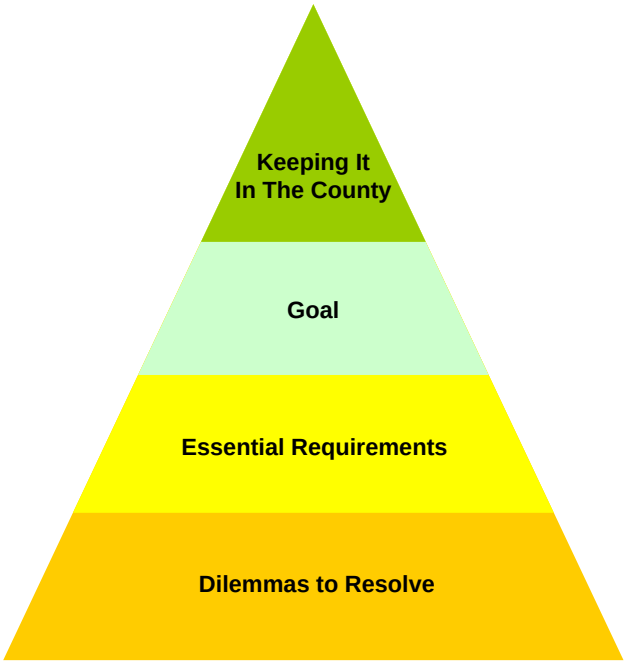
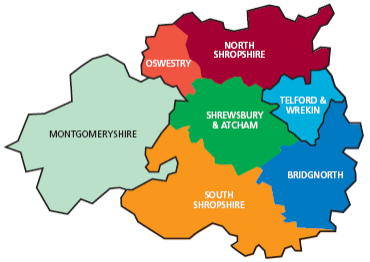
Keeping it in the County

Securing the future of hospital services in Shrewsbury and Telford

Whitchurch and Prees Local Joint Committee



The people we serve



Shropshire

- 290,000 people
- Ageing population
- Rural deprivation and access
- High life expectancy
- Higher than average/ rising levels of long term conditions

Telford & Wrekin

- 170,000 people
- Fast-growing and ageing populations.
- Increasing birth rate
- Densely populated with high levels of deprivation
- Higher than average levels of obesity, smoking-related admissions and deaths and cardio-vascular disease

Powys

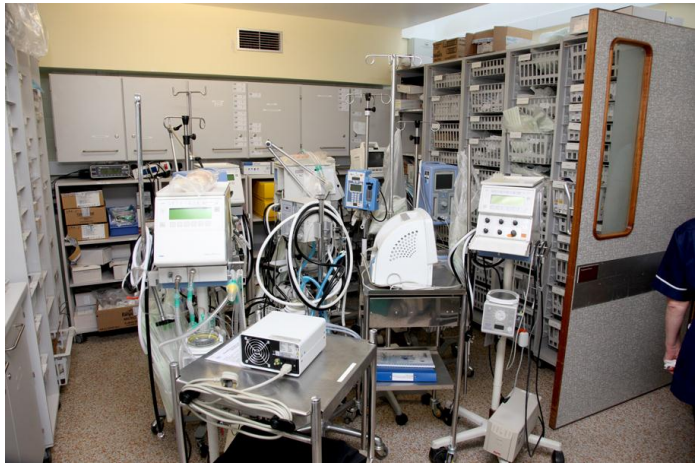
- Total population is 130,000 - our catchment is c.60,000 mainly in Montgomeryshire and North East Radnorshire
- Ageing population
- Rural deprivation and access
- Sparsely populated
- Good health status compared with Welsh averages


Keeping It
In The County
Goal
To keep services in
our hospitals
in Shrewsbury and Telford
Essential Requirements
Making services safer now and in the future
Making services sustainable now and in the future
Dilemmas to Resolve
Acute Surgery
Inpatient Children's Services
Leaving the RSH Maternity Unit before the building fails

Dilemmas to Resolve

- Making sure that we can continue to provide 24 hour acute surgery in the county
- Making sure that we can keep inpatient children's services in the county
- Planning to move out of the deteriorating maternity and children's services building at the Royal Shrewsbury Hospital before this building fails

Dilemma Three: RSH Maternity Building



How have we developed the options for resolving these dilemmas?

