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TELFORD & WREKIN COUNCIL/SHROPSHIRE COUNTY COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview and Scrutiny Committee held on Tuesday, 29 January 2008 at 2.00 p.m. at the AFC Telford Learning Centre, Wellington, Telford

PRESENT – Councillor D.R.W. White (TWC Health Scrutiny Chair)(Chairman), Councillor V.A. Fletcher (TWC), Councillor D. Gaskill (SCC), Councillor Y. Holyoak (SCC Health Scrutiny Chair), Mrs V. Lindley (TWC), Councillor V. Parry (SCC), Councillor E. Parsons (SCC), Mr D. Saunders (TWC)

Also Present – Councillor D. Beechey (SCC HOSC) , J. Chambers (Chief Executive, Shropshire County Primary Care Trust), S. Conolly (Chief Executive, Telford & Wrekin Primary Care Trust), J. MacDonald (Programme Director: Strategy for Developing Health & Health Care) and T. Taylor (Chief Executive, Shrewsbury & Telford Hospitals NHS Trust)

Officers – P. Donohue (Head of Service Development: Adult & Consumer Care, TWC), K. Clarke (Head of Audit & Scrutiny, TWC), L. Nicholson (Acting Director for Community Services, SCC), T. Dodds (Lead Officer – Scrutiny & Modernisation, SCC), M. Evans (Senior Committee Officer, SCC) and P. Smith (Senior Democratic Services Officer, TWC)

JHOSC-1 APOLOGIES FOR ABSENCE

Ms D. Davis (TWC), Cllr A. McClements (TWC), Cllr S. West (SCC) and Cllr M. Winckler (SCC).

JHOSC-2 DECLARATIONS OF INTEREST/PARTY WHIP

None

JHOSC-3 SHROPSHIRE, TELFORD & WREKIN HEALTH ECONOMY

The Chairman reported that the Joint Committee had been re-convened in order to have oversight of the development of an over-arching strategy for health services across Shropshire and Telford & Wrekin. He welcomed the Health Service representatives to the meeting, and invited Jo Chambers and Simon Conolly to make a presentation on the background to the Strategy Development, and the progress that had been made so far. A briefing paper was attached to the agenda.

Over the last few years, there had been considerable work done within the Shropshire, Telford & Wrekin Health Economy by each of the organisations to develop their strategies for improving the health and health care services for the populations served. More recently, the West Midlands Strategic Health Authority

(SHA) had published their Strategic Framework: Investing for Health, and had asked all health communities to develop an overarching strategic framework for their health economy. In addition, Lord Darzi's Review of the NHS had made a number of recommendations to strengthen and improve the NHS, with a key feature being the development of care pathways across primary, secondary and social care. As with other health economies in the West Midlands, it had been agreed that a Programme Director be appointed to support and facilitate the development of the strategic framework. A significant element of the Project Plan was that much of the work would be led by clinicians, who would be asked to look at the evidence and give a professional opinion on the future shape of good quality services.

The timescales for developing the Strategy were very challenging, with the review expected to report in April 2008. The project was being steered by the Clinical Leaders Forum (CLF) comprising the clinical directors from each of the four NHS Trusts and the Directors of Commissioning and the lead communications officer for the project. It was chaired by an independent chair, supported by a project team. The Acting Director for Community Services, SCC and the Corporate Director: Adult & Consumer Care, TWC had been invited to join the Forum as observers. The project had four main streams of work:

a) the development of eight clinical pathways as recommended by Lord Darzi – maternity and new-born care; children's health; planned care; mental health; staying healthy; long term conditions; acute care and end of life care. There would be a working group for each pathway, led by a clinician, with membership from primary and secondary care clinical services, patients, key partners (including social care services) and the voluntary sector.
b) Review of strategies for services specified as key challenges by the SHA - paediatrics, A&E/Urgent Care, emergency surgery and obstetrics. In addition, the local health organisations had agreed that a service strategy should be developed for urology.
c) a Business work stream to ensure that the financial, contracting and market management issues were fully incorporated.
d) An engagement plan to support the work of the project and ensure effective and early engagement with key stakeholders. Phase 1 of the Engagement Plan was largely complete, and Phase 2 over the next couple of months would include the agreement of engagement plans for each Pathway Development Group.

The principles underlying all the work to develop the Strategy were that any proposals should make sense clinically and make sense to the community being served.

Members were then invited to question the NHS representatives about the development of the Strategy and the Project Plan. Issues/questions included:

Who was paying for all the work to develop this Strategy, and how would the implementation of the Strategy be paid for?
Response – No additional money was coming from central Government. The Strategic Health Authority was funding the Programme Director, and the individual Trusts were meeting any costs to backfill staff who were involved in the Review. It was too early to know what the outcomes of the Review would be, and what costs

might be associated with them, but Primary Care Trusts had been asked to retain a contingency sum in their 2008/09 budget.
How did services for Adults with Learning Difficulties (ALD) fit into the Project Plan, and were the demographic changes of an increasingly elderly population being taken into account?
Response – ALD would fit broadly into the mental health clinical pathway. Older People cut across a number of the pathways, but would be built into their approach.

How would people be consulted, and who was monitoring the process?
Response - Engagement was taking place with partner organisations, patients and the public about the process that was being undertaken. If the final Strategy led to any significant service changes, there would need to be formal public consultation of those proposals. A 'Shared Governance' Group, consisting of key stakeholders, would sit alongside the Clinical Leaders Forum, and would have a key role in providing assurance that the process was robust and that there was effective engagement.

It was important that local authority services, such as for ALD and children & young people, were reflected in the review process. And would the outcomes lead to any issues for local authorities if they were being asked to provide more community based services?
Response - it was agreed that the process should not lose sight of services that were delivered with partners. However, in terms of areas like ALD, most of the clients were supported by the local authority and therefore it would not be a key focus of the NHS strategy. In terms of "who pays for what", this would be determined by national regulations.

Would the milestones for implementing the Strategy be determined by individual health trusts or would it be driven by central Government targets?
Response – it was likely to be a bit of both, although it was felt that if all health organisations in Shropshire could sign-up to a joint approach, then they would be in a better position to set their own agenda.

How were the clinicians being engaged in the process, and was there a danger that the views of a handful of powerful clinicians might have a disproportionate influence?
Response – it was important to ensure that clinicians were given time to properly participate in the process. They were being actively engaged at all levels, supported by a good communications process. It was felt there were enough stages in the process where views could be challenged to ensure that no single individuals or small groups could wield undue influence.

How was the whole process going to be completed by April 2008?
Response – the pathway groups had already started meeting to look at key issues, and there was a workshop in a couple of days time to discuss the strategic principles and overall thinking. It was believed that 3 months was achievable, but that further detailed work would need to be carried out once the framework was established. The process could also be aided by sharing experience with NHS organisations elsewhere, as across the country they were all undergoing a similar exercise.

The Chairman added that he would hopefully be sharing information with other Health Scrutiny Chairs in the West Midlands about the Strategic Health Reviews, and what processes were being followed. It was felt that Scrutiny Members should not be too closely involved in the Project Plan and the development of the Strategy, but should have a role in monitoring the process. Accordingly, it was suggested that four Health Scrutiny Members (two from Telford & Wrekin and two from Shropshire County) should become part of the 'Shared Governance' Group.

RESOLVED –

(a) that the process that the NHS in Shropshire, Telford & Wrekin are engaged in be endorsed.

(b) that in terms of the shared governance arrangements for overseeing the process, it be proposed that two Telford & Wrekin Health Scrutiny Members and two Shropshire County Health Scrutiny Members be nominated to sit on the 'Shared Governance' Group

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The meeting closed at 3.25 pm

Chairman……

Date……

Developing Health and Health Care
A Strategy for Shropshire, Telford and Wrekin

Interim Report from Clinical Leaders Forum
To
Shropshire County Primary Care Trust Board
Telford and Wrekin Primary Care Trust Board

13th May 2008

1. INTRODUCTION

1.1 Background

In October 2007 the West Midlands Strategic Health Authority asked each local health economy to develop an overarching strategy for health and healthcare by October 2008. This report is an interim report on the progress that has been made in developing a strategy and the further work required to complete the strategy by October 2008.

The Health and Health Care Strategy for Shropshire, Telford and Wrekin will provide a framework for the provision of health services to local people. The strategy focuses on health and healthcare and the interfaces with social care and local government. It has been developed by the NHS organisations working with local government, patients and partner organizations. The work has been overseen by the Clinical Leaders Forum comprising the leading clinicians in the health organizations and senior officers from Shropshire County Council and Telford and Wrekin Council.

