


**Telford & Wrekin**  
COUNCIL

Shropshire Council  
Legal and Democratic Services  
Shirehall  
Abbey Foregate  
Shrewsbury  
SY2 6ND

Date: 18 March 2022

**Committee:**  
**Joint Health Overview and Scrutiny Committee**

**Date:** Monday, 28 March 2022  
**Time:** 2.00 pm  
**Venue:** Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate,  
Shrewsbury, Shropshire, SY2 6ND

There will be some access to the meeting room for members of the press and public but this will be limited for health and safety reasons. If you wish to attend the meeting please e-mail [democracy@shropshire.gov.uk](mailto:democracy@shropshire.gov.uk) to check that a seat will be available for you.

The meeting can be viewed live via Microsoft Teams using the link below. The recording will be made available on You Tube, this will be made accessible from the web page for the meeting shortly after it has taken place.

[www.shropshire.gov.uk/JointHOSC28Mar2022](http://www.shropshire.gov.uk/JointHOSC28Mar2022)

You are requested to attend the above meeting.  
The Agenda is attached

Tim Collard  
Assistant Director – Legal and Democratic Services

**Members of Joint Health Overview and Scrutiny Committee**

**Shropshire**

Cllr Steve Charmley (Co-Chair)  
Steve Charmley  
Kate Halliday  
Heather Kidd  
David Beechey – Co-optee  
Ian Hulme – Co-optee

**Telford and Wrekin**

Cllr Derek White (Co-Chair)  
Cllr Jayne Greenaway  
Cllr Stephen Reynolds  
Hilary Knight – Co-optee  
Janet O’Loughlin – Co-optee  
Dag Saunders – Co-optee

Your Officers are:

**Amanda Holyoak** Scrutiny Committee Officer

Tel: 01743 252718

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**Lorna Gordon, Democracy Officer**

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# AGENDA

## 1 Attendance Information for Press and Public

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[www.shropshire.gov.uk/JointHOSC28Mar2022](http://www.shropshire.gov.uk/JointHOSC28Mar2022)

## 2 Apologies for Absence

## 3 Disclosable Interests

Members are reminded that they must declare their disclosable pecuniary interests and other registrable or non-registrable interests in any matter being considered at the meeting and consider if they should leave the room prior to the item being considered

## 4 Minutes of Last Meeting (Pages 1 - 6)

To confirm the minutes of the meeting held on 22 November 2021, attached

## 5 Musculoskeletal (MSK) Services Transformation Update (Pages 7 - 14)

To receive a presentation with an update on the MSK Services Transformation. Kerry Robinson, Senior Responsible Officer for the MSK Transformation Programme, Shropshire and Telford & Wrekin CCG will attend the meeting.

## 6 Primary Care Review Terms of Reference (Pages 15 - 18)

To consider and agree proposals for scrutiny of Primary Care, attached

## 7 Proposed Changes to Renal Dialysis Services Report (Pages 19 - 64)

To receive a report of the informal meeting held between representatives of the Joint HOSC and delegates from the Shrewsbury and Telford Hospital NHS Trust

to discuss the proposed changes to cardiology inpatients services and renal dialysis, **attached**

**8 Co-Chair's Update**

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## JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

### Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Monday, 22 November 2021 at 2.00 pm in Ramada Telford Ironbridge Hotel, Forgegate, Telford, TF3 4NA

**Present:** Councillors Charmley (Co-Chair), E J Greenaway, H Kidd, S J Reynolds and D R W White (Co-Chair). Co-optees: H Knight and J O'Loughlin

**Also Present:** Councillor R Houghton

**In Attendance:** J Clarke (Director of Public Participation, The Shrewsbury and Telford Hospital NHS Trust), M Docherty (Executive Director of Nursing and Clinical Commissioning WMAS), S Kirk (Director of Public Participation, The Shrewsbury and Telford Hospital NHS Trust), Dr J Makan (Clinical Director for Cardiology Director of Public Participation, The Shrewsbury and Telford Hospital NHS Trust), D Moxon (Operations Manager for Cardiology, Director of Public Participation, The Shrewsbury and Telford Hospital NHS Trust), H Roy (Head of Public Participation, Director of Public Participation, The Shrewsbury and Telford Hospital NHS Trust), S Tilley (Director for Planning, Shropshire, Telford & Wrekin Clinical Commissioning Group) L Gordon (Democracy Officer (Scrutiny)) and D Webb (Overview & Scrutiny Officer)

**Apologies:** Councillors K Halliday, and co-optees I Hulme and D Saunders

#### **JHOSC12 Declarations of Interest**

None.