- A big clinical conversation – primary and secondary care
- Testing the ideas with patients, the public and other stakeholders
- Modelling four options

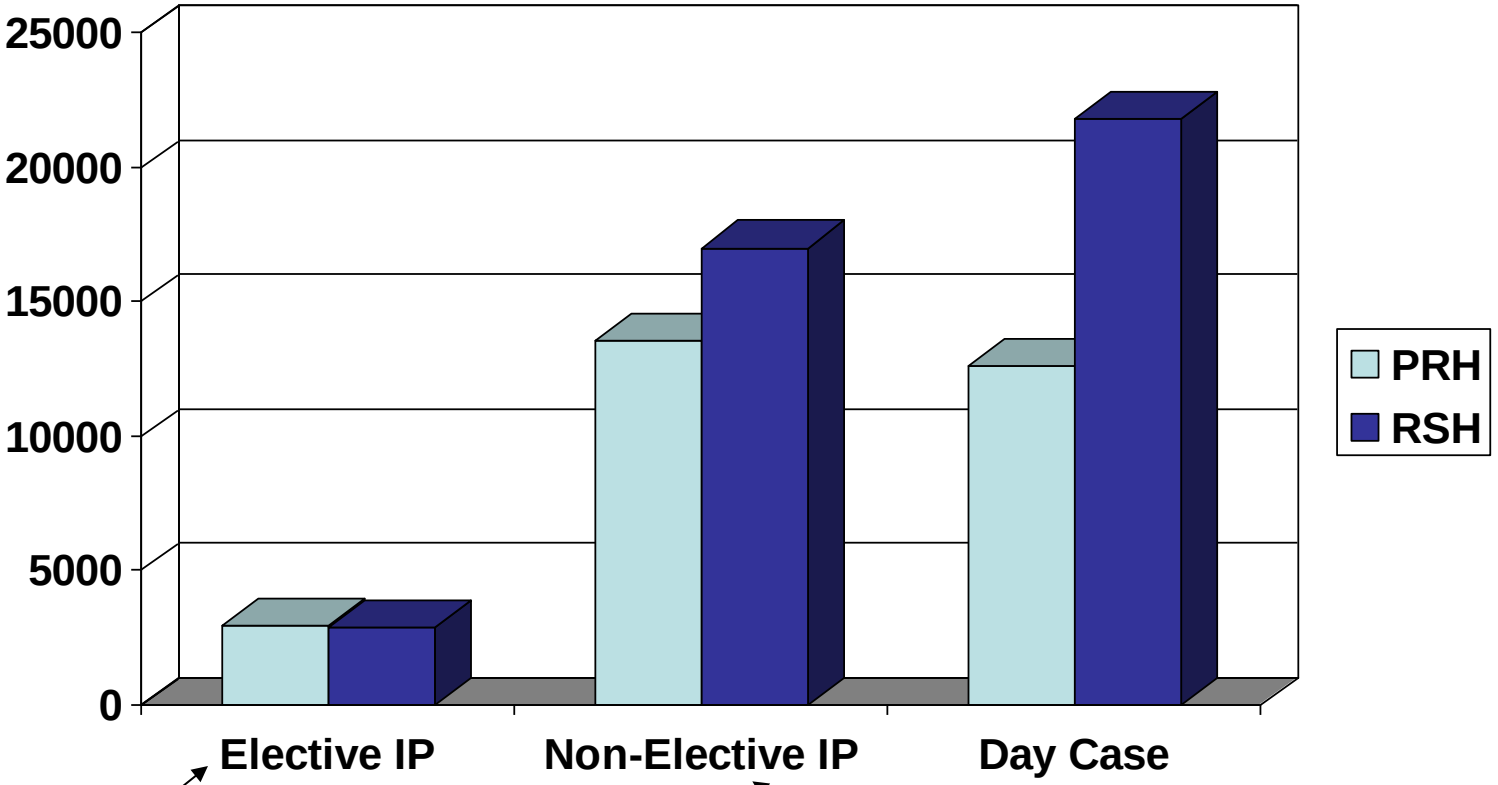
  Option 1: Do nothing and maintain all services as they are

