



futurefit

Shaping healthcare together

HWBB Update

Wednesday, 6 September 2017

What we will cover

- Restate case for change
- Programme Progress to date
- Outline options and preferred option
- Programme next steps
- Pre consultation Business Case
- Programme timescales
- Patient and public involvement & Consultation plan

Case for change

- Workforce challenges
 - Recruitment challenges across a number of specialties due to poor employee experience related to duplication of services across 2 sites
 - High levels of locum cover
 - Staffing levels do not meet recommended levels for A&E, critical care and emergency medicine
 - Unable to staff 24/7 A&E Consultant cover on both sites
- Change in the populations profile; 25% of Shropshire will be over 70yrs old by 2036 significantly higher than national profile (29% Powys)
- Duplication of services across 2 sites leading to economic challenges
- Unable to progress clinical standards and developments in medical technology
- The quality of the patient facilities and the Trust's estate

Improved Outcomes for Patients

- Improved A&E waiting times; >98% seen and treated in 2hrs
 - *improved patient experience and timely diagnosis and treatment*
- Access to senior decision makers, enhanced ambulatory emergency care - seen, diagnosed and discharged same day -
 - *Unnecessary hospital admissions avoided*
- 7 day working , reducing LoS and delayed transfers of care
 - *fewer internal patient transfers and outliers improving experience*
 - *improved adjusted rates of mortality, emergency readmission rates and less decompensation in frail older people*
- Separation of elective and emergency flows
 - *reduced cancelled operations, lower LoS with lower infection rates and other clinical complications and improved patient experience*
- Well-designed appropriate capacity and physical settings
 - *role in safer hospitals, promoting more healing for patients and improved patient experience*

Programme Progress

Milestone	Timeline for completion
Programme Board met to receive the Independent review of the option appraisal process and the further impact assessment work	31st July 2017
CCG Board Joint Decision Making Committee approved Option B and Option C for consultation with Option C1 as preferred option	10 Aug 2017
CCG Boards received the draft Pre Consultation Business Case	15/16 Aug 2017
Submission of PCBC and other assurance to NHSE	21st August 2017
NHSE strategic sense check Panel	30 Aug 2017
CCG Boards approve PCBC and draft consultation documentation	12th /13th September 2017

Two Options with a preferred Option

**Emergency Care site is
Royal Shrewsbury Hospital, Shrewsbury**

**Planned Care site is
Princess Royal Hospital, Telford**

At the Royal Shrewsbury Hospital
24-hour Emergency Department (ED)
Critical Care Unit
Ambulatory Emergency Care Unit (AEC)
Emergency surgery and medicine
Complex planned surgery
Inpatient medical beds
Women and children's high risk services

At the Princess Royal Hospital:
Planned inpatient surgery
Day case surgery
Orthopaedics
Endoscopy
Breast services
Bariatric services
Rehabilitation
Medical wards

At both hospitals:
24-hour Urgent Care Centre
Outpatient services
Diagnostic services (tests)
Midwife-led unit
Early Pregnancy Assessment Service (EPAS)
Maternity outpatients and scanning
Cancer services

We will retain and invest in two vibrant hospitals with consolidation of Emergency care on one site and Planned care on the other

Almost 80% of patients will continue to receive their emergency and urgent care at the same site they do now

- **Address the issues set out at the NHSE assurance Strategic Sense Check**
- Pre Consultation Business Case and Consultation Plan to CCG Boards 12th and 13th September
- Powys CHC Meeting 12th September to receive consultation plans
- Joint HOSC Meeting tbc September to receive consultation plans
- **NHSE Stage 2 Assurance checkpoint 2nd October**
- Public Consultation begins October 2017-January 2018
- Consultation response analysis and report preparation 4-6 weeks
- **Decision Making Business Case to Governing Bodies by March 2018**
- Full Business Case approval late 2018 (tbc)