The strategy builds on the strengths of the NHS in providing health services to the people of Shropshire, Telford and Wrekin. It will also incorporate the conclusions and recommendations from the national review of the NHS being led by Lord Darzi, known as "*Our NHS, our future*" and the NHS West Midlands' *Investing for Health* strategy.

The Robert Jones and Agnes Hunt Orthopaedic and District General Hospital NHS Trust is currently reviewing its future strategy. This is being undertaken as a separate but parallel process. The conclusions of that work will need to be taken into account in developing and finalizing the overall strategy for health and healthcare in Shropshire, Telford and Wrekin.

1.2 Developing the Strategy

The Strategy has developed through eight Pathway Development Groups, each led by a senior clinician. The eight groups are:

- Maternity and New Born;
- Children's Health ;
- Planned Care;
- Mental Health;
- Getting Health, Staying Healthy;
- Long Term Conditions;
- Acute Care;
- End of Life Care.

As part of the process of developing an overarching strategy for Health and Health Care in Shropshire, Telford and Wrekin a set of guiding principles was developed and agreed with stakeholders. Two key principles were agreed:

- Proposals must make sense clinically
  - Health, Wellbeing and Equity
  - Quality, Safety and Effectiveness

- Supporting and Developing the Workforce

➢ Proposals must make sense to the communities we serve
- Involving People in Making Decisions about their Future Health Care
- Affordable, Sustainable and Fit for Purpose
- Personalised Services and Access Closer to Home

Stakeholders including local government, the voluntary sector and patients have been involved in the pathway development groups and the workshops. The work to involve stakeholders will be built on and developed in the future to ensure that stakeholders play a key role in shaping the delivery of health care.

The Engagement Plan identified five phases:

- Phase 1: Initial Engagement and Preparation during which key stakeholders were briefed on the process. This culminated in a workshop for some 70 people on 1st February;
- Phase 2: Engagement and Development when options and models were developed and alternatives assessed. Much of this work was through the Pathway Development Groups. A number of workshops were held in February and March for particular PDGs and a further workshop on cross cutting themes;
- Phase 3: Submission of Outline Plans including a workshop planned on 7th May at which the conclusions of the work to the end of April were presented;
- Phase 4: Refining and Testing Options. It was recognised early in the process that full and effective engagements of stakeholders on complex and sensitive issues might require longer than the four months. The Engagement Plan allows for a further period of six months to refine and test the options where this is necessary;
- Phase 5: Implementation including the potential for formal consultation.

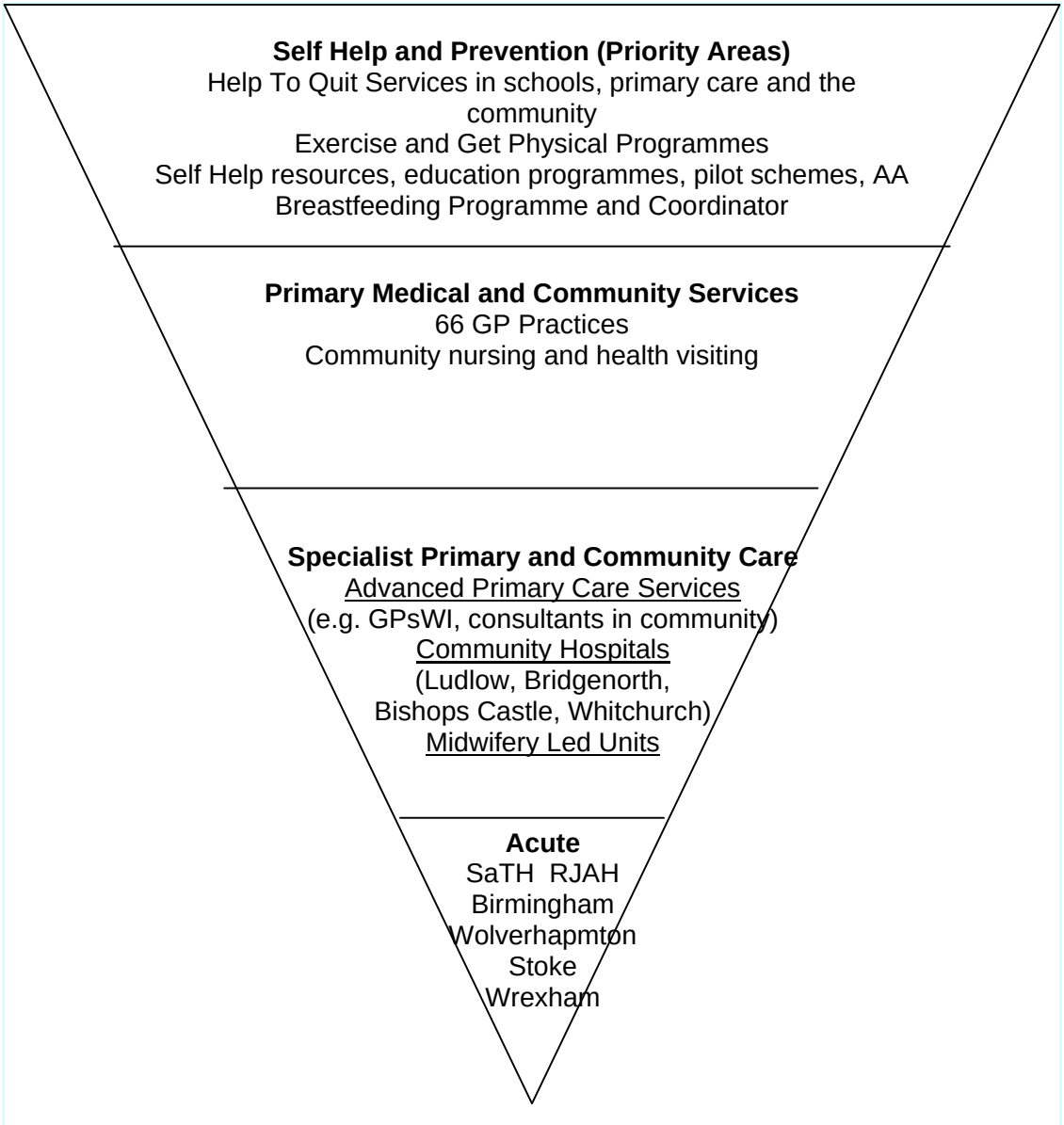
During Phase 2 a number of workshops and other events were held. These culminated in a workshop for 80 people on 7th May. A report on this event is attached in the Appendices.

1.3 Healthcare in 2008

The provision of healthcare in Shropshire, Telford and Wrekin is summarised in Figure 1. There are four tiers of healthcare:

- self help and prevention where the NHS can provide support in terms of advice, information, education and access to health promotion and lifestyle programmes to people to live a healthier lifestyle;
- primary medical and community services mainly through GPS and community health teams;
- specialist primary and community services including many services provided at community hospitals, and though specialist working in the community;
- acute hospital care for those with more serious diseases and injuries.

Figure 1: Tiers of Healthcare



2. STRATEGIC ISSUES

2.1 Health, Wellbeing and Equity

Over the next 15 years the population of Shropshire, Telford and Wrekin will change dramatically (Table 1). The number of people over 65 will increase by 18% in Telford and Wrekin by 2012 (53% by 2022) and 17% in Shropshire (44% by 2022).

Table 1: Current and Projected Population

	Shropshire County			Telford and Wrekin		
	Population 2007	**Growth 2007-12**	**Growth 2007 - 22**	Population 2007	**Growth 2007-12**	**Growth 2007 - 22**
0-15	51,800	-5%	-7%	33,900	0%	9%
16-64	182,600	0%	-1%	109,300	5%	12%
65-84	49,900	17%	44%	19,900	18%	53%
Over 84	7,300	18%	64%	2,500	12%	48%
	291,600	2%	7%	165,600	**5%**	**17%**

Source: Shropshire County Council and Telford and Wrekin Council

The increasing number of people over 65 and the increase in life expectancy has major implications for services which support independent living (for instance people with long term conditions) and where treatment is needed for conditions which are more common in the elderly including musco-skeletal services, cancer and heart disease.

