

**TELFORD & WREKIN COUNCIL/SHROPSHIRE COUNCIL**

**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**Minutes of a meeting of the Joint Health Overview and Scrutiny Committee held on Friday, 1 June 2012 at 10.00 am in the Reception Suite, Civic Offices, Telford**

**PRESENT** – Councillor D White (TWC Health Scrutiny Chair) (Chairman), Mr D Beechey (SC), Councillor G Dakin (SC Health Scrutiny Chair), Ms D Davis (TWC), Councillor V Fletcher (TWC), Ms J Gulliver (TWC) and Mr R Shaw (TWC)

Also Present – Cllr J Seymour (TWC), Ms L Cass (Patients Group)

Officers – S Jones (Scrutiny Group Specialist, TWC), F Howe (Committee Officer, SC), P Smith (Democratic Services Team Leader, TWC)

**JHOSC-1 APOLOGIES FOR ABSENCE**

Councillor T Huffer (SC), Councillor J Minor (TWC) and Ms M Thorn (SC)

**JHOSC-2 DECLARATIONS OF INTEREST**

None

**JHOSC-3 MINUTES**

**RESOLVED** – that the minutes of the meeting held on 11 April 2011 be confirmed as a correct record.

**JHOSC-4 OPHTHALMOLOGY SERVICES**

Vicky Morris (Chief Nurse and Director of Quality & Safety, Shrewsbury & Telford Hospital NHS Trust) gave a presentation on the reasons for the recent suspension of Ophthalmology Services and the steps taken to ensure the clinical safety of the resumed service. An update on cataract surgery was attached to the agenda.

There were two issues that had recently affected ophthalmology services:

i) problems with booking and scheduling of outpatient appointments compounded by a mismatch between demand and capacity had resulted in a backlog of patients waiting longer than the 18 week referral to treatment standard;

ii) a number of clinical incidents (“never events”) in the cataract surgery service. 7 cases had been reported between November 2011 and April 2012 where patients received lenses that were of a slightly different power to that which was planned for their procedure. The service had been suspended in order for a review to be undertaken of procedures and systems by clinicians,

local GPs, patients and external experts from the Royal College. The errors had occurred due to a mis-recording of the lens sizes on the system rather than any specific surgical fault. A comprehensive action plan was drawn-up to address the issues, and to ensure the necessary checks were in the system. The service resumed on 3<sup>rd</sup> May 2012, with monitoring audits taking place on a daily basis, and the Royal College providing further assurance on the measures that had been taken.

During the suspension of cataract surgery, the number of people waiting increased from 68 to 231. Those numbers were now being reduced, and all of those waiting more than 18 weeks would have been treated by 29 June 2012.

Members expressed concern at the incidents that had occurred in ophthalmology, and at media reports that some patients had lost their sight while waiting for an appointment. It was important that patients had assurances that they would receive the best quality of service.

Ms Morris responded by stating that the Trust was confident that cataract surgery was safe and the necessary systems were in place (eg: making sure the information passed through from clinics is correct) to prevent a recurrence of these errors. In terms of the booking and scheduling of outpatient appointments, some patients had been adversely affected. Work was currently being undertaken by senior management to address the delays. It would be useful for the Joint Committee to receive an update once that work had been completed.

In response to a question about the audit and checks being made, Ms Morris advised that a lot of work had been done in the theatres, including random audit checks. If any issues showed up, that service would be subject to daily audits.

The Chair also raised an issue about the experience of ophthalmology patients attending for day surgery at Euston House, particularly the lack of any facility for refreshments. Ms Morris stated that she was aware of some concerns that had been raised about access to Euston House in terms of signposting and car-parking, but not about lack of refreshments and other facilities. However, she undertook to investigate and follow-up this point.

Members concluded that the necessary re-assurance had been provided on the clinical safety of the service, and that adequate measures were in place to prevent a recurrence. However, the Joint Committee would continue to monitor the situation, and would welcome a further report on the improvements to be made in the booking and scheduling of outpatient appointments.

**JHOSC-5 SHREWSBURY & TELFORD HOSPITAL NHS TRUST –  
FOUNDATION TRUST APPLICATION**

Julia Clarke (Director of Compliance & Risk Management) and Adrian Osborne (Communications Director) from the Shrewsbury & Telford Hospital NHS Trust presented an update report on the Hospital Trust's plan to become an NHS Foundation Trust by December 2013.

Details were given of the different phases of the application and assessment process, and the projected timelines. Work had just started on the first phase led by the Strategic Health Authority to prepare the Trust for an application for Foundation Trust status to the Department for Health by March 2013. There was a lot of work required to provide assurance and evidence that the Trust was "fit for purpose" and that the quality of services were validated. There were four strategic "domains" that would underpin the Trust's direction: Quality and Safety; Financial Strength; Patients, GPs and Commissioners; and Learning & Growth.

Since a major public consultation in 2008 on the plans for NHS Foundation Trust status (which was supported by 94% of respondents), the Trust had continued to engage with patients and stakeholders in the development of its plans. The local community had been encouraged to become members of the Foundation Trust, and the current public membership stood at 7,301 – which was above the current target of 1% of the eligible population. However, it was hoped to achieve 10,000 public members, and work was ongoing to ensure that there was representation from groups currently under-represented, such as young people and social groups D and E. Over 96% of the substantive workforce were now registered as members. A new Stakeholder Conference had been established as a quarterly forum to bring together a broad range representation of local stakeholder groups, and the first elections for staff and public governors would take place early next year. Further information was provided on the governance arrangements and the make-up of the proposed Council of Governors.

Given the period of time since the initial consultation, there was an argument that a further period of formal public consultation should be undertaken. While this would be a decision for the Strategic Health Authority, the Trust was seeking views from stakeholders on the need to go out to formal consultation again. The prevailing sense of opinion so far was that people didn't want the Trust to spend more money on a formal consultation exercise, and that they could be kept informed and air their views through the ongoing engagement work the Trust was committed to.

