	Board paper (after 4 th Feb)
---	--------------	---

<p>How will you ensure that this work takes place alongside the current Future Fit Programme? What is the timetable for Future Fit 2 and do you have the capacity to deliver on this in time? What is the risk that resources will be directed towards increasing capacity at SaTH at the expense of primary and community services?</p>		
<p>16. What are the local plans for 7 day working in primary care? How can this be used to encourage integration of primary and community health services and are doctors and the GP Federation engaged?</p>	<p>Mike Innes Bill Gowans Ian Winstanley</p>	<p>verbal</p>
<p>17. How many Urgent Care Centres / Local planned care facilities/ Community units /Health hubs and Diagnostic and Treatment Centres will there be as part of the Future Fit programme and where will they be located?</p>	<p><i>See 5 above</i></p>	
<p>18. How will GPs be supported to work together / federate? How will this be managed particularly in rural areas? What is the role of the Community Health Trust to support this?</p>	<p>Caron Morton Jan Ditheridge</p>	<p>verbal</p>
<p>19. How will you ensure that GPs are fully engaged in Future Fit? It is recognised that there are several channels to do this through the CCG, GP Federation and Shrop DoC. How will this work be co-ordinated to</p>	<p>Mike Sharon</p>	<p>Board paper (after 4th Feb) as for 15 above.</p>

recognise the role of GPs as commissioners and providers? How will you enable GPs to develop a clear vision for how their sector relates to the wider NHS and care services?		
20. Is there an enhanced role of the GP Federation to work with GPs to develop new services and business models? How robust is the current model of primary care and how is the shortage of GPs being addressed?	Caron Morton	verbal
21. How will you ensure that the Future Fit Programme and the Better Care Fund work is co-ordinated?	David Evans	verbal
22. What is the future of the Community Health Trust?	Jan Ditheridge	verbal
23. How are you ensuring that the current services are delivered with compassion, competence, communication, courage and commitment while managing change?	Jan Ditheridge	Verbal
24. What are the financial implications of the installation and running costs of diagnostic equipment in primary and community care locations?	Mike Sharon	Verbal
25. What is meant by the term 'prevention' - is this preventing people getting ill or preventing ill people going to hospital or both?	Mike Innes Bill Gowans	verbal

HEALTH AND SOCIAL CARE SYSTEM

26. How will the health economy deal with the underlying deficit? How will you deliver financial sustainability for the next 3-4 years?	David Evans	verbal
27. How can the different health and social care systems and regulators be aligned to deliver the Future Fit Programme?	David Evans Stephen Chandler Paul Taylor	verbal
28. How far is integration between health and social care a joint programme? What capacity is there within the local authorities to jointly lead this work?	Stephen Chandler Paul Taylor	verbal
29. How can you jointly manage and share the risk of the perverse incentives that the payment by result system creates?	David Evans Stephen Chandler Paul Taylor	verbal
30. How well are Welsh commissioners and providers of health and social care engaging in the Future Fit Programme? If the Welsh commissioning arrangements change so Welsh patients are treated at Welsh hospitals what are the implications for the Future Fit programme?	Caron Morton	verbal
31. How will the change to co-commissioning affect the decisions about the Future Fit programme?	David Evans Caron Morton	verbal

PUBLIC EXPECTATIONS

32. How are patient and political expectations being managed?	David Evans Caron Morton	Verbal
33. How can people be helped to understand	Mike Innes	Verbal

that when seeking primary care you do not always have to see a GP often primary care clinician would be sufficient?	Bill Gowans	
34. How can patients be supported to understand that they do not always need continuity of care from the same GP?	Mike Innes Bill Gowans	Verbal
35. How can patients be supported to manage their own health more effectively? <i>ie Smoking and obesity – are these measureable and being tracked?</i>	Mike Innes Bill Gowans Rod Thomson Liz Noakes?	Verbal