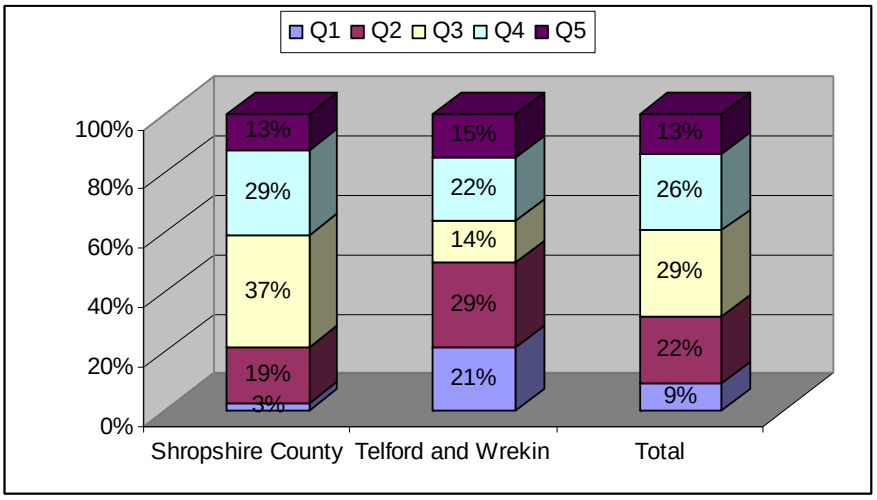
Figure 2 compares the levels of socio-economic deprivation in Telford & Wrekin and Shropshire County[1]. Nearly half of the Telford & Wrekin population live in the two most deprived national quintiles. 22% of the Shropshire County population live in the two most deprived national quintiles. There are also rising obesity levels, levels of smoking, alcohol and substance abuse and high teenage pregnancy rates.

The analysis of demographic trends and public health factors has significant implications of the health and healthcare strategy. When compared to national figures, Shropshire County is generally less deprived, with a low violent crime rate and a lower rate of teenage pregnancies. However there are significant areas of localised deprivation within Shropshire County such as Oswestry and parts of Shrewsbury. There is also higher prevalence of long term conditions compared to England as a whole with regard to coronary heart disease and hypertension. Whilst there is a high level of obesity, there are fewer deaths from smoking, fewer deaths from cancer and fewer early deaths from heart disease and stroke.

[1] The Index of Multiple Deprivation is a summative measure, based on 37 measures of socio-economic status. Scores are published at "super-output area" level (which exist below ward level and are defined by the 2001 census) and have an average population of around 1,500 people. For comparative purposes, super-output areas are often aggregated into the 20% bandings (quintiles) of the overall score.

Conversely, Telford and Wrekin has higher levels of deprivation and also higher rates of early mortality from smoking and circulatory diseases. Telford and Wrekin also have relatively high rates of teenage pregnancy and obesity.

Figure 2: Proportion of Population in National Deprivation Quintiles



The health and demographic outlook for the area emphasises the need to invest in health promotion and work with local government and other agencies to improve the health of the population and the ability of people to lead independent lives. A failure to do so will lead to increasing demand on the health services and an increasing dependency on hospital services. There will also be significant increases in demand on other services such as social services.

2.2 Quality, Safety and Effectiveness

There are national standards and policies which this strategy needs to ensure are delivered. These include:

- The Darzi Review of the NHS;
- The West Midlands SHA Investing For Health;
- ensuring timely access to both primary and secondary care services;
- giving patients a choice about where they get their treatment and care;
- National Service Frameworks and strategies;
- National standards on clinical services;
- guidance from the Royal Colleges, the National Institute for Clinical Effectiveness and the Healthcare Commission.

This guidance has been incorporated into the work of the Pathway Development Groups and is referred to in the PDG reports.

2.3 Supporting the Workforce

There are significant challenges facing the medical workforce and the ability to continue to provide some services within the present configuration of services in the hospitals. A key element of this is the ability of the NHS to offer attractive jobs to highly trained clinical staff and to successfully recruit and retain high quality clinical staff

The Darzi Review has identified the importance to patients of providing high quality care closer to where people live and to enabling them to lead independent lives with the support of healthcare professionals. This has significant implications for the clinical workforce, for instance:

- developing specialist skills in the community;
- enabling those with specialist skills in the hospitals to take a more active role in community and primary care settings;
- supporting the more dispersed provision of care with information technology and access to information and advice.

2.4 Involving People in Making Decisions About Their Future Health Services

The development of this strategy has been clinically led and has involved patients, the voluntary sector and partner organisations including local government. The further development of the strategy must build on this and actively involve stakeholders in the development of plans for the future of health care services.

The strong message that has come from the patient and patient groups involved in the strategy is that patients want to be more actively involved in decisions about their own care and, wherever possible, to take responsibility for managing their condition. This happens in many instances. But in many others it will require changes in the approach in both secondary and primary care. Patients will need to have greater information to make choices about their care and healthcare professionals will need access to information about the care that has been provided by other healthcare professionals.

The way that clinical teams work and the need to provide information and signposting to help patients 'navigate the health care system will be central to enabling patients and carers to take more control over their care and their lives.

2.5 Affordable, Sustainable and Fit For Purpose

Clinical Viability of Hospital Services

Experience from around the country and the view of the Royal Colleges is that a 24 hour acute hospital emergency service should be planned on the basis of a minimum population of around 500,000. The two accident and emergency services (at the Princess Royal and the Royal Shrewsbury) currently service a total population of around 500,000 (including the population of Powys).

The emergency activity of the two hospitals in Telford and Shrewsbury are shown in the Table 2. The figures show very similar sized hospital for emergency admissions and A and E attendances.

Table 2: Non Elective Inpatients and A and E Attendances Forecast Outturn 2007/08

	Medical	Surgical	Trauma	Gynaecology and Paediatrics	Total	A and E Attendances
Royal Shrewsbury	10,077	5,887	1,874	3,829	21,667	46,884
Princess Royal	10,269	4,515	1,437	2,594	18,815	50,212
Total	20,346	10,402	3,311	6,423	40,482	97,096

Source: Shrewsbury and Telford Hospitals NHS Trust

The key challenge facing the hospitals is the ability to provide 24 hour a day out of hours cover by senior medical staff to both hospitals. This has become increasingly difficult over the last ten years as a result of:

- Sub specialisation with medical staff becoming more specialist. Whilst this gives greater expertise and a higher quality of service in those areas where there has been sub specialistion, there are fewer consultants to provide a general emergency service. This is a particular problem in general surgery;
- Out of Hours arrangements – in some specialties there are consultants covering a number of services and/or sites at the same time. Services where this is an issue include inpatient paediatrics and anaesthetics/critical care. These arrangements have been put in place over the years to help sustain services on two sites but carry with them risks to patients and unrealistic pressure on medical staff;
- European Working Time Directive (EWTD) – since 1998 the EWTD has resulted in a reduction in the average working time per week that staff including medical staff should work. These requirements have become increasingly stringent and form August 2009 average working time should not exceed 48 hours per week (from 56 hours since August 2007);
- Training of Medical Staff – the decision on where junior doctors should be based is the responsibility of the Postgraduate Dean, taking into account the number of doctors in training and the quality of the training that is available. A key factor in the assessment of the quality of the training is that junior doctors should be able to see an appropriate number of patients with a variety of illnesses and injuries. Whilst there are few official figures for the number of patients that a junior doctor should see, small units or services which are provided across a number of locations provide fewer opportunities to see the number of patients or the range of conditions. The loss of training recognition significantly reduces the ability of the service to continue and may in some instances force the services to close;
- Recruitment - services where there are concerns about risks to patients, pressure on medical staff and continued recognition of training posts have considerable difficulty in recruiting high quality senior medical staff and in particular consultants.

The current provision of services has also limited the ability to develop more specialized services that could be provided in Shropshire, Telford and Wrekin.

In summary, continuing to providing services from two sites for the population of Shropshire, Telford, Wrekin and Powys is increasingly difficult and carries with it risks to patients, pressure on medical staff and limits the ability to develop more specialist services. At the same time, the urban population concentrations in Shrewsbury and Telford combined with the rurality of the population in Shropshire County and the deprivation levels in Telford and Wrekin provide major challenges for access to health care services. The strategy will need to ensure that both these issues are taken into account.

Financial Viability

During the last decade the NHS has received unprecedented increases in funding. Growth is projected to increase by 4% in real terms over the three years. Within this financial outlook there are pressures on resources and demands to meet the increasing needs of the population and to finance new developments. Many of these pressures are no different to pressures faced elsewhere in the NHS. There are however some specific issues affecting the financial viability of services which need to be incorporated within the strategy in addition to those felt throughout the NHS. These include:

- the current configuration of services results in duplication of hospital services across three sites and particularly across the Royal Shrewsbury and Princess Royal Hospitals;
- Telford and Wrekin PCT are have agreed to meet the additional medical staffing costs resulting from the European Working Time Directive that would be needed to support access to paediatric inpatient services across two sites. This is estimated at around £400,000. In addition the need to invest in medical staff to support adult emergency services across two sites would be between £1 million and £2 millions depending on the precise configuration of services.