Members then asked a number of questions to the SaTH representatives, including:

- What would be the cost of a full public consultation exercise?

Response – it would be well into five figures, and would have to come from existing budgets – which would impact on services.

- What more would be achieved by undertaking another formal consultation?  
Response – during the last consultation, there were some public meetings where nobody turned up. Therefore, it was felt more could be achieved by “piggy-backing” on other NHS related events and consultation activities as well as the ongoing engagement with patients, members and stakeholders.

- Could any further consultation be combined with the Community NHS Trust’s application for Foundation Trust status?

Response – discussions were being held with the Community Trust.

- What were the risks of failing to achieve Foundation Trust status, or of losing Foundation Trust status once achieved?

Response – if Foundation Trust status was not achieved, there would be a risk of services being broken-up/merged or coming under a different provider. This was why the Trust was committed to achieving Foundation status. Foundation Trusts were overseen by Monitor (the regulator), who sought to identify any problems at an early stage, so that intervention would only be considered if all confidence in a Trust had been lost.

- how would the Trust generate a surplus once it achieved Foundation status?

Response – the Trust was already doing a number of things to work more efficiently (including a requirement to achieve year-on-year efficiencies) and to deliver care in better ways. As a Foundation Trust there was more flexibility as to how any surplus was used, and it was likely that cash reserves would be needed to replace equipment and maintain buildings etc..

The Committee then considered the options for further public consultation on the Trust’s application for Foundation status. The general consensus was that another formal consultation exercise was un-necessary, and that there was a danger of “consultation fatigue”. It was therefore

**RESOLVED – that a further period of formal public consultation is not required, and that the Committee is satisfied that the current programme of engagement by the Trust is sufficient to keep people informed and to allow views/comments to be fed back.**

#### **JHOSC-6 RE-CONFIGURATION OF HOSPITAL SERVICES - HEAD & NECK AND SURGERY RELOCATION**

Adrian Osborne (Director of Communications, SaTH) gave an update on the re-configuration proposals, following approval of the Final Business Case by the regional health body the previous week.

Preparation work had started on centralising adult inpatient surgery at Royal Shrewsbury Hospital (RSH), and moving the Head & Neck inpatient service to the Princess Royal Hospital (PRH). In terms of the consolidation of surgery at RSH, there were a number of key drivers that had led to these proposals, including consultant and junior doctor rota vacancies, increased sub-specialisation of consultants, patient safety issues in covering two sites 24/7, and delays for patients in seeing the right professional. The aim was to get

patients home quicker and reduce delays in the care pathways, so that patients needed less time in hospital. Refurbishment was underway for the Surgical Assessment Unit, which would be adjacent to A&E and the Medical Assessment Unit. The Short Stay unit would open in July 2012, and in-patient wards would be consolidated on Level 4 of the Ward Block.

Because of the capacity challenges at RSH resulting from the consolidation of surgery, it was proposed to bring forward the relocation of Head & Neck services to the PRH to Autumn 2012. Detailed, clinically-led discussions had been undertaken to consider the impact, and staff were currently being consulted on the changes. 84 staff would be re-located, and the Trust was working with the trades unions to try and minimise the impact on employees, and provide support to them. No redundancies would arise from this change. Refurbishment of ward 8 at PRH was underway to accommodate the services. Day cases and outpatients would continue at both sites.

Members welcomed the news that the Full Business Case had been approved, and the early implementation of some of the reconfiguration proposals. The Committee congratulated the Trust, and praised the work undertaken by officers to achieve final approval.

A question was asked regarding the future use of the currently empty ward at the Whitchurch Community Hospital. Mr Osborne advised that it depended on what the Trust's commissioners wanted them to do, and the new Clinical Commissioning Groups would have a major say on any future use. There would be discussions about the use of the ward, and how it integrated with the overall health economy model and priorities. It was suggested that these sort of conversations could take place as part of Rural Health Week in September.

**RESOLVED – that the early transfer of Head & Neck services to the Princess Royal Hospital, and the work on consolidating surgery at the Royal Shrewsbury Hospital site, be supported.**

#### **JHOSC-7      CHAIR'S UPDATE**

##### **i) SaTH Stakeholder Conference**

This was a quarterly forum to bring together a broad range of representation of local stakeholder groups to influence and shape the Trust's plans and priorities. An invitation had been received for the JHOSC to be represented on the Forum. However, because of the potential conflict of interest with the Committee's role, it was considered that it would be more appropriate to attend in an observer capacity only.

**RESOLVED – that each Health Overview and Scrutiny Committee appoint a representative to attend the Stakeholder Conference as an observer.**

ii) Review of Joint Health Overview and Scrutiny Committee

The Chair reported that the Committee had been very successful in working together in scrutinising the Hospital Trust's reconfiguration proposals. This had been the main purpose for establishing the Joint Committee, and now that task was completed, there was a need to review the Joint Committee's role.

**RESOLVED** – that a review of the Joint Committee's role and terms of reference be undertaken.

**JHOSC-8      DATE OF NEXT MEETING**

It was reported that the next meeting would be held on 9 July 2012 at Shirehall, Shrewsbury.

The meeting closed at 11.58 am

**Chairman**.....

**Date**.....

**The Shrewsbury and Telford Hospital NHS Trust****Update to Joint Health Overview and Scrutiny Committee meeting on 9 July 2012****Travel and Transport Plan****Background**

During the Keeping It In The County public consultation, one of the biggest concerns raised by patients and the public was around travel and transport. "How will I get to the other hospital site?" "What will happen in an emergency?" and "Where will everyone park?" were some of the most frequently asked questions.