- Part of NHSE Assurance process submission 15th September
- Needs approval by the CCG Boards
- Make the case for change and sets out the options being considered and the preferred option
- Describe the future model of care and how its been developed
- Makes the financial and clinical case to commence to public consultation
- Outlines how the proposals meet the Four DH mandated tests for service reconfiguration:
 - Strong Public and patient Engagement
 - A clear clinical evidence base
 - Consistency with current and proposed need for patient choice
 - Support from clinical commissioners

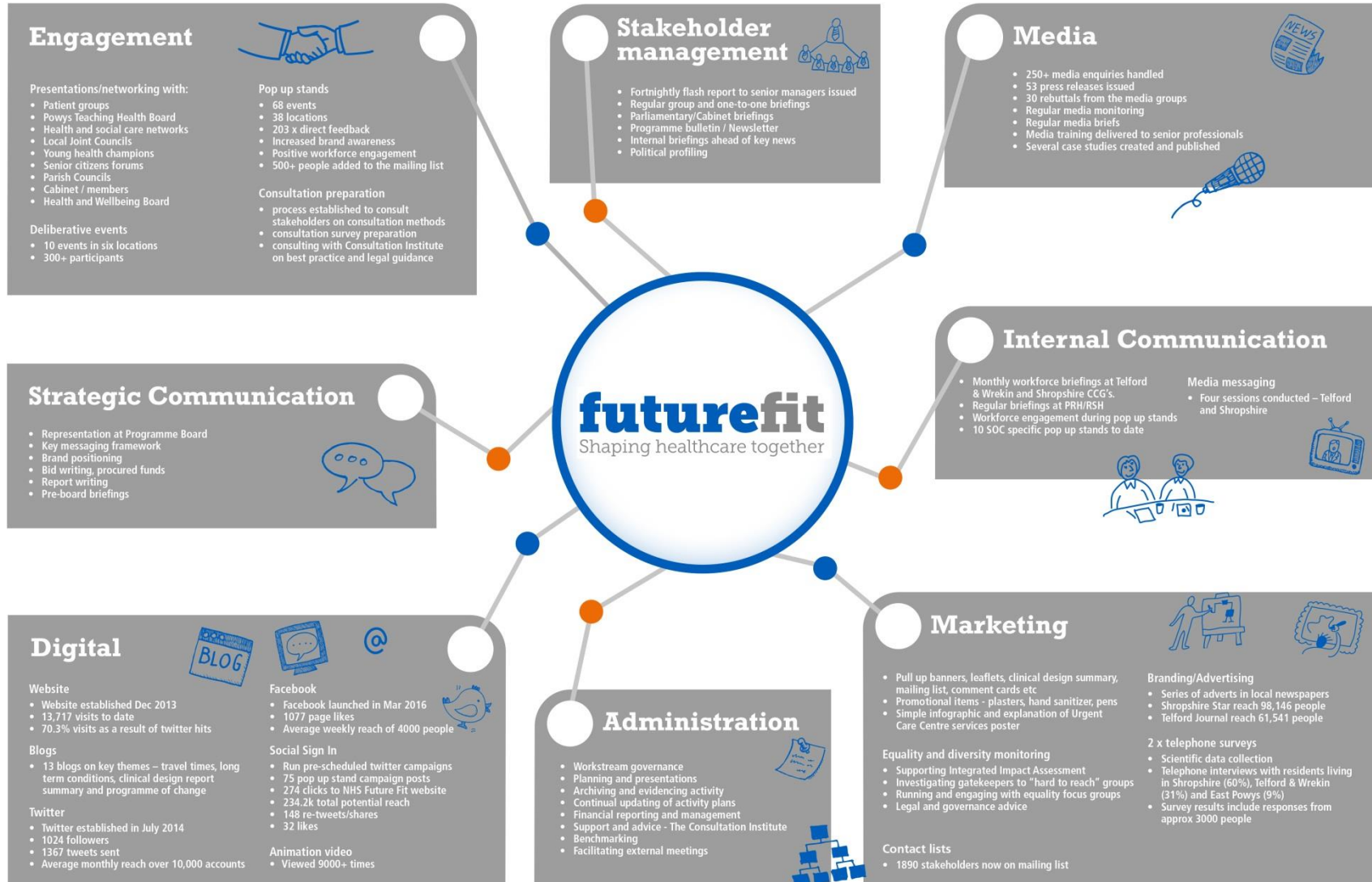
Programme Timescales

Milestone	Timeline for completion
CCG Boards receive the draft Pre Consultation Business Case and consultation documents for approval	12/13 Sept 2017
Powys CHC Meeting to receive draft consultation documentation	12 th September 2017
Joint HOSC Meeting to receive consultation documents and plan	September 2017
NHSE Stage 2 Assurance Panel	2 nd October 2017
Shropshire/Telford & Wrekin CCG formal public consultation period	Oct – Jan 2018
Consultation findings and recommendations report received by CCG s	Feb/March 2018
Decision making business case for approval by CCGs	February / March 2018
FBC	2018 TBC

Patient and public involvement & Consultation plan

Patient and public involvement

- Integral to the programme from its inception in 2013
- Healthwatch Shropshire, Healthwatch Telford and Wrekin and Powys CHC involved and engaged
- Representation of individual patients and patient groups on Programme Board and workstreams
- Pre consultation engagement has been considerable
 - Focus groups, pop up stand events, parish councils, smaller-scale public activities, on line surveys, newsletters, telephone surveys and social media channels
 - Reaching seldom heard groups - meeting the needs of people with protected characteristics
- Reading groups fully involved in developing consultation documentation and plans



Impact on patient choice

- Many services will remain on both hospital sites
 - Urgent care, adult and paediatric outpatients, diagnostics, MLUs, antenatal and post natal care and some gynaecological procedures.
- Some services now are only available at one of the two hospital sites
 - acute surgery, acute Stroke, Obstetrics and Paediatric inpatients.
- Some patients now travel outside of county for specialist care
 - primary PCI, major trauma, level 3 neonatal care, some cancer care
- Almost 80% will continue to go to same site as they do now for emergency and urgent care
- The out of hospital care strategies being developed through neighbourhoods, will support care closer to home and choice
- There is an acknowledged trade-off between choice by site and deliverability of safe, high quality and sustainable services

