

ENGAGEMENT PLAN

PROPOSED RECONFIGURATION OF OPHTHALMOLOGY SERVICES



1 INTRODUCTION

This is an engagement plan to support The Shrewsbury and Telford Hospital NHS Trust to seek the views of Eye Department services users, interested parties and staff on the proposed reconfiguration of ophthalmology services.

This plan will outline the engagement and communication events that have happened to date and outline the next steps.

The engagement period will run for 6 weeks and during that time will seek the views of Eye Department service users from the current sites through a programme of targeted engagement, which include a stakeholder event in order to seek views from representative groups such as HealthWatch, Commissioners, Macular Society, Royal National Institute for the Blind etc.

The results of the engagement period will be analysed and presented to the Trust Board alongside associated recommendations in a public Board meeting in February 2019

2 CONTEXT AND OVERVIEW

For many years Ophthalmology Hospital Eye Services provided at Shrewsbury and Telford Hospital NHS Trust have been considered as a “fragile” service and has had many challenges.

The Ophthalmology department has had service reviews and recommendations from the Royal College of Ophthalmology, Macular Society, Healthwatch and others who all identified shortfalls and recommended that improvements were required. In addition to these reviews, Health Education West Midlands (HEWM) reviewed the service in July 2017. HEWM are responsible for the training and education of junior doctors. The visit was arranged following concerns that deanery trainees highlighted the lack of cataract surgery training opportunities as a major concern.

The Trust and Commissioners also recognised these shortfalls and a Risk Review meeting chaired by NHS England took place in October 2016. At the meeting the Trust presented its review of the service and the areas which needed addressing to ensure the provision of a safe and sustainable service for the long term in the County and Mid Wales.

One of the areas outlined for improvement was the Substandard and Fragmented Accommodation. The department strives to provide a high quality, safe service to patients and recognises that the patient accommodation forms an essential part.

3 HISTORICAL ACCOMMODATION OVERVIEW

Ophthalmology provides services from 3 sites; RSH, PRH and Euston House in Telford, as well as from peripheral units throughout the locality. The increasing demands on the service means that the Ophthalmology department accommodation is not fit for purpose. This view is supported by the aforementioned external bodies, who deemed that the facilities at RSH clinic 10 were no longer suitable for Ophthalmology patients.

As a result the Trust supported a capital investment to redevelop space within the Copthorne building on the RSH site to build an ophthalmology patient friendly facility to relocate Clinic 10. The new facility opened to adult patients on the 26th June 2017 and to paediatric patients in October 2017.

These new facilities provide excellent provision of outpatient services for patients with sight conditions. The new facility and service as a whole was inspected by Healthwatch in November 2017 as well as the Getting It right First Time (GIRFT) assessment in August 2017. Both reports recognised the improvements the department has made but also indicated that further improvements need to be made.

4 CURRENT ACCOMMODATION OVERVIEW

Ophthalmology currently provides services from 3 sites; RSH, PRH and Euston House in Telford, as well as from peripheral units throughout the locality.

| Site | Outpatients | Surgery |
|------|--|---|
| RSH | <u>Adult & Paediatric</u> All sub-specialisms and Urgent Eye Clinic | <u>Adult</u> General Anaesthetic and Local Anaesthetic sub-specialisms, complex and “simple”. Emergency Operating. |
| PRH | <u>Adult & Paediatric</u> All sub-specialisms <u>Excluding</u> the following: Urgent Eye Clinic Injections for Medical Retina related conditions Cornea Cataract assessment | <u>Paediatric</u> General Anaesthetic and Local Anaesthetic <u>Adult</u> Oculoplasty surgery. |
| ICAT | <u>Adult</u> The following services only: Cataract assessments, non- specialised ophthalmology and the ability to deliver lasers. | <u>Adult</u> The following services only: Local Anaesthetic “simple” Cataract and Injections |

Activity at each site is summarised in the below two tables and is split by Adults and Paediatrics:

Adults

| Financial Year | RSH | | PRH | | Euston House | |
|----------------|-------------|---------|-------------|---------|--------------|---------|
| | Outpatients | Surgery | Outpatients | Surgery | Outpatients | Surgery |
| 2015-2016 | 29115 | 1884 | 6208 | 64 | 10114 | 1323 |
| 2016-2017 | 27486 | 1657 | 12920 | 58 | 7516 | 1134 |
| 2017-2018 | 34891 | 2693** | 6488 | 58 | 3901 | 924 |
| 2018-2019* | 37332 | 2110 | 4529 | 38 | 2602 | 1694 |

*2018-2019 is predicted full year effect based on activity levels April-August 2018.