2.6 Personalised Services and Access to Care Closer to Home

An increasing range of healthcare can be effectively provided so avoiding a visit to or stay in an acute hospital is one of the strategic principles. Currently some 20% of A and E attendances are at minor injuries units in the community hospitals and 25 of births are in the midwifery led units. However levels of outpatient activity away from the acute hospitals is low (4%) whilst most diagnostics are provided at the acute hospitals.

Accident and Emergency services are provided from the Royal Shrewsbury and Princess Royal Hospitals with minor injury units in the community hospitals. As such people have relatively good access to emergency services as measured by the time taken to drive to either the RSH or the PRH (Table 3). However care ownership is low (22% of people do not own a car in Telford and Wrekin compared to 18% in Shropshire) and people need to rely on public transport.

Table 3: Drive Time Analysis to Hospitals with A and E

	Royal Shrewsbury	Princess Royal
	----------% population----------	
0 – 20 minutes drive		
Shropshire County	34%	8%
Telford and Wrekin	2%	87%
	23%	36%
20 – 40 minutes drive		
Shropshire County	44%	62%
Telford and Wrekin	95%	13%
	62%	45%
Over 40 minutes drive		
Shropshire County	22%	30%
Telford and Wrekin	3%	0%
	15%	20%

*The table shows the percentage of the populations of the two PCTs which live within a given drive time of the two main hospital sites. The drive time analysis is based on 80% of the time taken to drive at a maximum allowable speed with no delays or traffic problems.

The importance of taking access in account when considering configuration of hospital services has recently been emphasised by the decision of the Independent Reconfiguration Panel to reject the proposals of the Oxford Radcliffe Hospitals NHS Trust to reconfigure services in Banbury and stated that:

> *'The ORH must do more to develop clinically integrated practice across the Horton,John Radcliffe and Churchill sites as well as developing wider clinical networks with other hospitals, primary care and the independent sector.'*
>
> and
>
> *'The IRP is concerned that the changes to paediatric, maternity, special care and gynaecology services at Horton Hospital are being driven by future medical staffing constraints, not by providing a better service for local people.'*[2]

[2] Independent Reconfiguration Panel ADVICE ON CHANGES PROPOSED BY THE OXFORD RADCLIFFE HOSPITALS NHS TRUST TO PAEDIATRIC SERVICES, OBSTETRICS, GYNAECOLOGY AND THE SPECIAL CARE BABY UNIT AT THE HORTON GENERAL HOSPITAL IN BANBURY Submitted to the Secretary of State for Health 18 February 2008

3. HEALTH AND HEALTHCARE IN THE FUTURE

The proposed Vision of Healthcare Services for 2020 has the three main objectives:

- The prevention of disease and the promotion of healthy lifestyles and independent living;
- Provision of services at home or as close to home as possible;
- Provision of sustainable and accessible hospital services.

The 2020 Vision is one of major change:

- a significant increase in investment in health promotion and healthy lifestyles;
- patients managing their own care and exercising choice about how and where they receive their care;
- developing primary care including the Advanced Primary Care Services model and the continued development of pathways across primary and secondary care and the involvement of the voluntary sector and local authorities in planning and delivering services;
- better information and sign posting for patients;
- developing specialist community services including community hospitals, midwifery led units and integrated working across primary and health and social care teams, strengthening community nursing and diagnostics in the community;
- children who have long term conditions and disabilities will be supported at home through the development of a hospital at home service and strengthening the acute assessment for children will mean that fewer children will need to come into hospital;
- adults with long term conditions or requiring support as they get older will have a greater range of services available, closer to home and provided through their GPs or in community hospitals;
- mental health services will actively support care closer to home through better integration of services, more specialist advice and support to primary care teams, greater availability of short stay respite and crises intervention whilst reducing the number of long stay beds.
- outpatients and day cases operations will be provided in community settings including community hospitals and in GP premises;

- ante natal care and the number of births in midwifery units will be increased in the community through an additional unit in the Whitchurch/Market Drayton areas and by making better use of the existing midwifery led units.

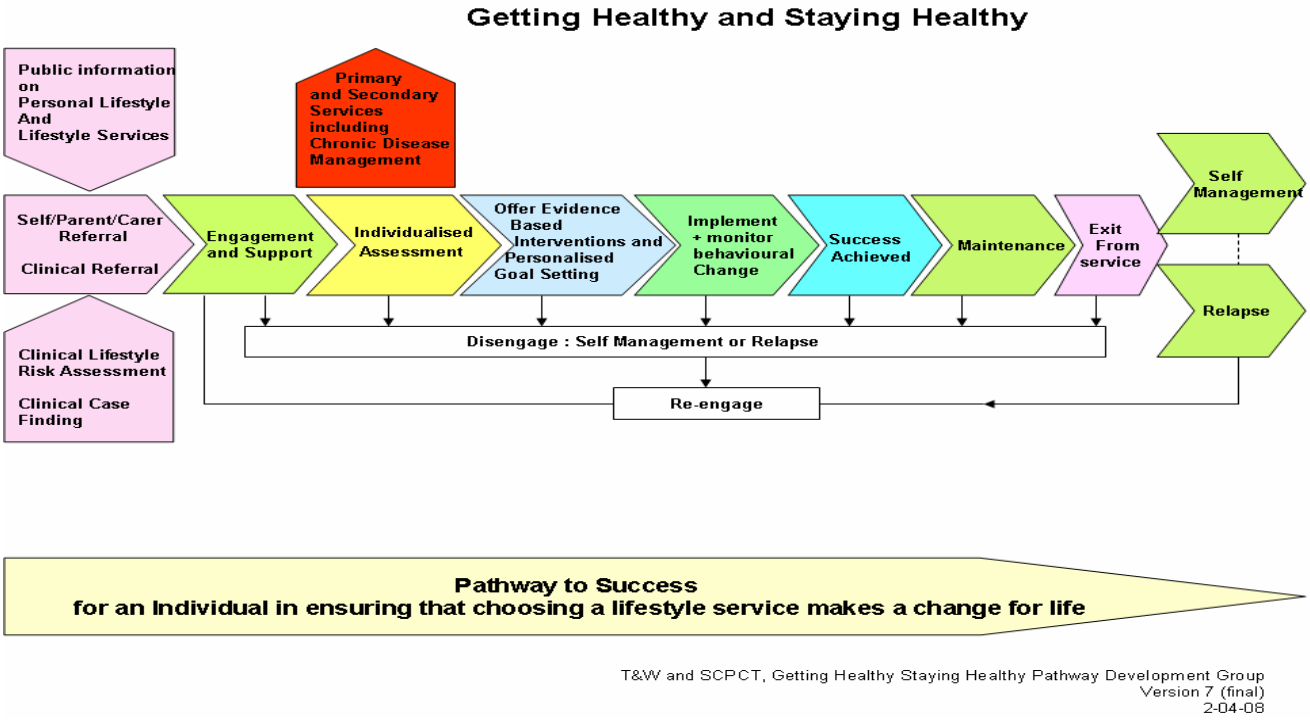
- emergency and urgent care will be provided through a co-ordinated network including primary care, community hospitals, local hospitals, district hospitals and hospitals with specialist services[3].

3.1 Prevention of Disease and Promotion of Healthy Lifestyles

The 2020 Vision is one where people are encouraged and helped to lead a healthy lifestyle and, for those with long term conditions, individuals manage their disease and are supported to lead as independent a life as possible.

The 2020 for Getting Healthy, Staying Healthy is the Wanless fully engaged scenario where the lifestyle change model is fully developed and geared up to respond to maximum demand for lifestyle change services. The Model of Care for this is outlined below.