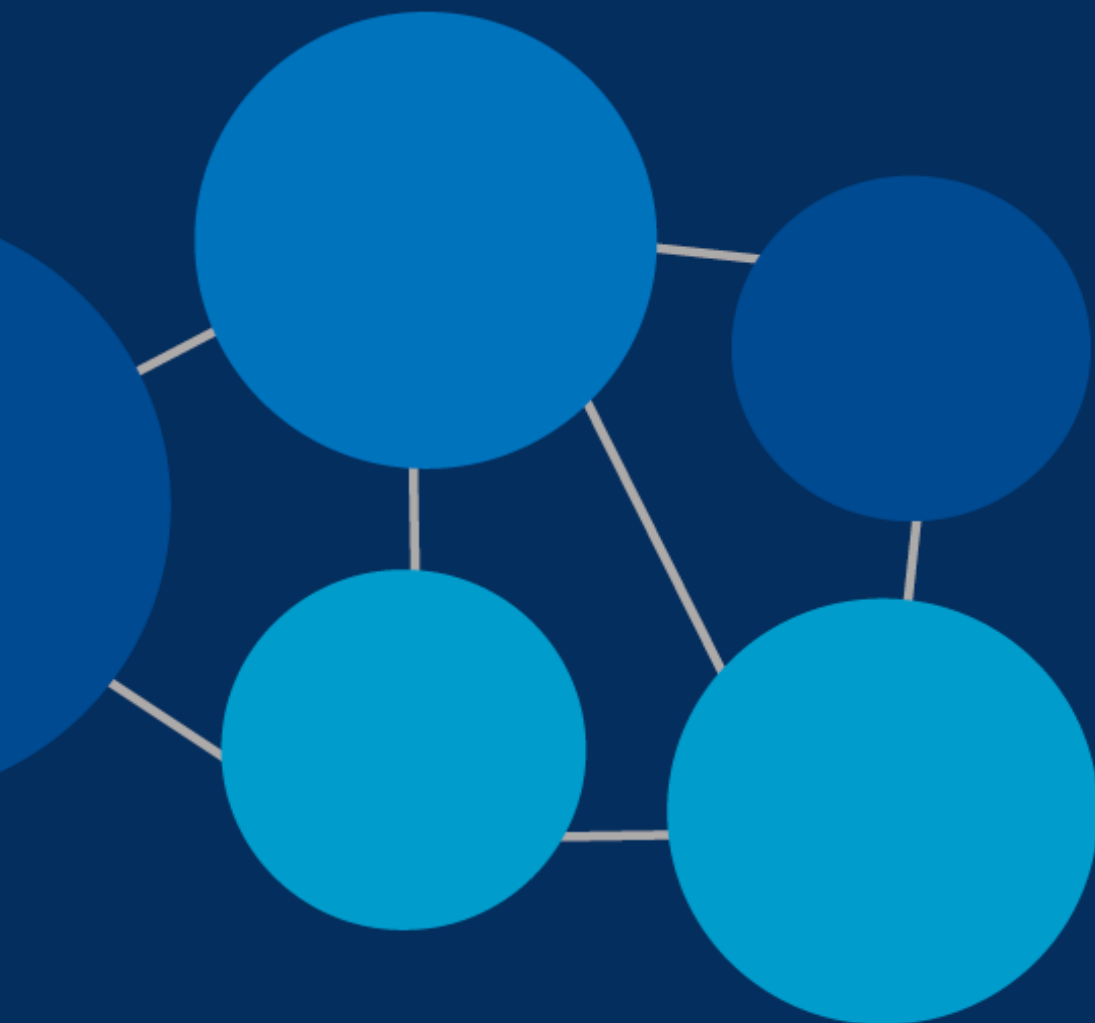
Consultation plan

- High level draft consultation plan – in circulation for comments
- Draft consultation documentation in circulation for comments:
 - consultation document; summary document; survey
 - Incorporating feedback from CCG exec and Governing Body (Part 2) meetings and two patient representative reading groups (Shropshire, Telford & Wrekin and Powys)
 - Further activity to include Montgomeryshire Committee, CHC Full Council, CCG Governing Body meetings (public), Joint HOSC in public and SaTH Board
- Detailed consultation activity plan in development – 12/13 week programme
 - Stakeholder consultation planning group convened for 8 September and mid Wales input by face to face and telephone meetings to ensure involvement and input
 - Clinicians, GP and senior executives availability matrix in development
 - Public meetings, roadshows and meetings in public
 - Voluntary, community and social enterprise sector meetings under research
 - Channels to include: PR, advertising, social media, newsletters, partner channels, websites
 - Focus on benefits to patients and patient stories
 - Key messages and Q&A in development
 - Proactive pre-consultation media handling plan for September 2017

Equalities Duties

Public Sector Equality Duty and inequalities duties

- More than 225 events held since 2014
- Focus groups with seldom heard groups including:
 - People with drug and alcohol problems
 - Carers of people with long term drug and alcohol problems
 - Homeless
 - Mums and toddlers (on line survey >800 responses as part of IIA))
 - Travellers
 - LGBT
- Two Integrated Impact Assessments including Equality Impact Assessments:
 - The projected positive health impacts are the most significant in all options.
“ clinical health benefits will apply to all patients however greater benefits will be seen to patients who are higher users of hospital services than the general population eg young children, young adults, older people, people with a disability, LGBT groups, BAME groups and people living in deprivation.it can be argued they would benefit from a disproportionately positive effect from the projected improvements in clinical effectiveness.”
 - Equally groups would potentially experience a negative equality effect arising out of an impact on access to urgent and emergency care and obstetrics depending on the option



Any questions?