** in 2017-2018 SaTH commissioned Nuffield Health to provide 115 surgical cases which are included within the RSH figures.

Paediatrics

| Financial Year | RSH | | PRH | | Euston House | |
|----------------|-------------|---------|-------------|---------|--------------|---------|
| | Outpatients | Surgery | Outpatients | Surgery | Outpatients | Surgery |
| 2015-2016 | 3726 | 10 | 4973 | 149 | 13 | 0 |
| 2016-2017 | 3434 | 3 | 4864 | 66 | 17 | 0 |
| 2017-2018 | 2734 | 1 | 5748 | 54 | 3 | 0 |
| 2018-2019* | 4781 | 7 | 4303 | 91 | 2 | 0 |

*2018-2019 is predicted full year effect based on activity levels April-August 2018.

5 CONCERNS WITH CURRENT SITE CONFIGURATION

The Trust outlined its challenges within the risk review meeting in October 2016, stakeholder engagement sessions and the Trust Board April 2017. A summary of the challenges identified were as follows:

- Substandard and fragmented accommodation;
- On-going serious untoward incidents;
- Workforce gaps and Team dynamics
- The inability to see patients within the past maximum wait standard, and demand exceeding capacity.

All 4 challenges are interlinked and in particular substandard and fragmented accommodation affects the others in the following ways:

Workforce Gaps: The department has had some significant challenges in recruitment and retention of medical staff for a number of years. This has resulted in the department employing agency clinicians who put an additional strain on finances and whilst bolstering the quantity of staff the commitment to improving the department may not be their priority. Following the investment into accommodation at RSH SaTH has managed to recruit to most vacancies and reduce its reliance on agency staff. Investing in an improved environment with reduced travelling requirements would encourage persons

currently in post to remain and improve the chances of employment into vacancies. Reducing the number of sites would allow travel time to be put back into clinical activity.

The department has also been subject to sickness absences, whilst we recognise that this is unpredictable having more staff at a reduced number of sites would potentially mean appointments would not need to be cancelled due to sickness.

The Trust supports junior doctor training and has 5 junior doctors who are in training allocated to the Trust. Health Education West Midlands who manage the trainees have advised that we risk losing our right to be trainers if we cannot provide sufficient access and training opportunities with theatres specifically Cataract operating. At Euston House we are unable to train juniors within the theatre set up due to lack of adequate space.

Team dynamics: Having clinicians spread too thinly across sites affects the ability to work as a team and this also impacts on patients who need to be seen by more than one professional. Having staff working alongside each other enables many patients to have all of their eye needs considered in one appointment rather than multiple trips.

Inability to see patients within the Past Maximum Waiting time standard, and demand exceeding capacity: Across the whole ophthalmology service demand is outstripping capacity.

The long waiting times in Ophthalmology can be categorised into two main areas; patients on a referral to treatment (RTT) pathway awaiting first outpatient appointment and those waiting for follow up appointments (PMW).

RTT- referral to treatment time

RTT performance within Ophthalmology has achieved since January 2018 having failed for the previous 3 quarters. Performance against RTT is affected by available capacity and new referral demand. The workforce issues identified within the “Workforce Gaps and Team dynamics” sections impact on the capacity to deliver RTT performance. The department actively flexes available capacity to meet the urgent clinical demand which means routine conditions may wait longer. RTT performance has mainly been affected by increases in demand specifically and significantly for referrals for consideration for cataract surgery. Productivity at Euston House within the cataract theatre is limited due to the design of the unit. Activity suggests that 6 patients are treated per list. Moving activity to a new purpose built theatre would increase productivity in line with clinical guidelines and in line with GIRFT review recommendations of 8 patients per list.