The Trust also faces ongoing opportunities and challenge through: working more closely together with public and community transport providers; making the healthier travel choice the easier choice; fulfilling requirements from policy and regulations (for example, relating to planning consents, reducing carbon emissions); and complaints about transport and parking from patients, families and visitors at both sites.

Specifically, the planning permission granted by Telford and Wrekin Council for the new Women and Children's Unit at the Princess Royal Hospital contained a number of conditions regarding transport management at the hospital, including reducing single occupancy car usage.

The Trust is therefore committed to developing a Travel and Transport Plan to be shared with the public, our partners and stakeholders in the summer of 2012.

**Current Position**

Clinicians, managers and staff from the Trust have been working with both local Ambulance Trusts (the West Midlands and Welsh Ambulance Service) on the emergency aspects of travel and transport and details of this work will be included in the Travel and Transport Plan. Similarly, officers from the Trust and Local Authority colleagues have been discussing the options and potential areas of joint working which will be also included in the plan.

We have also listened to the views, concerns and aspirations of patients and the public through a questionnaire, workshops and focus groups to ensure we have accurately grasped what is important to them when it comes to travel and transport to and around our hospitals.

We have drawn together this work in a short consultation document entitled 'Shaping Your Travel and Transport'. This document sets out our ideas and asks for feedback on what we should include in the Travel and Transport Plan in relation to patient and visitor transport. A second document aimed at staff will follow later in the summer.

**Next Steps**

'Shaping Your Travel and Transport' will be published at the end of June 2012 for comment and feedback by patients and the public, stakeholders and partners during July including a presentation to the Joint Health Overview and Scrutiny Committee on 9 July 2012.

The feedback and comments we receive will inform the detailed Travel and Transport Plan for implementation by the Trust and our partners.

# Shaping your Travel and Transport

For patients and communities in Shropshire,  
Telford & Wrekin and mid Wales

June 2012

**Putting Patients First**

# 1. Introduction

Travel and transport are really important issues for improving health and delivering health services.

The travel choices we make as individuals, communities or organisations—or the choices that are available to us—have a big impact on:

- Levels of physical activity
- Air quality and noise levels
- The number of accidents
- How we live together as communities
- How we access health services and make decisions about which services to use and when to use them
- The transport of goods, services, information and people (e.g. between our hospital sites)

We all experience challenges and constraints relating to travel and transport—whether we are in one of the remote and rural parts of Montgomeryshire or Shropshire where it is difficult to access public transport, or in a town where we face busy roads and traffic noise.

As the main provider of acute hospital services for half a million people in Shropshire, Telford & Wrekin and mid Wales we aim to play our part. This includes:

- Helping to make the healthier choice the easier choice
- Reducing our impact on the environment
- Helping to improve road safety and to provide urgent care for people involved in accidents
- Working together with our partners such as local authorities, community transport and ambulance services
- Finding ways to ensure that access to our services is as easy and stress-free as possible
- Making transport between our hospital sites easier and more cost-effective

We want to make sure that we get travel and transport right, and we need to hear your views and ideas to help us do this. It is important that we hear what matters to you.

Over the last few months we have been talking to patients, carers, parents and staff to hear your views about travel and transport. Through workshops, focus groups, meetings and surveys we have heard about your concerns and your ideas for how things could be improved. We have also been working with local ambulance services to improve emergency transfers now and in the future.

This discussion document builds on the work that has already taken place, provides an overview of the opportunities and challenges for improving travel and transport, suggests ways that we can improve and seeks your views.

Information about how to make your views known is available on the final page of this document. Your views will help us to publish a Travel and Transport Plan later in the year.



Thank you

Steve Peak

Interim Chief Executive, The Shrewsbury and Telford Hospital NHS Trust

## 2. What do our patients want and need?

You have told us that you want:

- Care provided as locally as possible – this includes x-rays and scans, ongoing monitoring of a long term condition, specialist outpatient appointments and day case care and treatment.
- Your journey to hospital to be as straight forward and as stress-free as possible.
- To be able to plan your own travel so that you can be less reliant on asking friends and family for support.
- More choice and flexibility to book your appointment at a time that is convenient to you and that fits with your travel and transport options, whether this is public or community transport, a lift from friends or family, your own car (for example if you prefer not to drive at night), cycling or on foot.
- To be able to park easily and find where you need to go as soon as you arrive.
- Your family and friends to be able to visit and not waste time with a difficult journey or looking for a parking space.
- Closer working between the NHS and local authorities so that public transport makes it easier for you to get to hospital.
- More use of new technology so that more services can be provided at home or in your local health centre without needing to travel to an acute hospital.
- Up to date information in our hospitals, on our website and in our appointment letters about public transport including routes, times and frequency.
- More focus on alternatives to car transport—including public transport and safe walking & cycling routes—and more emphasis on reducing carbon emissions and our impact on the environment.
- Safe and prompt care in an emergency, and to know where you need to go to receive the care that you or your loved one needs—particularly when changes are planned to local health services.

You have also told us that you want our car parks to:

- Have more drop off areas close to the hospital entrance.
- Provide options to pay based on length of stay and not just a whole-day ticket.
- Have the right balance between providing car parking for patients and providing car parking for staff.
- Offer tickets that don't run out at midnight.
- Promote the concessions available to people on long term treatment options, those making regular visits to hospital and people on low income.
- Have much better signage so that you know which car park is most convenient for your appointment.

Some people have said that they would like hospital car parking to be free whilst others have said that charging is important so that car parks are not subsidised at the expense of patient care, or so that improvements can be made in travel, transport and parking.