Figure 3: 2020 Vision for Model of Care for Getting Healthy, Staying Healthy

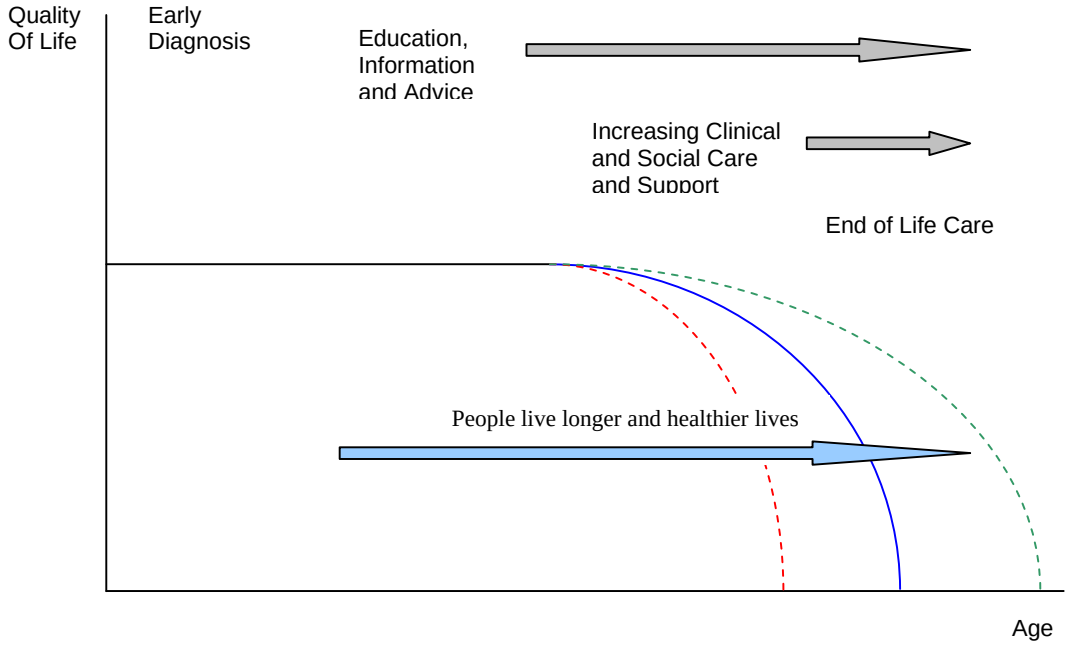


[3] Acute Health Care Services, Report of a Working Party, Academy of Medical Royal Colleges, September 2007.

3.2 Care Closer to Home

The aging population and the increased prevalence of people with long term conditions such as asthma and diabetes will require the NHS and partner organisations to support people to live independent lives. For this group of people, living an independent life will not only improve their quality of life over an increasing number of years but also reduce the demands on the health service. For those people nearing the end of their life, they will be supported in their choice of where they want to die through communities, health services and social care services and the independent sector working together to provide a range of integrated and coordinated services.

Figure 4: The Life Cycle Model - Supporting People Independent Lives



Supporting people to lead independent lives will be a key focus for people with long term conditions and mental health problems and for end of life care. This will require building the skills and capacity in primary and community care, integrated working with partner organisations including social services, education and the voluntary sector and developing clinical pathways across primary and secondary care.

A wider range of planned and urgent care will be provided closer to where people live. People will not have to travel to a large hospital for their outpatient appointment or to have their x-ray where a community hospital or other primary care facility is closer. Table 4 below summarises the shift in services closer to where people live over the next 12 years.

Table 4: Care Closer to Home

	Current	2012/13	2020
A and E Attendances	16%	50%*	50-60%
Outpatients New Follow Up	 7% 5%	 26% 22%	 60-80% 60-80%
X-rays	6%	19%	20-30%

* including in urgent care centres at RSH and PRH

3.3 Sustainable and Accessible Acute Hospital Services

Emergency Care

Within the emergency system, the clinical viability and access issues discussed above present significant challenges to the continuation of emergency surgery and A and E departments on two sites on the one hand and ensuring good access to the population of Shropshire, Telford and Wrekin on the other.

In developing a strategy which would provide sustainable and good access to patients requiring hospital emergency care, four scenarios were developed. Within each of these scenarios there are a number of options.

	ONE	TWO	THREE	FOUR
Scenario	No change	Minimum change to address immediate sustainability issues	Increase care closer to home. Acute hospitals focus on either RSH or PRH.	Move care closer to home. Community hospitals would provide increasing range of specialist community services. A new hospital between Shrewsbury and Telford.
			Sub Options (i) A and E Level 1 at RSH or PRH with emergency medicine and MIU at the other (ii) A and E at both RSH and PRH but with one dealing with vascular, major trauma. May have some changes in services	Sub Options (i) New site and closure of PRH and RSH (ii) New site for seriously ill and injured. RSH and PRH provide elective (outpatient, day case), diagnostic services and specialised community services. An elective centre for patients requiring routine surgery would be provided at either RSH or PRH.

An initial assessment of the each of these options was carried out against the strategic principles detailed above. The scenarios were scored against the strategic principles and weightings applied to the scores giving an overall score.[4] It should be recognized that this is an initial assessment and considerable additional work is needed including a full option appraisal before a final strategy can be developed. In summary:

- Scenario ONE and TWO had a low scores (45%) and there were concerns about sustainability, safety and quality and supporting the workforce;
- Scenario THREE scored better where the other site would continue to have emergency surgery (58%) as the scenario was seen as being more clinically viable. Where the A and E service was limited to emergency medicine the score fell (36%). There were also major concerns about access and making sense to the community;
- Scenario FOUR where outpatients, diagnostics and specialist community services including urgent care scored the highest (81%). The sub option involving the closure of the hospitals in Shrewsbury and Telford scored low due to concerns about access and affordability.

The recommendations of the Clinical Leaders Forum are that:

I. a detailed assessment of the scenarios and options should be undertaken to determine the future strategy for emergency services. This should build on the engagement process that has been developed and the principles outlined above. In addition the NHS Next Stage review, published on 9th May, sets out pledges regarding the way in which change is taken forward. These will form the basis of the way that the scenarios and options are assessed and decisions taken;
II. actions need to be agreed and implemented to address immediate sustainability issues whilst maintaining accident and emergency services on both sites.

Children's Services

As part of the work in developing the strategy, the options for the location of inpatient paediatrics were considered. Four options were identified. The third and fourth options had sub options as shown below:

Scenario 1	Scenario 2	Scenario 3	Scenario 4
TWO Assessment Units & TWO Inpatient Units	TWO Assessment Units & TWO Inpatient Units & Hospital at Home	TWO Assessment Units & ONE Inpatient Unit & Hospital at Home	ONE Assessment Unit & ONE Inpatient Unit & Hospital at Home
		Sub Options RSH PRH	Sub Options RSH PRH New Site

[4] The principles were weighted by a group including clinicians, commissioners and strategic planners and key stakeholders. The scoring was carried out by a small group including clinicians and senior managers.

In Scenarios 3 and 4 the hospital at home service and strengthening paediatric community services would need to be developed before rationalising inpatient provision.

The conclusions of the narrative assessment and scoring of the scenarios were:

- neither scenarios 1 or 2 are viable in the short to medium term. Both scenarios scored poorly (49% and 54%);
- scenario 3 scored higher (63%) was higher and is clinically sustainable. There are concerns about access but the development of a hospital at home service and retaining an assessment unit at each hospital would mitigate this to some extent;
- scenario 4 with the provision of a single inpatient unit and assessment unit at the RSH or PRH score was seen as less attractive (56%), mainly due to concerns about access. The option of a single unit on a new site with local access to minor injuries units, paediatric outpatients and diagnostics continuing on the Princess Royal and Royal Shrewsbury hospitals was the most attractive option (77%).

The recommendations of the Clinical Leaders Forum are that:

I. The development of Hospital at Home services should be given a high priority;
II. Assessment services should be developed at both sites;
III. an assessment of the scenarios and options should be carried out to determine the future strategy and location for inpatient paediatric services. This should build on the engagement process that has been developed and the principles outlined above. In addition the NHS Next Stage review, published on 9th May sets out pledges regarding the way in which change is taken forward. These will form the basis of the way that the scenarios and options are assessed and decisions taken.

4. HEALTHCARE IN 2012/13

The 2020 Vision is a long term vision for health and healthcare in Shropshire, Telford and Wrekin. The work of the Clinical Leaders Forum and the Pathway Development Groups have identified a number of changes and developments that need to be implemented in the next five years to (i) address immediate challenges and (ii) make good progress to delivering the 2020 Vision. The major projects and initiatives identified by the Pathway Development Groups are summarised in the appendices.