PMW- Past Maximum Waiting Time for follow up appointment

There was a significant issue within Ophthalmology with a large number of patients waiting longer than clinically recommended for follow up appointments. In January 2016 there were just under 3300 patients waiting longer than they should. This issue has been on-going for a number of years and since January 2016 these numbers have significantly reduced and at 3rd August 2018 it was 689 patients with the lowest recorded at 252 on 27th October 2017.

Following the risk review meeting in October 2016 one of the interventions the commissioners and SaTH jointly agreed to suspend new referrals for general, glaucoma and adult squint surgery. This closure was implemented to reduce the PMW numbers. Following the improvements within the

accommodation and workforce the Trust and Commissioners agreed to reopen SaTH service to new referrals for General and Glaucoma from the 1st April and following a period of clinician training Adult Squint Surgery is planned to commence in 2019-20.

Ongoing Serious Untoward incidents

The department had a number of serious incidents over a number of years which related to two themes:

- Individual clinical issues and poor practice.
- Incidents relating to patients waiting longer than clinically recommended

The department recognised this and realigned its governance structures and as part of this Mr Sagili (Consultant Ophthalmologist) was appointed as the departments Consultant Governance Lead. Harm pro-formas completed by the clinicians for patients that has waited longer than clinically determined and concerns are investigated at the patient safety meeting. Monthly department patient safety meetings take place to review incidents. Relevant trends and outcomes of investigations carried out by the patient safety representatives are reported at the monthly Governance meeting to aid learning and to support the delivery of the action plans. Any serious incidents and those causing harm are investigated in line with Trust policies and procedures.

To specifically address the 2 themes identified above:

- “Individual clinical issues and poor practice” the department has been supported by the Trust in taking action around the individuals that undertook poor clinical practice which has meant that members of staff no longer work for the Trust and others have been supported with retraining.
- “incidents relating to patients waiting longer than clinically recommended” as waiting times remain an concern it presents a risk.

6 ENGAGEMENT OVERVIEW (TO DATE)

The Trust and Department recognise the importance of service user engagement and involvement with patients in considering changes in service provision. Since the October 2016 risk review meeting the Trust has completed two stakeholder engagement sessions the first was held on Tuesday 21st March 2017. Attendees were asked to consider the options to reconfigure Ophthalmology services provided at Sath. Representatives were invited and attended from Telford and Wrekin and Shropshire CCGs, Healthwatch, RNIB, Macular Society, patients and SaTH. Unfortunately members of the Welsh HB were invited however were not in attendance.

The outcome of the stakeholder are summarised below:

- The familiarity and confidence in the surroundings and floor plan was essential element and there was a very strong preference for one site where all tests and treatment could be offered in one appointment. Having all services at the same site was more important than any travel issues that might arise however representatives recognised that for some patients this would be challenging. There was concern from Telford and Wrekin Healthwatch that changes should not be made ahead of decision surrounding the Sustainable Services Plan

however they did accept that further delay within a challenged service could harm patient users and also result in continued decline of the service. Telford and Wrekin commissioner agreed with the principle of centralisation but stated clearly that preference would be given to provide local care for their own population of patients.

- Opportunity exists to establish Centre of Excellence and develop services that mitigate risks that the Trust raised at the October 2016 risk review meeting chaired by NHS England. The outcome of the meeting was that a consensus agreement preferred the option of a single County Ophthalmology unit with centralisation of services.

7 TRUST BOARD VIEW

Following the feedback from the Stakeholder Engagement event the outcome was shared within a paper to Sath's open Trust Board meeting in April 2017 and a summary of the official minutes is provided below:

Mr Fox presented the following options to enable reconfiguration of the Ophthalmology service to address its substandard and fragmented accommodation; these opportunities would also support a reduction in workforce gaps and an improvement in team dynamics which are fundamental to the delivery of a sustainable service for the population of Shropshire, Telford and Wrekin and mid-Wales.