#### **JHOSC13 Minutes of the Previous Meeting**

**RESOLVED** – that the minutes of the meetings held on 19 November 2020, 15 April 2021 and 14 October 2020 be confirmed and signed by the Chair.

#### **JHOSC14 Shropshire, Telford & Wrekin CCGs Urgent & Emergency Care Improvements and Winter Preparedness**

The Director of Planning, NHS Shropshire, Telford & Wrekin Clinical Commissioning Group reported that the NHS was currently experiencing unprecedented levels of demand and that it was anticipated that as winter approached pressures would continue. They outlined the work that was underway to develop the delivery of urgent and emergency care within the Borough and improvements made.

Following the update Members asked a number of questions:

*The report noted a recruitment drive for 22,000 allied workers to provide same day capacity within primary care. How many of those are in post currently?*

The Committee heard that the recruitment drive was underway and had been rolled out to additional areas across the County and that each practice will have the option to recruit or diversify. It was expected that full coverage would be available by the end of March 2022. The Director of Planning advised that they would be happy to provide further information to the Committee following the meeting.

*Had the funding been allocated for the implementation of the Winter Plan and required recruitment drives?*

The Director for Planning noted that this was a complex issue with many factors that needed to work in tandem. Prior to Covid the improvements put in place would have had a wider impact but Covid had changed the dynamic of gains made. To mitigate it had required future planning to remain ahead of the curve. Changes already made included bringing on extra beds, access to the rapid response team in more areas across the county and direct access to medical and surgical. The Director for Planning recognised the significant challenges presented by workforce and requested the Committees support in speaking to the public regarding accessing services in the correct way.

*The report refers to exploring the suitability of Urgent Treatment Centre model locally. Was more being done to promote them within the Community?*

The Urgent Treatment Centre's were important to assist in diverting urgent need patients away from A&E to prevent extended delays. There were a number of centres across the County and that 111 directed patients. It was noted that it was a constantly evolving picture under constant review dependent of funding and public behaviour.

*How many additional beds were available and how were they funded?*

The Local Authorities opened and funded additional beds so partnership working was required. As of the day of the meeting five additional community beds had become available and a further five were expected the following week.

*In order to alleviate pressures on 111 & A&E had more funding been made available to primary care?*

Across Shropshire, Telford & Wrekin they had invested in a number of schemes to improve primary care and how it was accessed. This had included an assessment of patients attending A&E unnecessarily and identifying which practices they belonged to and reasons behind this. They found that in some cases it had been due to difficulties with the Telephone systems which had resulted in investment to increase capacity in addition to closer working with the practices in question. Funding was also in place to support the discharge

process. It was noted that whilst funding had been directed to build capacity within primary care this is just one area to consider. There was existing capacity with Urgent Treatment Centres but greater dialogue with the public was required to get the message across that only minimal A&E attendance is required. They also mentioned further plans to increase the capacity of 111.

The Director for Planning highlighted that a wider whole system approach was required as each area impacts another, citing improvements to discharge which resulted in funding domiciliary beds and other areas.

*With Winter Pressures well underway has the coordination of ambulance handovers between the SaTH and WMAS improved?*

The Director for Planning noted that the work undertaken by HALO's, paramedics and West Midlands Ambulance Service has been invaluable.

The Executive Director of Nursing and Clinical Commissioning, West Midlands Ambulance Service advised Members that there had been a number of positive meetings but there was no quick fix. There had been no evidence of improvements as of the time of the meeting with many ambulances across Shropshire and Telford & Wrekin stationary outside Princess Royal & Royal Shrewsbury Hospitals. They noted that despite this they were still responding but were reliant on outside ambulances. They spoke about the introduction of a Community Rapid Intervention Service to improve the way category 3 incidents are dealt with and offset other pressures.

*What were Members of the JHOSC able to do to support with ongoing system pressures?*

Member's using their network and influence amongst the community to help communicate the best ways for the public to access the system.

Members thanked the Director of Planning and asked that they return to discuss the outcomes of the measures that had been outlined in the plan once data was available.

#### **JHOSC15 Phlebotomy Review**

This item was deferred.