  Option 2: Move some services from PRH to RSH and some services from RSH to PRH (preferred option)

  Option 3: Concentrate all services on one site – either a new single site or one of the existing hospitals

  Option 4: Major and emergency work on one site and planned activity on the other

Option 4: Why not have a single site for major and emergency work?



The amount of elective/planned activity is similar at both hospitals and is much smaller than the amount of non-elective work. The length of stay is generally much shorter, so it needs fewer beds.

There is a similar amount of emergency work at both hospitals. This accounts for the majority of bed days in hospital

** Excludes obstetric/midwifery, oncolology/haematology*

The Preferred Option

Most services for most patients **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 (opening hours tbc.)
- Midwife Led Unit at both hospitals
- Emergency medical patients at both hospitals (e.g. heart attacks, serious chest infections)
- With the support of Lingen Davies, improved facilities for cancer patients at RSH

The Preferred Option (continued)

A **Women's and Children's Centre** at PRH

- Midwifery Led Units at both hospitals (and at Bridgnorth, Ludlow and Oswestry), including improved facilities at RSH
- Women would receive their antenatal and postnatal appointments at the same location as now
- The obstetric unit and neonatal intensive care unit would move from RSH to PRH, along with inpatient gynaecology.
- The two inpatient children's units would be consolidated at PRH, including the Rainbow Children's Cancer Unit
- Children's Assessment Units at both hospitals (opening hours tbc.)

The Preferred Option (continued)

Consolidation of **acute inpatient surgery** at RSH:

- Acute and inpatient vascular surgery at RSH
- Establishment of an abdominal aortic aneurysm screening centre
- Acute and inpatient colorectal surgery at RSH
- Acute and inpatient upper GI surgery at RSH

Alongside:

- Cancer Centre
- Major trauma (road traffic accidents etc.)

Head and Neck surgery would be based at PRH because of the high levels of children's activity in this specialty and the important clinical links between these services.

Key services that would be available from the Trust's Royal Shrewsbury Hospital site under the proposals being consulted on

- 24-hour A&E department
- Emergency medical service
- Outpatient clinics
- Day case procedures
- Midwife-led maternity unit
- Emergency and inpatient orthopaedic surgery
- Major trauma (road traffic accidents, etc.)
- Children's assessment unit (not overnight)
- 24 hour emergency surgery
- Emergency and planned inpatient vascular surgery
- Emergency and planned inpatient colorectal surgery
- Emergency and planned inpatient upper gastrointestinal surgery

Note: This list is not exhaustive. However, it shows which key services mentioned in this consultation document would be provided at the Royal Shrewsbury Hospital.

Key services that would be available from the Trust's Princess Royal Hospital site under the proposals being consulted on

- 24 hour A&E department
- Emergency medical service
- Outpatient clinics
- Day case procedures
- Midwife-led maternity unit
- Emergency and inpatient orthopaedic surgery
- Children's inpatient unit
- Children's assessment unit (24 hours)
- Consultant led maternity unit
- Neonatal unit
- Inpatient head and neck services, including ear, nose and throat
- Inpatient gynaecology services

Note: This list is not exhaustive. However, it shows which key services mentioned in this consultation document would be provided at the Princess Royal Hospital.