- Option 1 – Relocation of Clinic 10 into the Copthorne Building at RSH – this option has already been approved
- Option 2 – Reduce to two sites by closing Euston House with cataract surgery reprovided in Theatres 10 & 11 at RSH and all paediatrics relocated to MTX (portacabin) Building at PRH
- Option 3 – Reduce to two sites by closing Euston House with cataract surgery reprovided in Theatres within the Copthorne Building and all paediatrics relocated to the MTX (portacabin) Building at PRH
- Option 4 – Reduce to one site working at RSH with all adult services provided in the Copthorne Building and Paediatric Outpatient department within Copthorne and all paediatric surgery continuing at PRH
- Option 5 – Reduce to one site working at RSH with all adult services provided in the Copthorne Building and paediatric outpatient department with all paediatric surgery continuing at PRH
- Option 6 – Reduce to one site working at PRH

The Service Users identified that one site was crucial for service users because of the following:

- Familiarity and confidence in the surroundings and floor plan is essential;
- Very strong preference for one site where all tests and treatment could be offered in one appointment;
- Having all services at one site was more important to patients than travel issues that may arise as a result.

It was reported that Euston House do not fulfil the requirements for Health Education West Midlands cataract training; the suggested proposal would mean that cataracts would all be provided in the Copthorne Building in a purpose built daycase facility which would allow greater throughput and much improved and safer one-stop services. It would mean that around 22 patients per week from Telford ICAT (half of whom are Telford residents) would receive their cataract treatment at Copthorne and all children from Shropshire would continue to receive their surgery at PRH, as at present. There is also a real opportunity to recruit and retain a high calibre workforce.

Mr Deadman (NED) queried if the organisation is 'slow to change or does it only change when a crisis is upon us'. He was informed that this is not specific to Ophthalmology; a change to a service takes time due to involving and engaging with the public. The FD reported that from his experience of working within the Trust over the past six years, he has found that there is an element of crisis management, however the Trust is moving to an improved vision.

The CEO commended the report stating it meets all safeguarding requirements, etc, and agreed that the organisation will go forward with the joint HoSC (Health Overview Scrutiny Committee).

Following discussion, the Trust Board APPROVED the following recommendations:

Phase 1:

- The relocation of Paediatric Ophthalmology Outpatients from Clinic 10 RSH to the Copthorne building (Ward 16) **and** as interim measure to move all paediatrics to MTX, PRH from 26th May 2017 for an interim period of 12 weeks;
- To relocate adult outpatient services from ICAT back to the respective main hospital sites
- To relocate cataract surgery from ICAT to Copthorne building

Phase 2:

- Following Purdah, to consider engaging with the public and relevant stakeholders to fully consult on the single site options identified, fully exploring cost and geographical location to implement a decision on these services but this would not preclude any decision arising from the Future Fit process.

Since the Trust Board approval in April 2017 Phase 1 (first bullet point) has been completed and Paediatric Ophthalmology Outpatients has been re-provided at RSH and PRH.

The department has been working on Phase 1 bullet points 2 and 3 and this paper outlines the engagement plan to seek a view on whether to proceed with:

- relocating adult outpatient services from ICAT back to the respective main hospital sites
- relocating cataract surgery from ICAT to Copthorne building

This engagement plan will **NOT** consider Phase 2 and will await the outcome of the future fit consultation.

8 ENGAGEMENT PLAN

This document outlines the engagement and communication plan. It is proposed that a 6 week period of engagement would commence in September 2018. This period will involve Eye Department services users, interested parties and staff. These persons will be asked to consider the options of Ophthalmology provision within the Trust particularly considering the option of reconfiguring services from 3 sites to 2 sites.

The Options; we are seeking the views of our local communities on the following two options below.

- Option 1: No change.
- Option 2: To relocate adult outpatient services from ICAT back to the respective main hospital sites and relocate cataract surgery from ICAT to Copthorne building.