#### **JHOSC16 Proposed Changes to In-patient Cardiology Services**

The Director of Public Participation, the Operations Manager for Cardiology and Clinical Director for Cardiology for Shropshire, Telford & Wrekin NHS Trust provided members with an overview of the recommended changes to Cardiology Inpatient Services. As an interim measure it was proposed that all Cardiology inpatient services are moved to Princess Royal Hospital (PRH) in order to prevent diagnostic delays and interventional procedures that had been experienced by Royal Shrewsbury Hospital (RSH) patients and strengthen the cardiology workforce. At present there was a Cardiology

service at both hospitals for both inpatients and outpatients, however the majority of patients accessed the service through PRH (70%). The proposed changes would only effect inpatient services and would be on a temporary basis.

Members heard that centralising the Cardiology service supported the workforce by mitigating the challenged they had faced in recruiting speciality nurses and consultants. It was also noted that the move resulted in more general medicine beds at RSH during winter pressures. The Operations Manager for Cardiology informed the Committee that although some patients were travelling further they remained at the site they were admitted to rather than having to transfer from RSH to PRH for further treatment, meaning that there length of stay was shortened overall. The Clinical Director for Cardiology advised that due workforce challenges, one-site working had become the norm across NHS England and HTP was still a long way off and changes needed to be implemented now.

The Head of Public Participation outlined what engagement had been undertaken throughout the process with patients, staff, communities and stakeholders. The key themes that had emerged through the engagement had centred on travel concerns and how long the temporary change would be in place for. They acknowledged that the proposal impacted on travel time but had found that the public accepted that was mitigated by the shorter length of stay. The planned changes were to be implemented by winter so sought JHOSC approval before taking the plans to the Trust Board.

During the debate Members raised a number of questions.

*What considerations have been made for staff and visitors having to travel further?*

Whilst at present neither hospitals were accepting visitors there was a bus service between the two hospitals that could be utilised by both staff and visitors. Members heard that from the engagement undertaken, patients' friends and family were accepting of the further distances due to the shorter stays. Similarly, staff from both RSH and PRH were supportive of the move as they believed it was necessary to provide a better service.

*When the move is complete will there be additional cardiac beds available?*

There was slightly less beds available overall. However, due to patients' stays being shorter it was predicted that there would still be more than necessary.

*Was there direct access from the ambulance straight to the ward when patients arrived at PRH? And was there travel arrangements in place upon discharge?*

Whilst direct access wasn't planned they were developing training in conjunction with Stoke hospital for a chest pain nurse service which greatly supported the A&E consultants when fast tracking urgent cases. The majority



of cases were lower risk so would go through the Acute Medical Unit but were picked up by cardiology with 24 hours. The Clinical Director for Cardiology stressed that additional support would be provided to RSH to assure patients were identified quickly.

When patients were discharged arrangements were made with the individual and their carers ensuring they return safely whether through patient transport or relatives. All outpatient follow ups and cardiac rehab continued to take place at both sites.

*Is this proposed move being suggested too late?*

The modern matron advised members that the service was fragile and that this plan allowed them to make changes before they were forced to.

Members thanked the Director of Public Participation, the Operations Manager for Cardiology and the Clinical Director for Cardiology for their thorough consultation and expressed their support for the proposed changes to Cardiology inpatient services outlined.

#### **JHOSC17 Co-Chair's Update**

The Co-Chair's invited Cllr Ruth Houghton to address the Committee regarding their concerns regarding the closure of the Bishop's Castle Community Hospital and the loss of 16 winter beds with little notice. The Co-Chair's agreed that this was an important issue and required further review with the Community Health Hospital Boards.

The meeting ended at Time Not Specified

**Chairman:** .....

**Date:** Thursday, 27 January 2022

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# Musculoskeletal (MSK) Transformation Programme

## Overview

- ▶ Musculoskeletal (MSK) services treat conditions which affect the joints, bones and muscles, as well as rarer autoimmune diseases and back pain.
- ▶ The MSK Transformation Programme is about strengthening community provision over the next five years to improve the care that people receive.
- ▶ Our community MSK services include a range of specialisms which are delivered by a number of providers who have different ways of referring patients and running their services.
- ▶ By simplifying the referral process, and enabling our highly skilled teams across these services to work in a more joined up model, we can improve the patient experience and ensure people can access and move through and between our MSK services more smoothly.

