The Shrewsbury and Telford Hospital NHS
NHS Trust

Looking to the Future

Securing the future of hospital services in Shrewsbury and Telford

Where we are now

- Following our consultation, we are progressing with Option 2 of the proposals – to move some services from Shrewsbury to Telford and some services from Telford to Shrewsbury
- This will make the most effective use of staff, equipment & buildings
- This decision follows lengthy talks with primary & secondary care from Shropshire and mid Wales & ideas testing with patients, the public and other stakeholders

What we have done since March 2011

- Reviewing lessons learnt during the consultation and developing our ongoing communication and engagement plan
- Responding to the Joint Health Overview and Scrutiny Committee (HOSC) work plan and further assurances required by the Primary Care Trusts
- Working with the ambulance services in Wales and the West Midlands to further understand transport needs
- Office of Government Commerce Gateway Review
- Developing the Outline Business Case (OBC)
    - Understanding capacity needs
    - Agreeing the service models
    - Developing the detailed workforce plans
    - Undertaking financial analysis
- Meeting and working with the regional Strategic Health Authority and Primary Care Trusts

Timescales

Phase	Objective	Timescale	
Assurance and Consultation	To have our proposals assessed by local and national experts and decision makers To discuss our proposals with patients, the public, staff and partner organisations	October 2010 to March 2011	Complete
Planning for Implementation	Working with patients and carers to develop detailed pathways Detailed operational and financial planning Developing business cases and undertaking procurement	April 2011 to April 2012	Underway
Implementation	To begin to put the changes in place by starting building works, training staff and moving services	Phased approach from April 2012	

What does this mean for our communities

- **Most services for most patients will remain the same:**
  - A&E service at both hospitals
  - Most outpatients and diagnostics unchanged
  - Most day case procedures unchanged
  - Children's Assessment Unit at both hospitals (24 hours at PRH)
  - Midwife Led Unit at both hospitals
  - Emergency medical patients & emergency surgery at both hospitals (e.g. heart attacks, serious chest infections, road traffic accidents)
- **Improved facilities for patients**
  - Improved facilities for cancer patients at RSH
  - Surgery concentrated at RSH
  - Safe and sustainable maternity and children's services by moving to new modern facilities at PRH

What does this mean for surgery

- An acute inpatient surgery centre at RSH to carry out all vascular, colorectal and upper gastro-intestinal surgery
- Establishment of an abdominal aortic aneurysm screening centre at RSH
- Most surgery for life threatening trauma, e.g. road traffic accidents will continue to be carried out at RSH
- Head and Neck inpatient surgery would be based at PRH because of the high levels of children's activity in this speciality
- Most day case surgeries (8 out of 10 surgical procedures) will take place as before
- Hip or knee replacement or fracture repairs can take place at either hospital

What does this mean for head & neck services

- Head and neck inpatient services will move to PRH. This includes head and neck cancer inpatient services
- Thanks to fundraising, a newly refurbished and extended Cancer and Haematology Centre will open in 2012. This includes outpatient facilities for head and neck cancer patients
- There will be en-suite facilities for head and neck cancer patients at PRH

What does this mean for maternity services

- A new purpose-built consultant-led maternity unit at PRH
- Midwife-led units will continue at both hospitals with improved facilities at RSH
- Three community midwife-led units will continue at Bridgnorth, Ludlow and Oswestry
- Expectant mums will continue to receive their antenatal and postnatal appointments, including scans, at the same location as now
- All expectant mums assessed as having a low-risk pregnancy will still be able to choose to have their baby in a midwife-led unit or at home
- The obstetric unit and neonatal intensive care unit would move from RSH to PRH, along with inpatient gynaecology
- If a woman develops complications during labour at RSH, she will quickly and safely be transported to PRH – in the same way that women are transported from PRH to RSH now

What does this mean for gynaecology services

- Gynaecology outpatient and day cases will be undertaken at both hospitals
- The inpatient gynaecology service will be based at PRH
- Breast and gynaecology inpatient services will both be provided at PRH
- A dedicated gynaecology assessment service will be provided at PRH

What does this mean for children's services

- The two inpatient children's units would be consolidated at PRH
- The neonatal intensive care unit would move from RSH to PRH, alongside the consultant obstetric unit
- Children's Assessment Units will continue at both hospitals (opening hours 24hrs at PRH and 13hrs at RSH)
- No child will be turned away from A&E at RSH
- The majority of children who use hospital services will continue to go to the same hospital as now

What does this mean for children's cancer services

- Children's cancer services will move to PRH where a new children's cancer unit will be built
- Children's cancer services will be close to the inpatient children's services and paediatricians
- We will work with patients and families of the Rainbow Centre to help design the new unit, which will be even better
- We will not be asking for any fundraising for this new unit