Supporting Option 2 will result in the following changes. Those moved from ICAT are indicated in red type/italics.

| Site | Outpatients | Surgery |
|------|-------------|---------|
|------|-------------|---------|

| | | |
|------------|---|---|
| RSH | <p><u>Adult & Paediatric</u> All sub-specialisms and Urgent Eye Clinic</p> <p><i>Those outpatient services previously delivered at ICAT Adult.</i></p> | <p><u>Adult</u> General Anaesthetic and Local Anaesthetic sub-specialisms, complex and “simple”. <i>Local Anaesthetic “simple” Cataract and Injections previously delivered at ICAT.</i></p> <p>Emergency Operating.</p> |
| PRH | <p><u>Adult & Paediatric</u> All sub-specialisms</p> <p><i>Those outpatient services previously delivered at ICAT Adult.</i></p> <p><u>Excluding</u> the following: Urgent Eye Clinic Injections for Medical Retina related conditions Cornea Cataract assessment</p> | <p><u>Paediatric</u> General Anaesthetic and Local Anaesthetic</p> <p><u>Adult</u> Oculoplasty surgery.</p> |

We are seeking people’s views via a questionnaire which can be accessed on the **XXX** section of our website or via **[url to be inserted]**. We will also be undertaking a programme of targeted engagement with patients using our eye department services across the current site configuration and we will be liaising with representative groups such as HealthWatch.

The engagement period will run for 4 weeks November/December 2018, and we would like to encourage people with an interest in Hospital Eye Services delivered at Sath to review the engagement document and complete the questionnaire.

The result of the engagement period will be analysed and will be presented to our Trust Board alongside associated recommendations regarding future temporary suspensions in a public Board meeting in January/February 2019.

9 ENGAGEMENT PROGRAMME OVERVIEW

The process

The engagement period will run for 6 weeks and during that time will seek the views of:

- local communities through a questionnaire, available online and in hard copy from the eye departments at PRH, Euston House and RSH
- Patients using Eye Departments through a programme of targeted engagement, which includes discussion groups. At these sessions attendees will be taken through the engagement document and asked to complete the questionnaire
- representative groups such as HealthWatch.

The result of the engagement period will be analysed and be presented to our Trust Board alongside associated recommendations regarding future temporary suspensions in a public Board meeting in January/February 2019.

The engagement document

At the core of the programme will be an engagement document which will clearly set out the basis on which we are engaging. It will set out: the purpose of the engagement programme and the dates of when it will start and finish; the operational pressures the service is under; the proposed future options for accommodation reconfiguration including the implications of no change, as well as what the results of change would look like in terms of benefits to patients and families and potential disadvantages; information about the engagement programme, and including how to respond.

The engagement document will be accessible, clear, concise and written in plain English. It will also be available in large font to aid those patients with sight impairments.

In addition to the engagement document, frequently asked questions will be produced during the engagement period. These will be used to provide answers to common issues and questions and respond to any issues that have arisen.

The questionnaire will be available on the Trust website and hard copies can be requested from the Care Group should anyone not have access to the internet. Hard copies will also be available across the Trust's Eye Departments.

Raising awareness and encouraging involvement

We would like to hear from local people and particularly patients and their families using our Hospital Eye Services to understand how we can best meet their needs. We are therefore proposing to raise awareness of the engagement period in the following ways:

- an initial announcement which will include a media release, letters to staff and stakeholders and social media content
- posters will be put up within our 3 Eye Departments as well as being provided on the information screens within the eye department at RSH
- eye department staff will be supported to talk to patients and families using the service to raise awareness and encourage involvement
- information will be available on the eye departments section of the website, and we will invite key partner organisations to signpost to it

Media approach

Our media approach will be proactive during the engagement period (as well as reacting, of course, to any enquiries or issues that arise). Across the county, the local media continues to be important in influencing public perception and reaction to all aspects of health and care changes and we will work with them and communicate key messages for the engagement through the channels they provide.

During the engagement programme we will adhere to the following key principles:

- Ensure we can provide clinical spokespeople wherever possible to explain the need for change, the options and next steps, and to support them appropriately in this role
- Work closely with local journalists and ensure they are fully briefed on the need for change, the options and next steps
- Respond to all media enquiries in a timely and helpful manner
- Regularly monitor the media and ensure that inaccurate information about the engagement programme is rebutted where necessary

- Evaluate all media coverage to assess its effectiveness, and the inclusion of our key messages, adapting our approach as appropriate.