## Key Data

- ▶ This programme will be delivered in three phases over five years and includes therapies, rheumatology, pain management, and closer working with mental health services.
- ▶ It will see a new clinically designed model of care to improve care for our patients. This means:
  - If a patient requires our services a referral will be made through a single point of access.
  - Referrals will then be (electronically) clinically triaged and allocated to the appropriate team / clinician.
  - Patients will then be referred for the appropriate level of care.
- ▶ We are not proposing to reduce services or limit the treatment options available.
- ▶ This work is being taken forward as a system, including: Shropshire Community Health NHS Trust; Robert Jones and Agnes Hunt NHS Foundation Trust; Shrewsbury and Telford Hospital NHS Trust (SaTH); Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG).
- ▶ The programme only includes patients referred by GPs or Consultants within Shropshire, Telford and Wrekin.
- ▶ In our recent patient survey, patients across all treatment streams agreed that the proposed changes would deliver an improved experience.

## Next Steps

- ▶ The programme has temporarily slowed so that staff can focus on responding to the increasing pressures on services due to winter and COVID.
- ▶ Continue with the clinical governance arrangements and planning for the system-wide Electronic Patient Record system.
- ▶ Develop an operational plan for each Trust and agree the initial workforce needed.
- ▶ Set out a system approach to address the current waiting lists.
- ▶ Share the results of the patient survey with patients and staff and embed the learning.
- ▶ Continue work to improve the Rheumatology service, including direct engagement with patients.





# Reasons for change

- In line with the rest of the country, our services are under huge pressure due to staff shortages and record levels of demand.
- Dealing with the pandemic has impacted the amount of planned care the NHS has been able to provide. Estimates suggest over 10 million patients did not come forward for treatment when they may have needed it during the pandemic.
- The population of Shropshire, Telford and Wrekin is ageing and more people are living with long term conditions.
- Musculoskeletal (MSK) conditions account for 30 per cent of GP consultations in England. Low back and neck pain are the greatest cause of years lost to disability in the UK, with chronic joint pain or osteoarthritis affecting more than 8.75 million people in the UK.
- We have looked at patterns across a person's journey in MSK services and found that some people need care and treatment from multiple services, for example orthopaedics and physiotherapy, which have different ways of referring people, recording information, and running their services. This has led to people's experiences being different depending on how and where they access services, with individuals and staff often feeling frustrated by the time it takes for information to be passed from one service to another, resulting in delays to care and treatment.
- Often a person is referred back to their GP to make a further referral rather than the services working together and communicating to ensure their needs are met. This is inefficient in terms of waiting time, capacity and cost for both the NHS and the individual.
- The current model of delivery is unsustainable for the future and we are unlikely to be able to afford future demand for services if they continue to be delivered in the current way.





# Patient feedback

- ▶ To help shape the transformation of our Musculoskeletal services in Shropshire, Telford and Wrekin, we asked people who have used the services to share their experiences and their views about what they will look like in the future.
- ▶ The feedback we received from our survey and outreach captured what was good about the services and identified opportunities where things could be improved.
- ▶ People's responses strongly reflected their positive views of our staff and how they were treated. They told us that they felt respected and listened to when they are undergoing treatment and felt involved in making decisions about their care.
- ▶ The findings from the survey also suggest areas where we might be able to make improvements. These include: reducing the time between referral to treatment; providing more joined-up care; ensuring people have access to advice when they need it; and timely communications to patients.
- ▶ Views about the future service model were positive. People agreed that a single referral process, multi-disciplinary triage teams, closer working between services and earlier therapy intervention will all help to deliver a better experience.
- ▶ The feedback received through our community outreach engagement and CCG PALs process reflects the feedback we have received in the survey.
- ▶ We are undertaking some specific engagement with our rheumatology patients. This will help us to better understand their experiences, share changes that have been made to improve the service since the survey, check the impact of those changes and together identify what else we can do.