# 3. Opportunities and Challenges

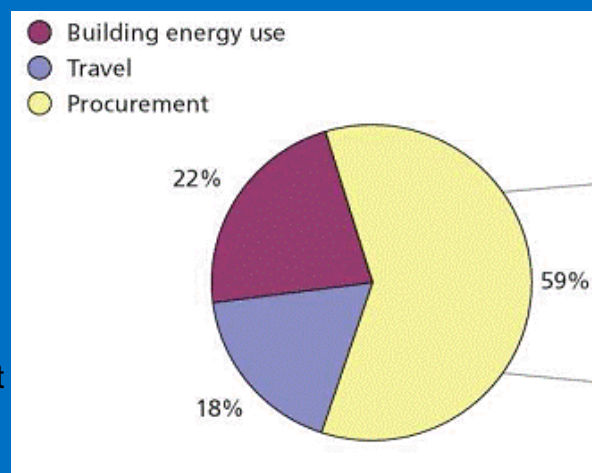
We have heard from hundreds of patients and visitors about what they expect from us in terms of travel, transport and parking. We hope that more people will share their views in response to this discussion document. As a provider of health services, finding the right solution is not simple. There are many different considerations that we need to take into account including:

- The views of our patients and carers.
- The needs of our frontline staff and the staff who support them to provide patient care.
- The different choices that people make about transport— such as buses, taxis, bicycles and private cars—which in turn depend on factors such as our personal circumstances and where we live.
- The way that public transport services are scheduled—which do not always fit in with your route to hospital or your appointment time. For some people travelling to our hospitals by public transport for a specific appointment time is not an option.
- The guidance provided to the NHS on how we should plan and deliver services, and how we should aim to be a Good Corporate Citizen (for example, by reducing our burden on the environment and contributing to lower carbon emissions).
- Requirements and guidance from other bodies, such as local planning authorities.
- The cost of providing different transport options (such as car parks) and the other things we could use this money for (such as patient care).
- The range of different community and voluntary transport providers who play such an important part in local community cohesion and supporting the frail and vulnerable.
- The transport options available to us – for example, are we able to use local park-and-ride services to reduce car parking and traffic on site?
- The technology available to us—for example, for providing care closer to home, or for booking and scheduling appointments that are more convenient.
- The different way in which the NHS operates in England and Wales and the impact this has on our patients

## Climate Change and the NHS

In the NHS we must play our part in meeting the goals set out in the Climate Change Act. The **NHS Carbon Reduction Strategy** defines how the NHS should respond to the Act. It asks the NHS to deliver a 10% reduction in carbon emissions between 2007 and 2015.

18% of NHS carbon emissions result from travel and transport. We need to make sure that our travel and transport plan contributes to our goals for reducing carbon emissions.



Here are some issues and ideas. We welcome your views.

### Car Parking

One of the main challenges that we face is that the car parks at both our hospitals can sometimes be full when you arrive for your appointment. It is clear that demand for parking is greater than the capacity we currently have available. Section 7 of this document looks at car parking in more detail.

### Walking and Cycling

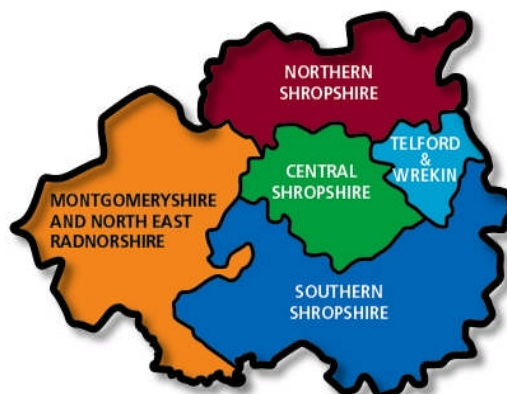
Walking or cycling is not an option for everyone, but if it is an option for you then we are committed to making the healthier choice the easier choice. What needs to happen in our hospital grounds or in the neighbouring streets to make it easier and safer for walkers and cyclists?

### Telehealthcare

Telehealthcare is about using technology to bring more care and support to people's homes or close to their homes (e.g. in local health centres). Section 5 of this document provides more information about telehealthcare.

### Joined Up Care

We know that it can be very frustrating for people to have several different visits to different NHS facilities to see different health professionals. Section 4 of this document talks about our ambitions to make your care more joined up.



### Park and Ride

One way to make more car parking spaces available on our hospital sites would be to offer park and ride—particularly for hospital staff. Do you know of organisations or locations that could offer park and ride facilities to help us reduce the pressure on our hospitals?

### Shuttle Bus

Every day there are lots of journeys between Shrewsbury and Telford—for staff and for patients and visitors. We believe that we could make this easier, reduce costs and reduce our carbon emissions by introducing a shuttle bus. Section 8 provides more information about how a shuttle bus might work.

### Personalised Journey Planning

Personal Journey Planning is a process of assisting patients and visitors in making the most appropriate travel choices to attend hospital visits. You can find more information in Section 8. Personalised Journey Planning will be particularly important when we plan for changes to women and children's services in 2014.

### Information Technology (IT)

More people are using smartphones to access information on the internet. Smartphone applications ("apps") could help you to plan the right journey for you. Better use of IT can also make it easier for you to book an appointment that is more convenient for you. What other suggestions do you have for using IT?

*What other ideas and suggestions do you have?*

# 4. Rural Healthcare and Integrated Care

At the heart of all our plans and improvements is the Trust's underlying principle of **Putting Patients First**. Putting Patients First means that we are ambitious to provide integrated care that meets the needs and expectations of all the communities we serve—ranging from rural and remote south Shropshire and Montgomeryshire to urban Telford.

Our rural geography means that the NHS needs to ensure it provides services to all our communities. We are exploring ways in which we can deliver more of our services to you in your community and even in your own home.

With our partners in the local NHS we are developing a plan to deliver a greater range of services closer to where you live.

As part of this work, we must promote the sustainable use of resources across the local NHS. One way we can do this is by working better together and we are working hard to develop an integrated healthcare system. We expect this will help to improve the quality of service we and our partners can provide.