We recognise that this presents some new issues, and we need your help to address these:

- Some patients will need to travel further for some of their care, e.g.
  - Inpatient children's services and obstetric maternity services for people in Powys and western Shropshire
  - Acute and inpatient surgery for people in Telford & Wrekin and eastern Shropshire
- We need to ensure that clear patient pathways are in place, and that they are agreed and understood by everyone involved in delivering them – and also by patients and carers.
- We already safely transfer women between the midwife led units and the consultant unit. We need to adapt these arrangements for a consultant obstetric unit in Telford.
- Putting in place the right paediatric cover at both sites, and ensuring that transfer arrangements are in place – building on the arrangements that are already in place to transfer severely ill children to children's hospitals (e.g. Birmingham).

Some opportunities we are looking at:

Helping people in non-emergency situations

- Using technology and telemedicine so that fewer people need to visit hospital for planned care
- A shuttle bus between sites
- Improvements to public transport

Helping people in emergencies

- Reviewing the way we use air ambulance
- Further developing community hospitals services, including using telehealthcare to provide support for urgent care

Helping women and children in emergencies

- Reviewing the way we assess and offer choice of delivery
- Enhanced training and skills for all staff groups including GPs
- Ensuring that women and children are taken quickly to the best place to provide care in an emergency

Developing a Rural Advisory Group

Timetable

Phase	Objective	Timescale	
Discussion and Design	Developing options	To Nov 2010	✓
Pre-Consultation Assurance	Assurance process PCT and Trust Boards	Nov to Dec 2010	✓
Consultation	Public consultation process	Dec 2010 to Mar 2011	
Post-Consultation	Review and decisions following consultation	Mar to Apr 2011	
Planning for Implementation	Working with patients and carers to develop detailed pathways Detailed operational and financial planning	Apr 2011 to Apr 2012	
Implementation	Begin to put the new services in place	Phased approach from April 2012	

Have Your Say:

- At consultation meetings
- Questionnaire in the consultation document and consultation summary
- Online at www.ournhsinshropshireandtelford.nhs.uk
- Via email to ournhsinsat@nhs.net

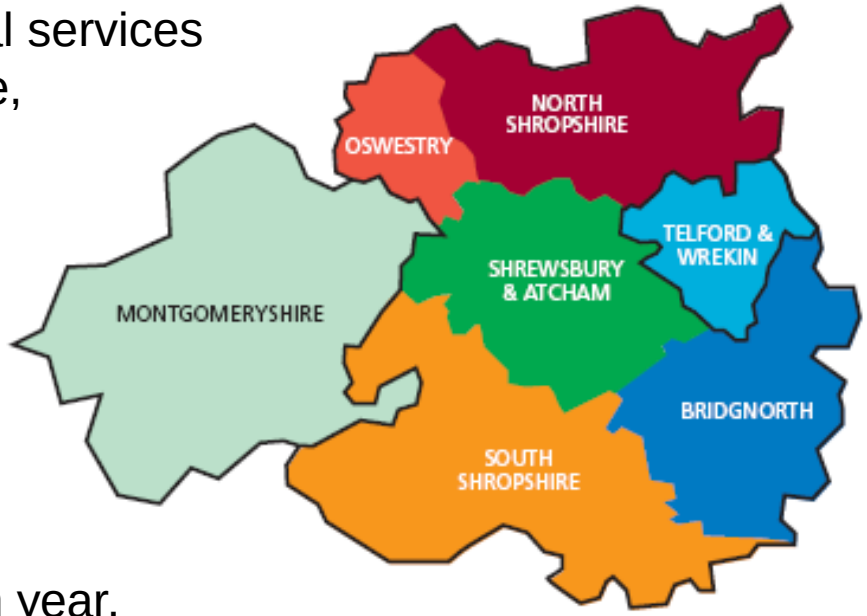
Questions

Slides from the Full Slide Set

A shortened version is being used for today's presentation

About The Shrewsbury and Telford Hospital NHS Trust

- We are the main provider of acute hospital services for over half a million people in Shropshire, Telford & Wrekin and mid Wales
- We run the Royal Shrewsbury Hospital in Shrewsbury and the Princess Royal Hospital in Telford as well as local midwife-led units in Bridgnorth, Ludlow and Oswestry and community outreach services