The projects and initiatives identified by the Pathway Development Groups will:

- develop health promotion activities focussing on smoking cessation, alcohol and substance misuse, weight management, breast feeding and teenage pregnancy;
- put in place the foundations for a major shift in care closer to home by strengthening and improving information for patients and professionals; developing specialist skills and facilities in the community and developing; and implementing pathways for identified conditions and diseases;
- ensure that emergency services including Accident and Emergency Departments are maintained at both the Princess Royal and Royal Shrewsbury hospitals in the

short to medium term through integrated working across both sites and the development of acute medicine to underpin the emergency medical service; reshaping general surgery to provide a focus for the few but very seriously ill at one site; developing and strengthening assessment services for both adults and children's on both sites; developing urgent care centres; with the development of hospital at home for children, concentrating the smaller inpatient paediatric service on one site.

5. NEXT STEPS

This report from the Clinical Leaders Forum is an interim report on the development of the strategy of health and healthcare in Shropshire, Telford and Wrekin. The work to further develop and refine the strategy needs to be taken forward with stakeholders over the next six months. An outline of this work is summarised below.

	May	June	July	August	September	October
PCT Boards Consider Interim Report						
2012/13 Plans						
PDG Project Plans Finalised						
Plan Emergency Services						
Plan Paediatrics						
Develop Workforce Strategy						
Recommendations to Boards						
2020 Vision						
2020 Models of Care						
Commission Option Appraisal						
Option Appraisal						
Implementation						
Agree Implementation Arrangements						
Implement		Where formal consultation is not needed				
Engaging Patients/Stakeholders						
Boards Receive Final Strategy						

It is recognized that some of these changes will require formal consultation and that this will need to follow once the proposals and options have been developed and refined further.

Appendix 1: Projects and Initiatives 2008/09 – 2012/13

PDG/Working Group	Project	Description	Success Measures	Fully Operational by:
Cross Cutting Themes	Develop and Implement Navigation System	24/7 system as a single point of access, access to clinical records, information to clinical professionals, patients and carers	2010/11	2009/10 – 2o11/12
Cross Cutting Themes Long Term Conditions	Care Co-ordination	Implement proposals from two community nursing reviews	2010/11	2008/09 – 2011/12
Cross Cutting Themes	Integrated Diagnostics	Timely access and reporting of all diagnostics for each pathway.	2012/13	2009/10-2012/13
Cross Cutting Themes	Data and IT	Supporting communications Improve and develop information for commissioners.	2012/13	End 2008/09 – 2012/13
Cross Cutting Themes	Change Management through Organisational Development	Leadership development including clinical leadership and partnership working	Strategy agreed 2008/09	2008/09 – 2012/13
Maternity and the New Born	Neonatal Review	PCT led review of neo-natology services with W Midlands SHA	Maintain current level of neonatalogy care	2009/10
Maternity and the New Born	Obstetric Facilities	Provide facilities fit for purpose. Upgrade/new build depending on option appraisal re single site	Modern obstetric unit	Start 20111/12
Maternity and the New Born	Development of MLU Facilities	Upgrade MLU at Ludlow as part of health campus development Feasibility study into new MLU in Whitchurch/Market Drayton and implementation	Improved facilities Improved access for mothers in north east of area	2012 Feasibility Study 2009/10
Children's	Children Hospital at Home	Develop Hospital at Home service to avoid admissions and unnecessary stays at hospital	Reduce admissions by at least 20%	2010/11
Children's	Assessment Centre	Establish assessment centre at RSH and PRH	Reduce admissions. Support and stabilise acutely ill	2010/11
Children's	Paediatric Inpatient Provision	Single site for inpatient provision	Sustainable paediatric inpatient service retained in Shropshire, Telford and Wrekin	Decision on location 2008 Operational 2010/11
Children's	Dedicated adolescent beds	Dedicated adolescents beds	Appropriate facilities	Operational 2011/12

PDG/Working Group	Project	Description	Success Measures	Fully Operational by:
Planned Care	Ludlow Health Campus Development	Development of health campus at Ludlow	Transfer of outpatient activity from RSH and PRH	2012
Planned Care	Integrated Dermatology Care Services	Open access to dermatology services within the primary/community care setting either PBC or APCS with specialist advice via an e-tariff and using digital camera imaging to aid diagnostics	40% activity in primary care by 2012 and 90% by 2020	2012/13 and 2020
Planned Care	Integrated Musculoskeletal Care Services	Open access to musculoskeletal services within the primary/community care setting with specialist advice via an e-tariff and using specialists at the point of care.	30% activity in primary care by 2012 and 50% by 2020	2012/13 and 2020
Planned Care	Integrated Urology Care Services	open access to urology services within the primary/community care setting with specialist advice via an e-tariff and using specialists at the point of care	40% activity in primary care by 2012 and 70% by 2020	2012/13 and 2020
Planned Care	Integrated Neurology Care Services	open access to neurology services within the primary/community care setting with specialist advice via an e-tariff and using specialists at the point of care	30% activity in primary care by 2012 and 95% by 2020	2012/13 and 2020

PDG/Working Group	Project	Description	Success Measures	Fully Operational by:
Mental Health	Emerging Diagnosis	Improve diagnosis of personality disorder, autism spectrum disorder or ADHD	Reduction in A and E attendances and admissions (see in patient project)	Depends on funding
Mental Health	Primary care	Further expand role of primary care mental health teams into mental health and wellbeing services	Reduction in A and E attendances and admissions (see in patient project)	Detailed planning 2008/09. Implementation beings 20009/10
Mental Health	Psychological Therapies	Stepped model of care – primary care mental health teams, improved access to psychologies therapies, expansion use of CBT teams, etc	Increased in use of CBT	2008/09 – 2012/13
Mental Health	Older People (Dementia)	Improve support for dementia patients and carers in the community	Reduction admissions (see in patient project)	
Mental Health	In patient Services	Reduce beds at Skelton Hospital by a third and provide alternatives to admission by making better use of existing facilities	Reduce number of admissions by one third and increase support in community settings	Implementation start 2009/10
Getting Healthy, Staying Healthy Priority areas: • Smoking cessation • Weight management • Alcohol misuse • Breast feeding • Reducing teenage pregnancy rates	A lifestyle change service	Implement a comprehensive lifestyle change service in the LHE. All elements of model pathway to be fully developed and systematised	Improved measures of population health and reduced demand on acute services	2014/15
	Population lifestyle risks and individual case finding	PCTs (supported by CBSA) to work with primary and secondary care providers to identify the lifestyle risks of patient populations		2012/13
	Personalised health promotion components in health care interventions	Define and implement key health promotion messages at NHS contacts		20011/13
	Social marketing	Implementation of social marketing techniques in the LHE		2012/13

PDG/Working Group	Project	Description	Success Measures	Fully Operational by:
Long Term Conditions	Pathway for Respiratory Services	Reduce admissions and enable early discharge	With ageing population maintain current admission levels or slight reduction of 2% pa. Average length of stay see 5% fall with earlier discharge and better support in the community.	2009/10
Long Term Conditions	Shropshire Heart Failure Service	Reduce admissions through care closer to home and identification and active management of people at risk		2011/12
Long Term Conditions	Diabetes	Establish diabetes service in community		
Long Term Conditions	Early Supported Discharge (Stroke)	Develop rehabilitation and care in community settings to enable at lest 40% patients to have rehabilitation outside hospital		2011/12
Long Term Conditions	Long Term Conditions Project Lead	Project manage initiatives across respiratory, cardiovascular, diabetes and complex issues across the PCTs		2009/10
Long Term Conditions	Develop pathways for second phase of long term conditions	Agree with patient groups second phase of work and conditions to be included		Second phase agreed 2008/09
Acute	Urgent Care Centres	Develop urgent care centre at RSH and PRH to direct people to most appropriate place and avoid admissions	Up to 40% attendances could be seen in UCC and 10-15% reduction in admissions	Fully operational 2010/11
Acute	Rapid Turnaround Assessment Units	Develop acute assessment units at RSH and PRH		Operational 2010/11

PDG/Working Group	Project	Description	Success Measures	Fully Operational by:
End of Life	**GP with Special Interest (GPwSI) in Palliative and Supportive Care**	Expand the existing GPwSI role in order to provide close clinical links and education between the Hospice based specialist service, primary care, acute trusts, community hospitals and the independent sector	Improved equity and quality of service Increase in % people able to die at home	2009/10
End of Life	**End of Life Care Pathway Project**	Improving four key stages of the EOLC Pathway for all patients creating a team, which will work alongside existing CNS in Palliative Care in the acute, community and care home settings	Increase in % people able to die at home by at least 30%	2009/10
End of Life	**Commissioning Strategy for End of Life Care**	Review commissioning strategy for Shropshire, Telford and Wrekin	A consistent strategy across Shropshire, Telford and Wrekin	To be completed I time for 2010/11 commissioning cycle
Co-location Group	Out of hours surgical plan	Develop and implement detailed plan to sustain acute surgery across both sites in short-medium term	At least 90% surgery continues to be done on both sites	2009/10
Co-location Group	Out of hours anaesthetics/critical care plan	Develop and implement detailed plan to sustain out of hours across both sites in short-medium term	At least 90% surgery continues to be done on both sites	2010/11
Co-location Group	Hospital at Night	Implement best practice hospital at night arrangements at PRH and RSH	A and E at both sites	PRH 2010/11 RSH 2011/12
Co-location Group	Acute Medicine	Develop acute medicine at PRH and RSH	Acute at both sites	PRH 2011/12 RSH 2012/13
Co-location Group	Option Appraisal re Single site	Review options for single site for acute emergencies	Agreement on single site strategy and implementation plan	2009

Developing Health and Health Care
A Strategy for Shropshire, Telford and Wrekin

Development Workshop, 07 May 2008, Albrighton Hall Hotel and Spa, near Shrewsbury

Event Report

On 7 May 2008, seventy-eight people attended an engagement event at the Albrighton Hall Hotel and Spa near Shrewsbury organised by the county's four health Trusts[1].