The Consultation

What People Liked	The Main Concerns and Areas for Further Assurance
Better buildings and facilities	Travel time, distance and transport
Proposed location of services reflects population trends	Location of services
Best use of limited resources	Specific concerns for some specialties
The retention of day time assessment at both hospital sites	Public transport and shuttle bus
Improved quality of service and better care	Reassurance on travel times, transfer between sites and emergency transport
Improved access to services – older people and Stroke	Clear clinical pathways and arrangements in place to mitigate risk
Centres of excellence and specialist services would be created	Reassurance that clinicians support the proposals
Keep skills and services in the County	That there will be sufficient trained and qualified staff to ensure that the proposals are sustainable
The potential to modernise hospital sites	
Consultants and other medical staff have been involved in drawing up the proposals and that there is a clinical evidence base	

Transport and travel

- Transport and travel plan to address transport between sites for staff and patients and visitors
- Additional parking at PRH proposed in the Outline Business Case
- Modelling of service reconfiguration moves shows minimal impact on the Welsh and West Midlands Ambulance Services
- West Midlands Ambulance Service strategy around:
  - more advanced paramedics skill mix
  - Cross border agreement with Wales
  - Proposal for hub between Shrewsbury and Telford
  - Review of First responders
  - Paramedics based in every county town

Developing the Outline Business Case

- 10 clinical working group sessions with clinicians, staff and health care planners
  - Surgery (including urology)
  - Head and neck
  - Maternity, Gynaecology and Neonatology
  - Children's services (RCPCH involvement)
- Meetings and discussions with support services
- Agreement of the service briefs (number of beds; treatment rooms; assessment bays etc)
- Development and appraisal of the options
- Detailed workforce planning sessions
- Financial analysis
- Estates Strategy refresh

What's included in the Outline Business Case

- Background to the proposals
- Strategic Case for Change
- Short listing of Options
- Economic appraisal of options
- Preferred Option for each site
- Commercial Case P21+
- Financial Case
- Programme Arrangements

Maternity & Neonatology Service Brief

	Service Assumptions	Current Capacity	PRH Capacity and Facility Requirements	RSH Capacity and Facility Requirements
Consultant Obstetric Unit	• Assume 5,500 deliveries across the health economy • Sensitivity analysis re increase to 6,500 suggested this could be accommodated through LoS and model of care changes • 25% midwife led deliveries • LDR model of care	• 41 antenatal / postnatal beds • 11 delivery rooms	• 41 antenatal / postnatal beds – flexible design and use, incl. 4 transitional care • Option to use vacant MLU beds as postnatal overspill at times of peak demand • 11 delivery rooms, incl. 1 high dependency room • 2 maternity theatres • Bereavement room separate from main obstetric area	
Antenatal Clinic and MLU	• Antenatal clinics to continue on both sites, though some increase at PRH • MLU at PRH needs to be physically distinct from obstetric unit	• Antenatal clinic • 24 antenatal / postnatal beds • 8 MLU delivery rooms • PANDA and WANDA	• Antenatal Clinic • 8 MLU A/N & P/N beds • 3 MLU delivery rooms • 4 bed WANDA unit	• Antenatal clinic • 8 MLU A/N & P/N beds • 3 MLU delivery rooms • PANDA • MLU, PANDA and antenatal clinic to be relocated
Neonatology	• No change in total cots; proportion of ITU/HDU may vary in the future • Transitional care is part of postnatal bed complement, located close to SCBU	• 3 level 3 cots • 3 level 2 cots • 16 SCBU cots	• 3 level 3 cots • 3 level 2 cots • 16 SCBU cots	

Some key clinical decisions

- Agreement of clinical adjacencies:
  - Paediatric Assessment Unit close to A&E
  - PAU close to paediatric inpatient ward
  - Paediatric inpatients close to neonatology
  - Neonatology next to labour ward
  - Labour ward next to theatre
- Agreement of clinical separations
  - Midwifery Led Unit away from the consultant obstetric unit
  - Ability to separate off paediatric oncology outpatients
  - Development of adolescent space on the inpatient ward
- PAU open 13 hours at RSH and 24 hours at PRH
- Children's day cases in the Day Case Unit at PRH
- Outpatients and day cases on both sites – balance needed
- Development of Paediatric Advanced Nurse Practitioners

RSH Site - no material external changes

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Dominant nucleus style of PRH to be extended