# Phases of the programme

## Phase 1 (Year 1)

- We are working as a system to develop a more joined up model for our MSK services to improve people's experience and service quality. This will include therapies, rheumatology, pain services and closer working with mental health teams.
- We will introduce a Referral Centre which will be the single point of access for all referrals and general enquiries across the county. This will provide a clear entry route into the service where a team of specialists will assess and diagnose every person so that they are signposted to the most appropriate treatment, when it's needed, to reduce waiting times for first appointments.
- People will be better supported to manage their own conditions through access to advice and therapies and we will reduce or prevent people's need for surgery with earlier therapy intervention.
- All our staff will have access to a virtual MSK multi-disciplinary team to provide advice and mentoring so that they can support people living with MSK conditions with the most appropriate care and information.
- We will deliver a strengthened rheumatology service built on best practice, reducing inequalities in service provision and improving our rheumatology helpline.
- The future service will make better use of digital solutions.





# Phases of the programme

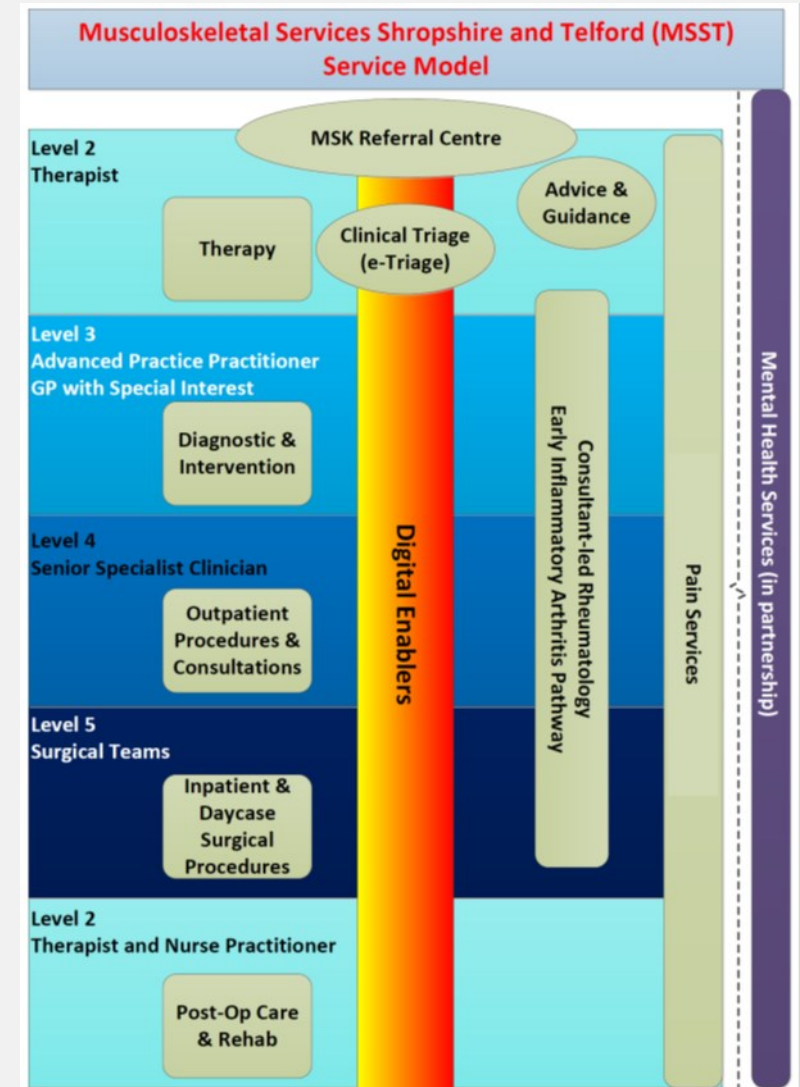
## Phase 2 (Year 2 to 3)

- Enhance our orthopaedics services
- An outpatients improvement project
- Strengthen the support available for Primary Care
- Potential work to focus on falls, fractures and osteoporosis

## Phase 3 (Year 4 to 5)

- A focus on the support for people with long term MSK conditions
- Develop self-management models

## The new model:





# Benefits

- ▶ A more joined up MSK model across Shropshire, Telford and Wrekin.
- ▶ One referral pathway and point of advice and guidance for referrers and people.
- ▶ People can be referred into the service at any point of their condition.
- ▶ Oversight of all our MSK patients so we can spot inequalities or issues that need addressing.
- ▶ A triage team made up of different specialists so people are directed to the right service first time.
- ▶ Shared patient information for smoother transfers between services.
- ▶ Equal access to MSK services for everyone across the whole county.
- ▶ People better supported to manage their own conditions through self-care.
- ▶ People have access to earlier therapy support.
- ▶ A workforce able to work more closely with different specialists and provide more holistic support to people.