The event aimed to engage a wide range of stakeholders in the development of a strategy for health and health care for Shropshire, Telford and Wrekin. It was facilitated by Professor Bob Sang, who is widely regarded as one of the UK's leading experts on engaging people and communities in health service planning.

This was a follow-up event to a workshop on 01 February 2008. An interim report on the development of the Health and Health Care Strategy is due during May, so this engagement event provided an opportunity to feed back on the work since the first workshop and hear a wide range of views to influence the interim report.

1. Background

The strategy will provide a framework for improving health and providing health services over the next five years until 2012/13. It will set out how patients will be treated, what developments and improvements are needed, the implications for staff including recruitment, and the financial plan. The strategy will also develop a vision to 2020 which will outline the main developments and improvements that will be needed over the next 12 years.

This local work forms part of a wider national process, known as "Our NHS, our future", to develop the future vision for the NHS, being led by Health Minister and practising surgeon Lord Darzi.

An interim report is due in May 2008, with the final strategy expected in October 2008. It is being developed by eight **Pathway Development Groups** (PDGs), each led by a senior clinician. The eight groups are: Maternity and Newborn; Children's Health; Mental Health; Planned Care; End of Life Care; Acute Care; Long Term Conditions; and Staying Healthy.

The development of the strategy is overseen by the **Clinical Leaders Forum** which includes the senior medical and nursing staff and the directors of commissioning from the two Primary Care Trusts and the two Acute Trusts.

2. Objectives

The objectives of the event were:

- For Pathway Development Groups to feed back on progress since the event on 01 February 2008 including the emerging shape of future health services in the PDG

[1] Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust, The Shrewsbury and Telford Hospital NHS Trust, Shropshire County PCT and Telford and Wrekin PCT

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Date	08 May 2008	Version	Version 1
Author	Clinical Leaders Forum	Intended Audience	General Distribution

- For participants to advise and comment on this emerging vision
- For the four NHS organisations to "put together the pieces of the jigsaw" from the eight PDGs, outline the overall vision for future health services and set out a range of scenarios that could emerge
- For participants to provide feedback on these scenarios, discussing their advantages and disadvantages, to identify any further scenarios that need to be explored and to provide advice on the ongoing engagement work that will be needed in order to develop the local strategy by October 2008

3. Participants

A wide range of individuals and partner organisations were invited to the event alongside NHS staff. Participants on the day included patients and members of the public, health and social care professionals and representatives from local authorities, unions and professional associations, voluntary and community organisations, patient and public involvement forums and community health councils from Shropshire, Telford and Wrekin and Powys.

Participants were provided with a briefing pack before the event, which is also available from the project website.

4. Proceedings

4.1 Introduction and Scene-Setting

The event opened with a welcome and introduction given by Brian Taylor (Chairman, Telford and Wrekin PCT) and Jo Chambers (Chief Executive, Shropshire County PCT). All presentation slides are available from the project website at **www.ournhsinshropshireandtelford.nhs.uk**.

Professor Bob Sang proposed some ground rules for the day which were accepted by participants, and outlined the programme for the day.

4.2 Pathway Development Group Workshops

During the event, all participants had the opportunity to join discussion workshops for two different Pathway Development Groups: one allocated on arrival at the event to make sure that there was broad involvement in all pathways, and a second of their choice so that participants could comment on the issues that were most important to them.

Each of the eight workshops was hosted by the Clinical Lead or their representative assisted by someone acting as a recorder. Several of the PDGs provided a short briefing to participants, copies of which are available from the project website.

Notes from the workshops are available from the project website at **www.ournhsinshropshireandtelford.nhs.uk**.

4.3 Touching Base

Following the first of the two Pathway Development Group workshops, Professor Sang invited participants to feed back general comments in four themes, as set out in the table overleaf.

Theme	Comments raised by participants
Light Bulb Moments	Need to find better ways to include the voluntary sector in end of life care – for example, providing up-to-date information about voluntary and community support organisations to care co-ordination centres. Frequent change in the NHS means that some of the connections between the NHS and the voluntary sector are not as strong as they once were. Involving patients and the public early provided the best possible challenge to NHS clinicians and managers. It was uncomfortable, but it helps us reach the right solutions. Making sure that the clinicians have a shared understanding of the model of care before confusing the public with mixed messages.
Alarm Bells	Look after volunteers – for example, it is becoming difficult to find volunteer drivers due to changes in tax regime. Pathways are not only clinical – need to look at the whole life experience.
Quiet Satisfaction	Care co-ordination centres are on the right track and there is big scope if we involve the voluntary sector and social services. If the right information is available to the care co-ordination centre then we can have a big impact Plagiarism is the way forward – today is a good opportunity to share our good ideas across the different pathway development groups.
Niggling Doubts	Can this process lead to a real re-shaping of resources in the system? How can we assist organisations to overcome some of the vested interests that exist to deliver real change – for example, by providing the support needed by informal carers or investing in upstream prevention and health promotion? Will the NHS be capable of delivering the internal and external cultural change that this will require – from inward looking to inclusive with wider engagement; from a focus on hospitals and buildings to a focus on high quality care closer to home.

4.4 Applying the Guiding Principles

As part of this work a set of guiding principles has been developed to underpin any decisions about future health services. There are two overarching principles, that **proposals must make sense clinically** and **they must make sense to the communities we serve.** For each of these principles there are three criteria. After the second PDG workshop, participants were given the opportunity to provide advice on the way decisions should be made about future health services. This was done by asking people to provide individually a weighted score for each of these six criteria. The results are set out below:

Making Sense Clinically	Health, Well Being and Equity	2nd
	Quality, Safety And Effectiveness	1st
	Supporting and Developing the Workforce	6th
Making Sense to the Communities We Serve	Involving People in Making Decisions about their future Health Services	5th
	Affordable, Sustainable, Fit for Purpose	3rd
	Personalised Services and Access to Care, Closer to Home	4th

Participants were also asked to work in groups to decide collectively which of the six criteria would be their least important. This exercise was not intended to produce a tangible "least important" criterion but to highlight how difficult it will be to make decisions about future health services that fulfil the needs and expectations of every individual and organisation.

This briefing has been produced by the Clinical Leaders Forum on behalf of Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust, Shropshire County Primary Care Trust,
The Shrewsbury and Telford Hospital NHS Trust and Telford and Wrekin Primary Care Trust.

4.5 Putting Together the Pieces of the Jigsaw

Angus Hannagan, Chairman of Shropshire County PCT, introduced the next stage of the workshop which would look at the main strategic issues emerging from the different pathway development groups and how these might be pieced together into the shape of future health services.