This new way of working should improve the safety and reliability of our local health services

and at the same time make sure that we live within our means.

For patients, this should mean more convenient care, closer to where you live, with health and care professionals working together in a more joined up way.

Our ambition should be that every person who *can* be cared for at home or close to home *should* be cared for at home or close to home.

Over time, this means that we should become less reliant on large acute hospitals and more focused on care based on the needs of patients and their carers.

We are developing plans that could radically improve the range of community-based care and reduce the need for inpatient hospital based health care for patients with particular needs. This includes:

- Care at the end of life
- Support and management of Long Term Conditions
- Care of the frail and older person
- Care of people with dementia
- The development of Hospital at Home

Together, all this work means that in the future you may not always need to come to hospital for your care and treatment.

*What should the NHS and local authorities do to improve rural healthcare and provide more integrated care?*

## Voluntary Car Schemes

We acknowledge and thank community Voluntary Car Schemes for the support they provide and services they offer that enable patients from Shropshire, Telford & Wrekin and mid Wales, to get to their appointments at our hospitals when other alternatives are not available.

We welcome their involvement as we plan our services going forward.

# 5. Telehealthcare

Telehealthcare is the use of new technologies to assess, monitor and deliver healthcare to patients in their own home, GP surgery or community facility.

The benefits of telehealthcare are significant across all our communities. It can be particularly beneficial to those who live in rural and remote areas as it can prevent the need to travel to hospital. These include:

- Individuals are empowered to manage their own long term condition
- Patients are seen by the most suitable clinician within a timely manner generating better outcomes and lower rehabilitation costs
- Patients and their visitors travel is reduced and in some cases eliminated as services are provided locally
- Patients are discharged sooner as a result of remote monitoring and by spending less time in hospital, the number of beds we need is reduced
- The time doctors and nurses spend in contact with patients is increased as they no longer have to travel between our acute hospital sites and community settings.
- Improvements in patient care whilst reducing costs



We believe that through telehealthcare, there is a huge opportunity to improve access to care for patients at local level, make care more consistent and reliable, improve access to expert decision makers, improve how patients move through our health system and lower costs for the local NHS and us all as tax-payers.

We know that we can develop a system that following a careful analysis of the risks and benefits would progressively offer patients, and their carers access to care through telehealthcare.

We have senior doctors within our hospitals driving forward these developments and we will work with our partners to build this capability in the future.

*How could telehealthcare help you or your family?*

## 6. Getting to Hospital in an Emergency

We know that prompt care in an emergency is a really important issue for our patients and communities across Shropshire, Telford & Wrekin and mid Wales. It was frequently raised as an area of concern during the Keeping It In The County consultation, particularly by people in rural Shropshire and Powys. That is why we are working hard with our healthcare partners, the West Midlands Ambulance and Welsh Ambulance Services, GPs, Commissioners and other providers of healthcare to ensure that you and your family get the emergency care and support you need, when you need it.

Across the NHS there are many examples where the right decision in an emergency is to take you to a specialist hospital with a full range of experienced, specialist staff and the very latest equipment—even if this is some distance away.

For example, children with the most serious illnesses and injuries are already taken to specialist children's hospitals such as Birmingham or Alder Hey. Many patients who experience particular types of heart attack are taken to specialist Heart Centres such as Wolverhampton or Stoke. This means that we already have a lot of experience of transferring people safely to the ensure they receive best possible care and the best outcome possible.



Another example is the new Major Trauma Networks which aim to ensure the best possible outcomes for adults following serious injuries. Hospitals and other health services work together in a network with “Major Trauma Centres” as their hub. Major Trauma Centres are specialist regional hospitals that have the full range of clinical services including heart and lung surgery, and brain surgery. These are complex services that are not available in every district general hospital.

For most people living in Shropshire, Telford & Wrekin and mid Wales our nearest hub or “Major Trauma Centre” is in Stoke or Birmingham.

If someone has an injury that needs Major Trauma Care, emergency services will transfer them to the Major Trauma Centre so that they get the best treatment and the best chance of recovery or rehabilitation.

The Royal Shrewsbury Hospital has been designated as a Major Trauma Unit. This means that we play a vital role in this life-saving network. Patients who need to be taken to Stoke or Birmingham can be assessed and stabilised locally before they are transferred. Our Major Trauma Unit status has helped us to keep vital services in the county. This has only been possible because of the decisions we have made about the future shape of hospital services.



## Supporting You Every Step Of The Way

Over the next two years important changes are happening to your hospital services so that we can keep them safe and keep them in your local hospitals. Later this year Royal Shrewsbury Hospital becomes the main centre for inpatient acute surgery and from 2014 Princess Royal Hospital will be the main centre for women and children's inpatient and consultant maternity services.

**Most services for most patients will remain where they are now**, as both hospitals will continue to provide A&E, outpatients, emergency medical care, day surgery, diagnostics and much more besides. In fact, 49 out of every 50 patient contacts will be in the same place as now. But, some hospital journeys will be longer for some patients. So, we are making sure that travel and transport for adults and children in an emergency is a priority for us and other parts of the NHS.