- We treat almost half a million people each year, including 8 000 planned inpatients, 40 000 emergency inpatients, 50 000 daycases, 300 000 outpatients and 100 000 A&E patients
- We employ over 5,000 staff and are supported by hundreds of volunteers

Dilemma One: Acute Surgery

- Sustainability of a local vascular surgery service if we are not accredited for Abdominal Aortic Aneurysm screening
- Maintaining access to 24-hour acute surgery in our hospitals, with particular safety risks at PRH
- Keeping services in the county rather than seeing them drift out of county

Dilemma Two: Inpatient children's services

- All children's specialists (paediatricians) in the county agree that continuing to run two inpatient units will not be possible very far into the future.
- They face a continual struggle to ensure they have enough doctors available to look after the children in their care and it looks like this is going to get more difficult in the future.
- Although they know this is a difficult decision to make, they believe that creating a single inpatient unit is the only way we can protect this service for the future.
- The alternative could be that children needing overnight care would have to be treated outside Shropshire, Telford and Wrekin.

How we are resolving these dilemmas?

Reconfiguration Principles

- Keeping two vibrant, well balanced, successful hospitals in the county
- A commitment to having an Accident and Emergency Department on both sites
- Access to acute surgery from both sites
- Ensuring that all communities across Shropshire, Telford and Wrekin and mid Wales are confident that they have timely access to safe services in an emergency

Through discussion and debate with …

- Patients and the public
- Staff, GPs and other primary care contractors
- Partner organisations and other stakeholders

What factors do we need to consider?

- The needs of the different communities we serve
- Clinical links between our services (e.g. paediatrics, obstetrics, neonates)
- A drift of services out of county
- The very real risk that some services will become unsafe or not sustainable
- Restrictions in working hours for junior doctors
- A medical training programme resulting in earlier specialisation and a narrower expertise set and in some specialties smaller numbers
- Increasing external scrutiny (regulators, colleges etc)
- Availability of capital funding for building and equipment
- Prolonged debate on the future shape of hospital services without resolution - the current risks are getting harder to manage and the opportunities for solving them are reducing

Option 1: The risks of doing nothing

- Services decline and reach crisis point. Emergency changes need to be made to services.
- More services drift out of the county and are no longer provided in either Shrewsbury or Telford.
- If decisions are not made soon we are likely to have less capital funding available to make changes.
- If services decline then we may lose our “licence” to run certain services and the decisions will be taken out of our hands.

Option 3: The cost of a single site

- A new hospital will cost £350m to £400m.
- Redeveloping one of the existing hospitals as a single site would require a similar amount of investment.
- This is simply not possible in the current financial climate.
- Up to £40m a year to pay off this level of borrowing – how many other services would that pay for?

Options: What has changed since 2009?

- Very little has changed – the risks remain.
- Economic climate reduces our opportunities for major building schemes.
- In 2009 we looked at short term options (2012/13) as a stepping stone to a single major acute site (2020).
- Now we cannot plan for a single major acute site, so need to find a lasting solution based on our current hospitals.

What options do we have for moving services between the two sites? (option 2)

Issues at RSH:

- Women & children's building limited to five to ten years
- Few alternative buildings and land opportunities
- Expensive to rebuild a women and children's unit – about £60m

Issues at PRH:

- There are no inherent problems with the building i.e. investment would go into productive facilities
- Flexibility in terms of where new facilities could be built
- There is good quality accommodation that could become available easily - e.g. decontamination unit, offices
- Opportunities in the region of £26m to £28m

Issues at both hospitals:

- Car Parking

Additional Slides to Illustrate Specific Points and Issues

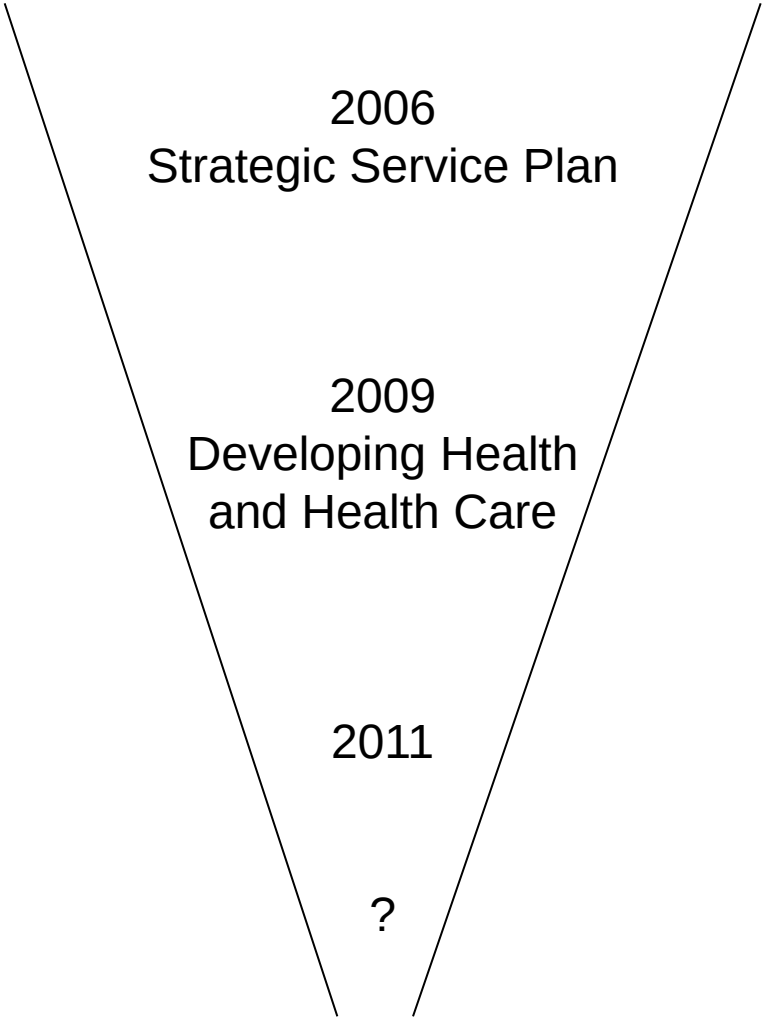
A long term future for RSH

A major centre for acute inpatient surgery and trauma Serving a population of over half a million in a great place to live - a very attractive proposition for doctors now and in the future. Including vascular, colorectal, upper gastro-intestinal and major life-threatening trauma.	**A Cancer Centre** Building on the existing chemotherapy and radiotherapy services, with improved facilities supported by Lingen Davies.
Most services for most patients remaining at RSH e.g. most outpatients, daycase, medical inpatients, diagnostics, midwife-led births, accident & emergency.	**Local women and children's services** An improved midwife-led unit, with outpatient antenatal and postnatal services. Children's assessment unit, A&E and children's outpatients
Continuing to provide and develop other local and specialist services For example, RSH will continue to have ITU, HDU and other specialist support services.	**A regional centre for AAA screening** Offering screening and treatment locally.

Clinical services working together

- Obstetrics and neonatal intensive care are inseparable. They must be together on the same site.
- Paediatrics and neonatal intensive care also need to be on the same site because they share clinical rotas, training and skills.
- This means that at least some of the paediatrics service has to be on same site as obstetrics.
- Other key linkages:
  - Interventional radiology
  - ITU
  - Surgical support
- Head & Neck surgery should also be co-located with inpatient children's services as many children undergo ENT procedures

A decreasing number of options



- The clinical risks remain, as well as the problems facing our buildings
- Less capital funding is available for major building works
- The options discussed in 2009 were intended as short-term options, with a view to building a new single acute site (at PRH, RSH or in-between)
- We can no longer plan for a single acute site so need to find lasting options that will keep services safe and keep them in the county
- We can secure up to £28m capital funding now … but for how much longer will this be available?