Discussion groups

Stakeholder discussion groups will be held where patient representatives, staff, commissioners and other interested parties will be invited to attend. These discussion groups will use the engagement document to fully explain and discuss the current operational issues, the proposed options for consideration and to answer any questions. Participants will then be invited to complete the questionnaire.

We will aim to include those identified by the Equality Impact Assessment in discussion groups.

Questionnaire

Our questionnaire will be used to ask people for their feedback on the three proposed options, and to gather views and feedback on issues and concerns so that these can be understood, and taken account of, including mitigating where possible, in terms of decision-making and implementation of that decision. The engagement will also provide an opportunity to seek additional insight and ideas that may not have been considered so far.

We will send out the link to our questionnaire by email to a wide range of stakeholders and will also make hard copies available through our maternity services, and particularly our midwives. People will also be able to access the questionnaire via the Trust website and from our social media feeds.

Mechanisms for response

People will be able to respond via a hard copy or online questionnaire.

Analysis of Engagement responses

The responses to the engagement will be analysed and a summary report will be presented to the Trust Board.

10 DIRECT ENGAGEMENT

| Group | How | Aim |
|--|--|--|
| Eye Department Staff – clinical and non-clinical | <ul style="list-style-type: none"> • Face to face briefing sessions • Emailed information • Updated as necessary throughout engagement period through internal communication channels – via managers and matrons etc. | <ul style="list-style-type: none"> • To ensure staff are equipped to communicate about the engagement and answer questions from service users • To encourage eye department staff to be involved as appropriate • Ensure all staff are aware of how to signpost service users who would like to |

| | | |
|--|---|---|
| | | have their say – discussion groups, online etc. |
| Stakeholder Engagement Discussion Groups | <ul style="list-style-type: none"> Dedicated stakeholder engagement groups will be arranged and will include presentation of current situation, hard copies of the survey made available, signposting to FAQs on website and online survey | <ul style="list-style-type: none"> Well briefed on the current position and able to communicate the facts to service users Ensure the group is clear on the remit of the engagement programme and the distinction between this and the forthcoming CCG consultation Ensure opportunities for dialogue and feedback have been made available Ensure the group is aware of how to signpost service users who would like to have their say – meetings, online etc. |
| Health Watch / Community Health Council | <ul style="list-style-type: none"> Attendance at specific meeting including presentation of current situation, hard copies of the survey made available, signposting to FAQs on website and online survey | <ul style="list-style-type: none"> Well briefed on the current position and able to communicate the facts to service users Ensure the group is clear on the remit of the engagement programme and the distinction between this and the forthcoming CCG consultation Ensure opportunities for dialogue and feedback have been made available Ensure aware of how to signpost service users who would like to have their say – discussion groups, online etc. |
| Joint Health Overview and Scrutiny Committee | <ul style="list-style-type: none"> Attendance at specific meeting including presentation of current situation, detailed programme of engagement and hard copies of the survey to be made available, signposting to FAQs on website and online survey | <ul style="list-style-type: none"> To provide an opportunity for the committee to scrutinise the plans of engagement in line with our duty to consult and their role in reviewing and scrutinising matters relating to the provision |

| | | |
|-----|--|---|
| | | <p>and operation of local health services</p> <ul style="list-style-type: none"> • Well briefed on the current position and able to communicate the facts • Ensure the committee is clear on the remit of the engagement programme and the distinction between this and the CCG consultation • Ensure opportunities for dialogue and feedback have been made available • Ensure aware of how to signpost service users who would like to have their say – meetings, online etc. |
| MPs | <ul style="list-style-type: none"> • Face to face or telephone briefing to include update on current situation, overview of engagement and to raise their awareness of FAQs and online survey | <ul style="list-style-type: none"> • Well briefed on the current position and able to communicate the facts • Ensure they are clear on the remit of the engagement programme and the distinction between this and the CCG consultation • Ensure opportunities for dialogue and feedback have been made available • Ensure aware of how to signpost women who would like to have their say – discussion groups, online etc. |

11 REVIEW AND EVALUATION

The questionnaires will be analysed and a summary report will be used to inform a paper for the public Trust Board meeting in January/February 2019. It is intended that papers will be published as part of this decision-making process.