Your local health services are working together to improve each step in your emergency journey:

- **DECISION:** First, is the decision you or someone with you makes to call for emergency help by ringing 999. This is made quicker by understanding what you should do and when. Working with GPs, public health teams and other local community health services we will do more to provide information and support so you know what to do in an emergency. For example, the FAST (Face, Arm, Speech, Time) campaign helps you to spot the signs of stroke and seek emergency assistance. We will also do more to promote NHS Direct, GP Out of Hours, the upcoming NHS 111 service and other alternatives to ringing 999.
- **AMBULANCE ARRIVAL:** The next step is ensuring that when you do have an emergency that needs an ambulance it gets to you as quickly as possible. We have worked hard with our local ambulance services to make sure that the nearest ambulance responds to you irrespective of where you live. We know that this was a particularly important issue for people living on the border between England and Wales. These arrangements have been in place since December 2011 and are working well.
- **ASSESSMENT:** Ambulance professionals make a safe assessment about what help and care you need. This also determines where you should be taken if you need hospital care. As part of our work on the future shape of hospital services, ambulance service paramedics have been part of our care pathway groups. They have been working with hospital doctors & nurses and local GPs to make sure we have the best plans for everyone to get the right care in the right place from the right professional at the right time.
- **JOURNEY:** The time spent in the ambulance on the way to one of our hospitals is the next part of the journey. Changes to hospital services mean that some patients will have a longer ambulance journey to the best service to provide their care, so we are reducing the time spent on other steps in the journey.
- **HOSPITAL ARRIVAL:** We are putting in place ways to speed up what happens when you arrive at hospital. Rapid assessment of patients as they arrive in A&E and care from a specialist team (such as the surgical team) will help you get the care you need as quickly as possible. We are also putting in place new arrangements that will reduce the time from hospital arrival to specialist care from our children's cancer team for children who urgently need intravenous antibiotics.

We believe that it is the right decision to changes to the way acute surgery and inpatient women and children's services are provided, as this will keep these services safe for patients and communities across Shropshire, Telford & Wrekin and mid Wales. We also know that people have concerns about the additional travel time. This is why we have made a commitment that travel and transport will continue to be a top priority as we put these plans in place, and we will continue to monitor our safety data very closely.

We will continue to work with our partners to improve how you are assessed and treated in an emergency, making sure that you receive the right care, in the right place and at the right time.

# 7. Car Parking and proposed increase in charges

Ensuring that patients can access hospital when they need to is an important part of healthcare delivery. Many patients who need to travel to hospital will have to do so by car, either because of mobility or illness, practicalities, a lack of alternatives or through choice.

But, providing car parking does come with its challenges. It is also one of the biggest sources of dissatisfaction and complaints. We also know that we need to have good car park management systems in place that support people to park, provide advice and assistance and help make your arrival at hospital as stress-free as possible.

With this in mind we aim to providing car parking that is not a “free-for-all” but instead that it is “fair for all”. This means:

- Making sure that we are playing our part in reducing carbon emissions.
- Providing fair levels of control that aim to ensure that car parking spaces are available for people who need them.
- Active encouragement of alternatives to single car use.
- Providing and publicising concessions—for example, for people on low incomes and for people whose health conditions mean that they need to visit hospital regularly.
- A safe environment, particularly for people visiting hospital at night.
- Making sure that providing car parks is not diverting resources from patient care.

## Where we are now

Patient and visitor parking is provided at both the Princess Royal Hospital and the Royal Shrewsbury Hospital. A pay and display system is in place.

The charges for parking are currently set at a flat rate of £2 for any length of parking within a single day, valid up to midnight. There are concessions in place for people on long term treatment plans and for multiple visits. Many people on low income are eligible for a refund through the national Healthcare Travel Costs Scheme.

The tariffs have not changed for five years.

As discussed earlier in this document it is clear that demand for parking is greater than the capacity we current have available. **Too many people find it too difficult to park, causing frustration and anxiety.** When faced with a gap between capacity and demand there are three options available:

- Can we increase the **capacity** available?
- Can we address **demand**?
- Can we improve the way our car parks are **used**?



## Car Park Capacity

Increasing car parking spaces is not always the best idea. Generally, more capacity fills up quickly and then there are further calls to increase the number of spaces.

At our hospitals we do not have many options for increasing the overall number of car parking spaces:

- The land owned by the hospitals is already full or close to capacity.
- We have purchased land adjacent to the Princess Royal Hospital to build additional car parking spaces ready for the new women and children's centre which will open in 2014. This represents a £500,000 investment in car parking at our hospitals. There is other land next to our hospitals but this is not owned by the Trust. We would need to seek permission from the owners to buy or lease this, and from the local authority to use this for car parking.
- Building additional spaces can cost anywhere between £2,000 per space at ground level up to £10,000 per space in a multi storey arrangement. This is money that we would need to find alongside all of the other demands on the finite resources available to us. It is a stark choice between building extra car parking spaces and buying essential medical equipment.
- The Trust is committed to a programme of carbon reduction and to meeting its mandatory obligations to reduce its impact on the environment.
- Planning conditions at Princess Royal Hospital expect the Trust to achieve a 5% reduction in single car use, and increase multiple occupancy.

But, there are things we can do to improve capacity. For example, we are continuing to look for opportunities to use existing off-site park and ride facilities so that we can free up the capacity on our hospital sites.

*Do you know of locations near our hospitals that could offer park and ride facilities? What other suggestions do you have?*

## Demand for Car Parking

For many people a visit to hospital is not optional. It is a necessity. You are coming to hospital because you have a health problem or because you are visiting a friend or relative. But, despite this there is still a lot that we can do to reduce demand. For example, we need to find ways of working with local transport providers to improve the timings and routes of their services so that public transport becomes an option for more patients and visitors. We also need to develop alternatives for staff—for example, through car sharing, off-site parking options, or bigger incentives for alternatives to car use.

Later in this document you will find more information about our ambitions to provide more care closer to home and to introduce more telehealthcare.

Also, later this summer we will be publishing a discussion document for staff about travel and transport.

*What ideas do you have for reducing the demand for car parking at our hospitals?*



## Making better use of our Car Parks

Good car park management helps to ensure that the spaces available are used as effectively as possible.