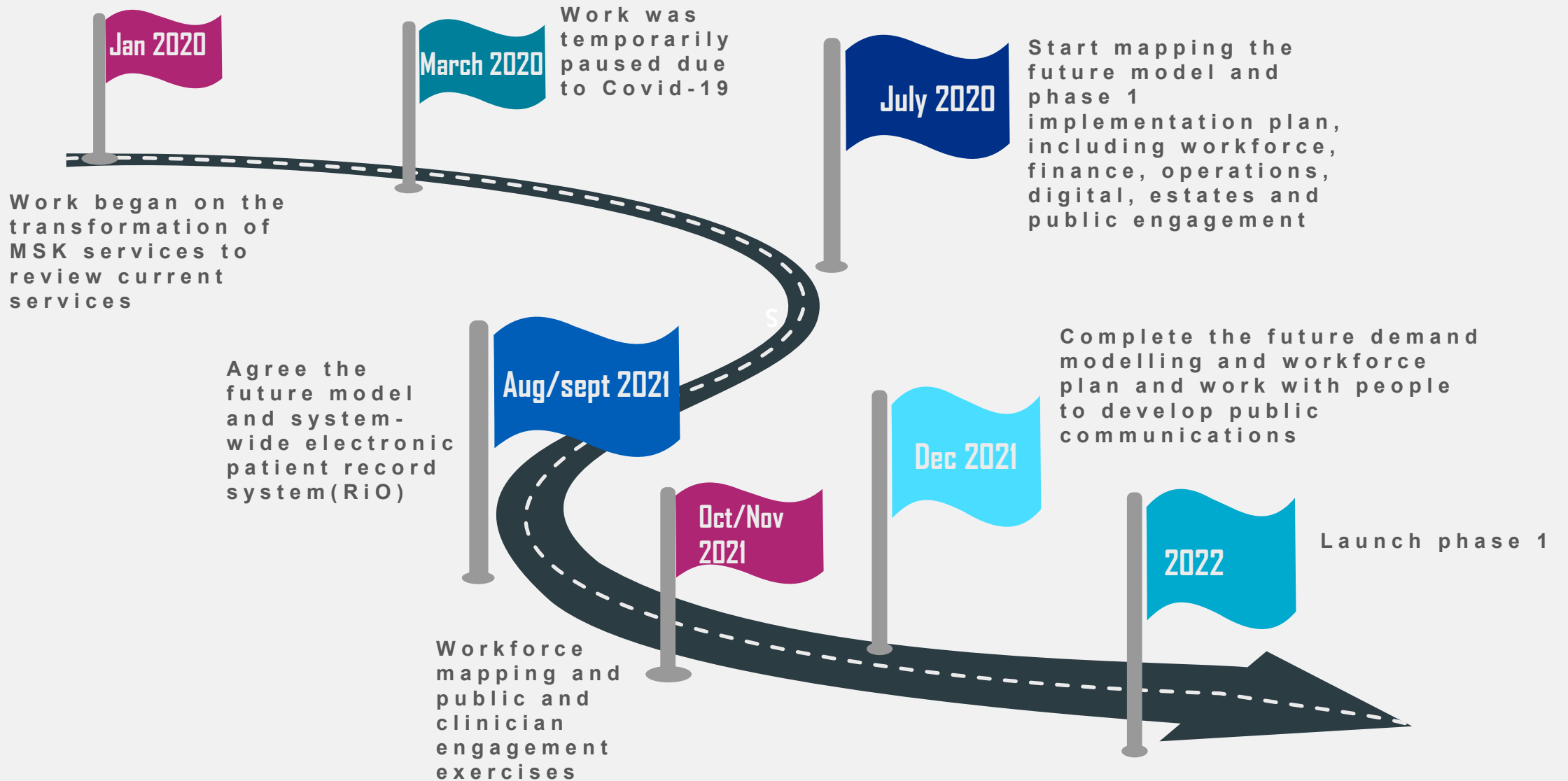
# What's happened so far

- ▶ Work to transform MSK started in January 2020 following approval for the development of a MSK Alliance.
- ▶ The MSK Alliance is now known as the MSK Transformation Programme.
- ▶ The work is being taken forward through various groups made up of representatives from clinical and operational teams supported by Finance, HR, Estates and Digital services.
- ▶ We have started with phase 1, where we will be testing a new model of care which places greater emphasis on earlier therapy intervention to reduce or prevent the need for surgery.
- ▶ Work has been undertaken to understand and set out what is needed for the referral centre, and the therapy and triage services, considering the demand and capacity for the service, staffing need, operational hours, and the digital systems.
- ▶ We have been working with our Healthwatch colleagues and patient representatives so that the views and experiences of people using our services shape the programme.