Simon Conolly, Chief Executive of Telford and Wrekin PCT, provided this detail, describing five major strategic themes:

- **demographics and the health of the population** - increasing elderly population, rising levels of obesity linked to lower levels of physical activity, high prevalence of long term conditions in Shropshire, relatively high mortality rates from circulatory disease and high rates of smoking and teenage conception rates in Telford and Wrekin, deprivation in Telford and Wrekin generally higher than in Shropshire, rurality of Shropshire, and increasing population – particularly in Telford & Wrekin.
- **access to services** - most people's experience of the NHS is services that are local through GP practices, pharmacies etc.; some people need access to specialist and acute hospital services available in fewer locations; transport links across the area present some challenges to access; potential to bring more services out of hospitals and into local communities – but this means less activity in the hospitals.
- **clinical viability** - similar size hospitals, sub-specialisation; out of hours arrangements (A&E, Surgery, Paediatrics, Anaesthetics and Critical Care); European Working Time Directive; training of medical staff; recruitment; developing specialist services.
- **financial viability** – we continue to face the normal NHS financial pressures of providing a full range of services within finite resources; healthcare costs of elderly population; opportunity cost of subsidising access; cost of duplication of services; limitations on developing services; age and condition of estate at some acute hospitals.
- **care closer to home** – some specialties will increasingly be provided in community settings, for example currently only 10% of musculo-skeletal services are provided in community settings whilst by 2020 this may increase to 50%. In other specialties the increase will be higher, and even more procedures will be provided in local settings such as community hospitals and health centres.

He outlined the vision for health services to 2020 that would respond to these challenges:

- People in Shropshire, Telford and Wrekin will have more opportunities to take control of your health and health care.
- You will have more access to services and support that help you to improve your health, and that reduce inequalities between different parts of our community.
- Health services should be provided closer to home where possible, including support to enable you to maintain your independence.
- This includes expanding the range of diagnosis and treatment services in GP services, in pharmacies, in community hospitals and in local health centres.
- Improved information and signposting will help you find your way through the health and care system.
- You will also have more choice in how your care and treatment is provided, and a stronger voice in NHS planning and decision-making – for example, through membership of NHS Foundation Trusts.

This briefing has been produced by the Clinical Leaders Forum on behalf of Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust, Shropshire County Primary Care Trust,
The Shrewsbury and Telford Hospital NHS Trust and Telford and Wrekin Primary Care Trust.

- Alongside this, clinically sustainable acute hospital services and access to specialist services at regional centres will be available when you need them, but most of your care will be provided closer to home.

Whilst many of the aspirations for providing personalised care closer to home are achievable, this may have an important impact on hospital services. In order to set out the overall strategic approach over the next 12 years we therefore need to be clear what this important piece of the jigsaw will look like in the years ahead.

Simon Conolly outlined four possible scenarios for future hospital services that could emerge in order to address these challenges[2]:

- Scenario 1: No change. We fail to address the challenges we face, so health services increasingly drift out of the area. We are unable to invest successfully in providing more care closer to home and improving health.
- Scenario 2: Minimum change in acute hospital services at RSH and PRH. The impact of this is that much less investment is available to strengthen community services, community hospitals, care closer to home and health promotion. Also, there is a risk that this is effectively Scenario 4 as by doing this we do not really address the challenges we face.
- Scenario 3: We invest in more care closer to home including primary care, health centres, GP practices, community hospitals and in people's homes as well as in health promotion. In order to ensure the safety and sustainability of acute hospital services in the medium term then these need to focus on either RSH or PRH (with different services focusing on different sites).
- Scenario 4: We invest in more care closer to home including primary care, health centres, GP practices, community hospitals and in people's homes as well as in health promotion. In order to ensure the safety and sustainability of acute hospital services then we develop a new hospital between Shrewsbury and Telford as the major emergency centre for the area. RSH and PRH continue to provide a range of planned surgery and diagnostic services.

Participants were asked to work in groups to:

- Identify whether scenarios have been missed
- Discuss the advantages and disadvantages of the scenarios that had been identified
- Provide advice for continuing to develop this work with local communities

Key messages about the scenarios from the plenary session and in table top flip-chart notes:

- "Do nothing" is not an option. However, in the public mind, "do nothing" is often considered to be the best option. Explaining a need for change to local people, staff, local politicians and partners will be a major challenge.
- Most groups did not feel that Scenarios 1 and 2 were realistic options. Some participants highlighted that Scenario 1 and Scenario 2 are very similar as they effectively lead to the same outcome in that the challenges we face are not addressed.
- Even in Scenario 3, there is a risk that more specialist services might drift out of Shropshire, Telford and Wrekin unless we get the mix of services right.
- Scenario 4 was felt to have many benefits (e.g. it could help attract skilled staff to the area) but more is needed to understand some of the potential downsides such as cost (e.g. capital

[2] To reduce the potential confusion with the main report, the wording and numbering of the scenarios has been updated from the presentation slides to reflect the wording in the main report. The original presentation slides are available from the project website at www.ournhsinshropshireandtelford.nhs.uk

costs) and the wider impact (e.g. on transport, carers, mobility, environmental impact etc.) and thereby make a case for this scenario.

- A major factor in deciding between Scenario 3 and Scenario 4 would be a realistic assessment of the quality of the hospital estate at the existing hospitals. For example, Scenario 4 would become more favourable if a major redevelopment of an existing hospital would be needed in the next 20 years anyway.
- Scenarios 3 and 4 provide the opportunity to ensure that finite resources are not continually drawn into providing hospital services and are more available to provide care closer to home, health improvement services, mental health and supporting people's wider general health.
- Opposition to Scenario 4 may come from a perception from people local to PRH and RSH that their services are being diminished, rather than effectively putting across the message that this scenario is about continuing to provide services in the local area (rather than services being lost to Shropshire, Telford & Wrekin). Alternatively, some objections may come from the perception that the local NHS now has to sustain the costs of three major hospitals rather than two.

Other scenarios proposed by the groups included:

- A new single central hospital without continuing to provide diagnostic and elective services at RSH and PRH. However, other groups suggested Shrewsbury and Telford would still need community hospital services, so effectively this could be seen as part of the spectrum of Scenario 4.
- Focusing acute hospital services on one of the existing sites. Other groups suggested that this was actually part of the spectrum of Scenario 3.

Key messages about the process included:

- Learn from the history – about previous NHS changes processes, and other change processes outside the NHS.
- All scenarios need more fleshing out to help explain them to local people and/or we need to work with local people to flesh out the scenarios. However, we need to keep focusing on the primary and community elements of these scenarios and not just on the acute hospital end.
- We need to understand what happens to the Robert Jones and Agnes Hunt Orthopaedic and District Hospital within this vision for the future.
- We need to be clear about the long-term vision as soon as possible. This is essential in order to help us address some of the short-term challenges we face. Some of our services are facing real problems, so if we know what we are aiming at to 2020 then we can start planning now towards that overall direction.
- Some feedback questioned why the scenarios focused on the acute part of the system rather than the wider developments needed in the system, but counter to this it was highlighted that we needed to get acute care right in order to deliver the vision emerging from each of the pathways[3]. It will be important in the ongoing debate not only to focus on hospital configuration as this may prevent us from delivering the wider vision for the pathways.
- The presentation needed to do more to help people make connections between the issues emerging from the pathway development groups and the longer term scenarios,

[3] The updated scenarios in this event report include more emphasis on developing care closer to home, health improvement etc. than in the presentation slides.

4.6 Closing

The day closed with a short address from Simon Conolly, Chief Executive of Telford and Wrekin Primary Care Trust, and Jane Povey, Medical Director of Shropshire County Primary Care Trust.

They reinforced that the overall aim of this process is to deliver high quality care in each of the eight pathways, and then ensure that this was pieced together into a coherent vision for the future health services. The latter part of the day has been challenging and necessary – getting the acute hospital part of the jigsaw right will underpin providing the network of quality care for the other pathways (e.g. Maternity and Newborn, Children's Health, Mental Health, Planned Care, End of Life Care, Long Term Conditions and Staying Healthy).

Key messages that had been heard from the day included an acceptance that services cannot continue as they are as there are challenges that need to be addressed in order to deliver a vision for future health services that **make sense clinically** and **make sense to the communities we serve**.

They thanked attendees for their participation during the day and confirmed that the issues raised would be taken forward into the ongoing process of developing health and health care in Shropshire, Telford and Wrekin.

5. Next Steps

An interim report on the strategy development work is due to be considered by the Trust Boards of Telford and Wrekin PCT and Shropshire County PCT on 13 May 2008. This event report will be presented to the Boards as an annex to the interim strategy report.

Following this there will be an ongoing process of communication and engagement during the summer. This will involve staff and local communities in shaping future health services for Shropshire, Telford and Wrekin.

6. Further Information

For further detail of each of the Pathway Development Group workshops and to learn much more about the Darzi Review and how this could impact on local health provision, please visit our website: **www.ournhsinshropshireandtelford.nhs.uk**

This briefing has been produced by the Clinical Leaders Forum on behalf of Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust, Shropshire County Primary Care Trust,
The Shrewsbury and Telford Hospital NHS Trust and Telford and Wrekin Primary Care Trust.