As a Trust we are a provider of health services and we are not experts in car park management. This is why we have asked CP Plus to manage our car parks for us. They have a contract to manage our car parks until 2020. They provide car park attendants and equipment at both hospital sites. When we last reviewed our car parking arrangements we decided that CP Plus could manage the car parks more effectively and at a lower cost than if we managed them ourselves. They are a specialist company and have experience from running car parks in a wide range of sectors including hospitals, local authorities, universities & colleges and retail.

We know that there are things we can do to improve the way our car parks are managed. For example, we recognise that once you have spent a considerable amount of time looking for a space, our pay and display system can sometimes be frustrating.

We can make improvements that will make it easier to park and make more spaces available:

- Introducing tariffs that are based on how long you stay rather than a flat rate ... *and making sure that tickets don't run out at midnight.*
- Providing more short stay car parking for pick-up and drop-off, and making this free ... *for example, free parking anywhere in our public car parks for twenty minutes.*
- Making sure that the concessions we have in place are publicised much more clearly or are simpler ... *many people on low income may be eligible for a refund of their travel costs.*
- Freeing up the time of the car park attendants so that they spend less time checking pay-and-display tickets ... *and more time helping people who need assistance.*
- Moving from payment on arrival to payment on exit, so that we remove some of the anxiety when arriving at hospital ... *and you can get to your appointment or your relative more quickly.*
- Improving the signage so you know where is best to park for the ward or department you need to get to ... *making it quicker to get to your appointment.*
- Providing better information in appointment letters or on our website ... *including clear maps that give you good advice about public transport or the best place to park.*
- Ensuring better signage for the drop-off zones that are located right next to our hospital entrances ... *so that it is easier to pick people up and drop them off.*
- Providing more payment options ... *such as cash, credit card, mobile phone.*

As mentioned on page 10, our car parking charges have not changed for five years. Some people feel very strongly that there should not be a charge for car parking at our hospitals, but if we abolished charges today then the overall funds available to local hospitals would suddenly drop. This causes two big problems—we would need to find savings from hospital services due to this drop in funds, **and** we would still need to find money to maintain and manage the hospital car parks.

Whilst it is a difficult decision to make, we propose to:

- **Maintain and improve the concessions for people in most need** (e.g. on long term treatment plans and low income)
- **Introduce a tiered car parking tariff** based on length of stay with higher charges for longer stay, and
- **Make major improvements to the way our car parks are managed** (including payment on exit).



## Proposed new car parking arrangements

We will introduce a new system of Automatic Number Plate Recognition (ANPR) for hospital parking. This is a system that uses cameras and digital technology to identify cars entering and leaving the site.

As a result, we can offer **payment on exit** (not on arrival) and **more flexible payment options**.

**Short stay drop-off and pick-up will be available free for twenty minutes everywhere in our public car parks**, not just in the designated short stay bays.

**The concessions will be more widely publicised and the prices will remain the same.** People on long term treatment plans, and close relatives of people who are in hospital for an extended period, will have a **10-park pass for £10** so they will pay **£1 per visit**. People on low incomes will continue to be eligible for the Healthcare Travel Costs Scheme which provides reimbursement of certain travel costs.

The car park attendants will no longer need to check pay-and-display tickets so will be able to spend more time **providing advice and assistance**.

We will **improve the layout and signage of the car parks** and the information in our letters and on our website. There will be **better signage of the drop off zones** near the hospital entrances and as mentioned above there will be free drop-off for twenty minutes anywhere in our public car parks.

## How our car park charges will compare

Our proposed new tariff system is set out in the table below, including a comparison with other nearby acute and specialist hospitals. Green indicates a tariff lower than ours for the same parking period, amber indicates the same tariff and red indicates a higher tariff than ours.

Time	Shrewsbury and Telford	Russells Hall	Hereford	Queen Elizabeth	RJAH	New Cross	Sandwell	Stafford	Walsall	Wrexham Maelor
Up to 1 hour	£2.50	£1.30	£3	£2.60	£2	£1	£2.10	£2	£2	Free
Up to 2 hours	£3	£2	£4	£3.80	£2	£3	£3.10	£2.50	£3	Free
Up to 3 hours	£3	£3.20	£5	£3.90	£2	£3	£3.60	£3	£4	Free
Up to 4 hours	£3	£3.20	£6	£4.50	£2	£4	£3.60	£3.50	£5	Free
Up to 5 hours	£4	£3.20	£6.50	£5.20	£2	£5	£3.60	£3.50	£5	Free
Up to 6 hours	£4	£3.20	£11	£5.80	£2	£5	£4.10	£4	£5	Free
Up to 8 hours	£4	£3.20	£11	£6.40	£2	£5	£5	£6	£6	Free
More than 8 hours	£4	£5.40	£24	£12.90	£2	£5	£5	£6	£6	Free
Weekly ticket	£8	£12		£18.00	£8	£14		£8	£10	Free

# 8. Shuttle Bus and Personal Journey Planning

## Shuttle Bus

The “Keeping It In The County” consultation in 2010/11 described major challenges facing local hospital services and how we plan to respond and ensure safe and sustainable services. The Royal Shrewsbury Hospital will become the main centre for acute adult inpatient surgery, and the Princess Royal Hospital will become the main centre for women and children’s services (for example, providing care for children who need to stay in hospital overnight for treatment or observation).

Around 49 out of every 50 patient contacts will continue at the same hospital as now. For example, the majority of outpatient appointments and day case treatments will continue to be provided at both our hospital sites. However, some care for some patients will change so that we can ensure that we continue to provide safe and sustainable hospital services in Shrewsbury and Telford.

Travel and transport was one of the big issues raised during the consultation. People wanted to be confident that the *services* would be safe and *the journey to hospital* would be safe (for example, through emergency transport). They wanted to know where to go when the services change. They were concerned about additional travel time. They wanted help and support to travel between the hospital sites.