From 2009 to 2011: What's changed?

2009	In 2009 we were looking at medium term options (2012/13) and planning for major building work by 2020. The option of transferring services from PRH to RSH in the medium term attracted most public attention, but there were other options on the table. All options involved substantial redevelopment work by 2020 – including the impact of the deteriorating women & children's building at RSH. This included the 2020 option of locating inpatient children's services and consultant maternity at PRH.
2011	We can no longer plan for major building work – the economic climate simply doesn't support this. Should we sit by and watch our services and our buildings fail in the hope that the economy improves? Or, should we plan to keep services safe and keep them in the county for the foreseeable future?

Two hospitals working together

- Together the two hospitals serve over half a million people
- This puts us in a strong position to keep services locally that a small hospital could not maintain on its own
- But, the hospitals have to work together to do this
- If the hospitals “de-merge” then we expect:
  - Services in Telford would drift to the east
  - RSH would not serve a big enough population to keep its current services
  - Overall, services will move out of the county and people will need to travel further
- By working together, we aim to keep as many services as locally as possible

FT Status? Saving Money? … NO!

- These proposals are **NOT** being put forward to save money
- They are **NOT** being put forward to achieve Foundation Trust status
- They aim to **keep services safe**
- They aim to **keep services in the county**, as local as possible
- They aim to **give our services a long term future**
- Foundation Trust status has a part to play:
  - If we don't make our services safe and sustainable then we will not become a Foundation Trust.
  - If we do not become a Foundation Trust then the hospitals will be run by other organisations – either together or "de-merged" and run by different organisations.
  - If our hospitals de-merge then services in Telford would drift to the east, RSH would not serve a big enough population to keep its current services, and overall, services will move out of the county and people will need to travel further.
  - If our hospitals are taken over by another organisation then the future is even more uncertain.

Inpatient Children's Services

- All children's specialists (paediatricians) in the county agree that continuing to run two inpatient units will not be possible very far into the future.
- This means that we need to plan for a single inpatient unit whilst continuing to provide as many services as possible at both hospitals (e.g. outpatients, urgent care)
- Creating one inpatient unit:
  - Population, demographics, transport
  - Available space that meets clinical standards now and in the future
  - Emergency access, providing care for children and families with complex needs
  - Princess Royal Hospital or Royal Shrewsbury Hospital?
- Single site inpatient services also offers new opportunities:
  - More privacy for boys and girls
  - A better environment for teenagers
  - Continuing to offer a special environment for children with cancer

Children's Inpatient Cancer Services

- The unit needs to be located with inpatient children's services.
- Within the next five to ten years the unit has to move from its current location … or the women and children's services would need to be rebuilt around it.
- We will continue to offer a special environment for children with cancer:
  - Providing a new environment to improved standards
  - Inviting parents and children to help design the care environment and the pathways of care they need in an emergency
  - We will not be asking for new fundraising
  - Work with Birmingham Children's Hospital to extend and expand the services we offer in the county

The impact of registration

All providers of NHS services need to be registered with the Care Quality Commission.

In order to be registered, we need to demonstrate that we meet a range of quality standards.

If we are not able to demonstrate that we can meet quality standards then we will not be registered to provide the service.

If this happens, then we will not be permitted to provide the service.

Engaging With Staff

- Let us know your views as part of the consultation – online, staff meetings, consultation document.
- In clinical specialties, advise on the proposed new care pathways.
- After consultation, get involved in the detailed work to develop and put in place new care pathways.
- As we move towards implementation: staff consultation in accordance with management of change policies.