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PRH Option 4 site plan

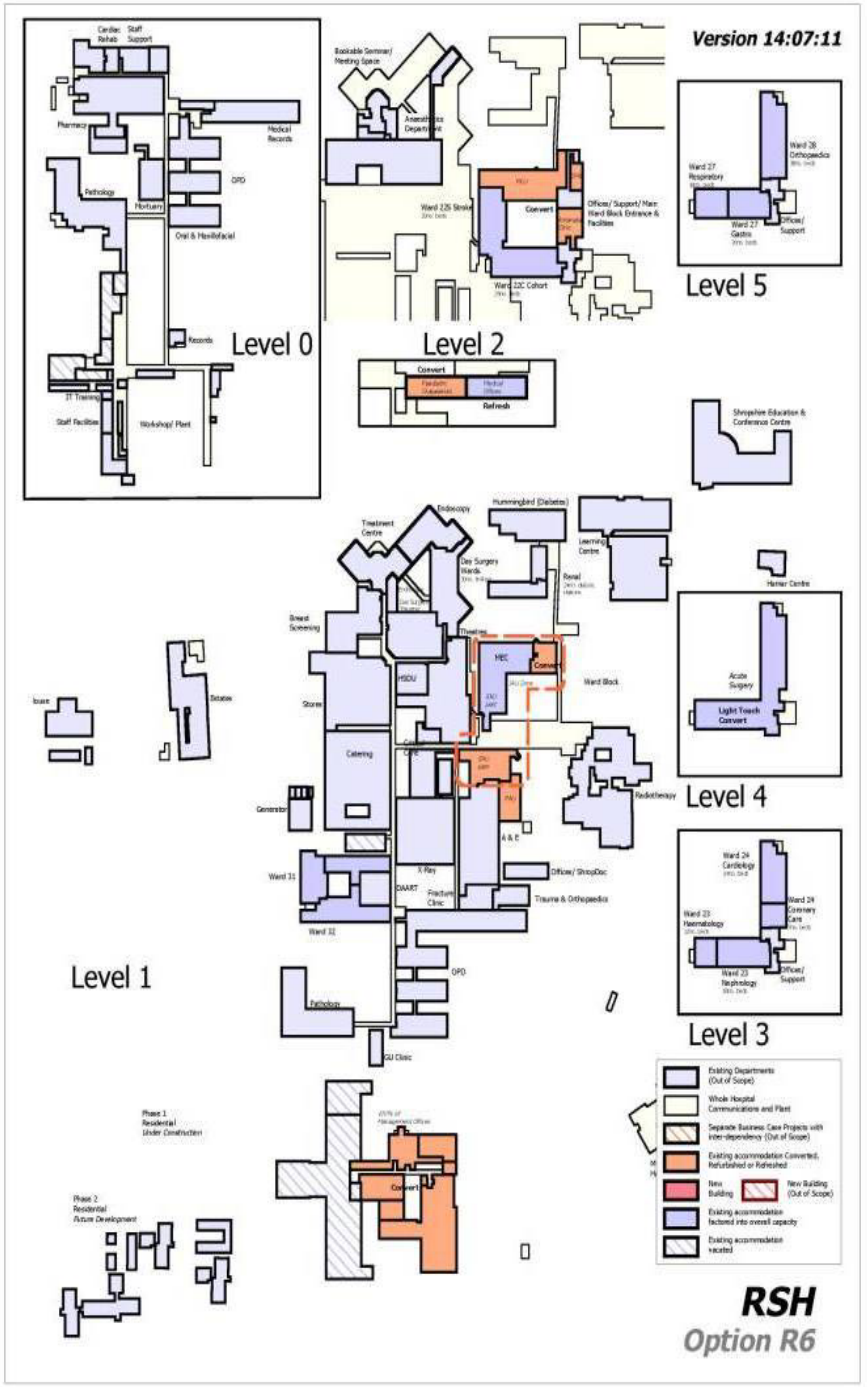
Proposed development at PRH:

The proposed plans would see the majority of consultant-led maternity and neonatal services located next to the existing children's ward at the Princess Royal Hospital.

The Wrekin Maternity Unit and clinics would stay where they are.

This will allow for some of the building to be used for overnight stay accommodation for relatives

RSH Option 6 site plan



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Capital costs of preferred options

	Year 0 (£000)	Year 1 (£000)	Year 2 (£000)	Year 3 (£000)	Year 4 (£000)	Total (£000)
Option						
Capital – P4	**1,879**	**9,916**	**11,482**	**4,593**	**708**	**28,578**
Capital – R6	**369**	**1,896**	**2,152**	**769**	**75**	**5,261**
Total	**2,248**	**11,812**	**13,634**	**5,362**	**783**	**33,839**
Funded by:						
External Loan (DoH)	**2,248**	**11,812**	**13,634**	**5,362**	**783**	**33,839**
Total	**2,248**	**11,812**	**13,634**	**5,362**	**783**	**33,839**

Outline Business Case process

- Strategic Health Authority Board update 26 July
- GP Commissioning Groups 2 and 10 August
- Welsh GP meeting 22 August
- Health Overview & Scrutiny Committee meeting 23 August
- Trust Board 25 August
- Strategic Health Authority Capital Resources Group 6 September
- Primary Care Trust Boards 13 September
- Strategic Health Authority Board 27 September

Questions?