Earlier in this document we have described our plans to improve emergency care and provide more care closer to home. In 2013 there will be a major publicity drive ahead of the changes to women and children’s services. Alongside this we will also introduce a shuttle bus between our hospital sites.

We are planning a service that will operate on a half-hourly basis between 7 o’clock in the morning and 7 o’clock in the evening. This will allow patients and visitors to go to the hospital that is nearest to them and take the shuttle bus. The shuttle bus service will be available to patients, visitors, and staff. The timings are based on our analysis of when most patients, visitors and staff will need to use the service. Outside these hours there are very few journeys between our hospital sites other than by emergency transport (e.g. ambulance).

The service will mean that more patients, visitors and staff can:

- Travel to their nearest hospital by public transport or car and use the shuttle bus between PRH and RSH. For example, someone from Newtown might take the X75 to RSH and then take the shuttle bus to PRH.
- Or, leave their car at home and walk to the shuttle bus stop at PRH or RSH.

A similar service runs in Nottingham between Queens Medical Centre and Nottingham City Hospital.



This service will help with the great majority of journeys between our hospitals. Alongside this we aim to provide better information and support for travel at night. For example, as now, people can talk to the ward manager or nurse in charge if assistance is needed overnight.

### Personal Journey Planning

**Personal Journey Planning** means helping patients and visitors to make their travel choices to attend hospital.

We aim to support patients and visitors to plan their journeys by:

- Providing more advice and support on travel and transport.
- Offering more information on our website about public transport routes, including links to specialist journey planning websites, rail companies and bus companies.
- Exploring options for developing smartphone applications (“apps”) that provide comprehensive information about local health services and how to access them in an emergency.
- Providing specific support to parents and families ahead of changes to women and children’s services in 2014.
- Publicising alternatives to car transport.
- Improving the booking and scheduling of appointments to help patients choose a time and location more convenient to them and their travel and transport options.

#### Example of Personal Journey Planner: Oswestry to Princess Royal Hospital



Source: [www.transportdirect.info](http://www.transportdirect.info)





## *Help shape your Travel and Transport*

**To comment on this Discussion Document please:**

Email: [consultation@sath.nhs.uk](mailto:consultation@sath.nhs.uk)

Call: 01743 261183

Or write to:



Chief Executive  
The Shrewsbury and Telford Hospital NHS Trust  
Royal Shrewsbury Hospital  
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**We welcome your comments by 24 July 2012**

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**Putting Patients First**

## **Terms of Reference**

### **Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee**

#### **Purpose**

To jointly consider and scrutinise where necessary, all Health and Healthcare related topics which affect the areas of Telford and Wrekin Council and Shropshire Council.

To meet when proposed changes to services are identified to confirm whether formal statutory consultation would be necessary.

To actively research and respond to any formal consultation within the agreed consultation period, usually the statutory 12 weeks period.

#### **Powers of the Joint Health Overview and Scrutiny Committee**

The Joint Health Overview and Scrutiny Committee exercises the powers set out in the Health and Social Care Act (2012) consolidated in the NHS Act (2006) to review any matter relating to the planning, provision and operation of health services across the local authority areas.

#### **Membership of the Joint Health Overview and Scrutiny Committee**

There will be six elected members from each local authority.

There will be three co-opted members from each local authority area who are independent of the relevant Council.

The Co-opted Members of the Committee have voting rights as determined by full council at both authorities. Copies of the voting schedules are attached.

Executive Members for Health and Social Care issues may attend the meeting at the Chair's discretion in a non voting capacity.

#### **Chairing Arrangements**

Meetings alternate between the Council areas. The appropriate Chair will take the lead for meetings in their Local Authority Area.

#### **Chairs' Casting Vote**

The Chair will not use their casting vote due to the alternating venue.

#### **Political Balance**

Political balance applies to this Committee. The political balance applies to each participating authority.

#### **Administration**

In line with the Department of Health Guidance Telford and Wrekin Council and Shropshire County council will share the cost and resource implications of supporting the Joint Health Overview and Scrutiny Committee. Meetings will

alternate between local authorities. Each council will take the lead in arranging venues and co-ordinating agendas with organisations and individuals invited to present reports or papers or give evidence, for the meetings taking place in their Local Authority Area.

The agenda will be agreed by both Health Scrutiny Chairs at an agenda setting meeting about 10 working days before the Joint Committee meeting. Papers and presentations will be considered during this meeting to establish running order and specific instructions to those attending.

Pre-meetings will be at the Chair's discretion, to be attended either by the Chairs' alone or for members of the whole joint Health Overview and Scrutiny Committee.

### **Additional Support**

Each local authority will identify an agreed resource which it can provide to support the work of the Joint Committee. This may be officer time and/or a financial contribution to cover the costs of any specialist advice.

### **Frequency of Meetings**

To be detailed in the Joint Committee Work Programme.

### **Quorum**

One third of the membership of the committee. At least 2 elected members must be present including 1 from each authority. There must be 2 representatives from each authority including co-optees.

### **Ways of Working**

Under the Department of Health Guidance (2003) the Joint Health Scrutiny committee must:

- Represent the interests of the population that receives services provided by or commissioned by the NHS body
- Operate in a way that will lead to rigorous and objective scrutiny of the issues under review.

The Joint Committee will hold formal meetings, and will undertake visits – which as far as possible will involve representatives from both authorities. Each authority will be able to lead and undertake individual pieces of work. The Joint Committee may also hold meetings with relevant representatives and officers outside of the main scrutiny forum such as focus groups, public meetings and consultation with relevant patient/service user groups.

### **Reports**

Wherever possible all reports will present joint evidence based conclusions and recommendations. However, where differences exist reports will be able to include sections setting out evidence based conclusions and recommendations reflecting the different views within the joint committee.

### **Review of Terms of Reference**

Annually or as required when issues arise for joint scrutiny.