# Road Map





**Committee and Date**

**Joint Health Overview and  
Scrutiny Committee**

**28 March 2022**

**Item**

**Public**

**Proposal for scrutiny of primary care**

**Responsible officer**

Danial Webb – overview and scrutiny officer

Danial.webb@shropshire.gov.uk

01743 258509

**1.0 Summary**

1.1 This report provides a draft proposal for the scrutiny of primary care services in Shropshire.

**2.0 Recommendations**

2.1 Members to:

- confirm the scope and approach for this work and
- identify further lines of enquiry for the work to pursue.

**REPORT**

**3.0 Risk assessment and opportunities appraisal**

3.1 Good scrutiny can add value to the commissioning process for primary care. It provides public accountability for strategy, allows elected member to reflect the voices of their communities, and provides an opportunity for elected members to develop strong partnership working relationships with officers in partner agencies.

3.2 Scrutiny can also provide an opportunity for elected members to develop their understanding of policy and practice, which in turn strengthens their community leadership role.

3.3 Weak scrutiny risks poor use of resources and can weaken working relationships between officers and elected members.

**4.0 Financial implications**

4.1 There are no financial implications arising from this report. Any policy recommendations arising from this report would be subject to financial assessment before being considered by a decision-making body such as Cabinet or Council.

**5.0 Climate change appraisal**

5.1 There are no climate change implications arising from considering this report.

**6.0 Background**

6.1 At a recent planning meeting, members of the Joint Health Overview and Scrutiny Committee agreed to set out a plan of work to scrutinise primary care services in Shropshire.

6.2 An outline plan is attached as appendix 1.

**6.0 Additional information**

<b>List of background papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet member (portfolio holder)</b>  All
<b>Local member</b>  All
<b>Appendices</b> <b>Joint Health Overview and Scrutiny Committee: Scrutiny of primary care – a proposal</b>

## **Appendix 1**

### **Joint Health Overview and Scrutiny Committee Scrutiny of primary care – a proposal**

#### **Introduction**

The Joint Health Overview and Scrutiny Committee has identified scrutinising primary care in Shropshire as a priority for its work in 2022 and 2023. Primary Care, as defined by the NHS, provides “the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.”

In recent years the Joint Health Overview and Scrutiny Committee has looked at different aspects of primary care within Shropshire, usually in response to a specific issue or concern such as the closure of a GP surgery. When it does this, the committee is generally hampered by two conflicting demands; the need to scrutinise a particular topic in detail and the wish to consider a specific topic in its broader context. For example, it is difficult to scrutinise worsening ambulance response times without also considering processes at hospitals with accident and emergency units.

The Joint Health Overview and Scrutiny Committee is also hampered by a failure to receive supporting information that would assist it to meaningfully scrutinise performance. For example, it has tried to scrutinise performance within SaTH’s hospitals without receiving any performance information from the trust. In part, this is because some NHS officers do not wish to share documents that may then be published as part of the scrutiny process.

Finally, although the committee has had some success in engaging with senior officers in the NHS in private briefings around primary and urgent care, this has not always resulted in effective scrutiny in public meetings, as officers are frequently less candid in meetings that take place in public.

In order to overcome these difficulties, and in order to scrutinise the complex topic of primary care meaningfully, local authority officers have worked with the current director of primary care at Shropshire Clinical Commissioning Group to propose a series of briefings and committee meetings to provide elected members with the knowledge and resources they require.

#### **Objectives**

We propose the following draft objectives for this review:

- To gain a comprehensive understanding of how primary care is funded, contracted and managed.
- To understand the limitations and challenges of providing primary care in Shropshire, particularly in rural and remote locations.
- To identify opportunities to deliver primary care more effectively

- To also identify opportunities for the local authority and other agencies to contribute to the development of primary care services.

## **Methodology**

In order to provide elected members with the information and understand they require to be able to scrutinise primary care meaningfully, we propose a series of informal briefing sessions in advance of the meeting itself. These briefings will explain three important strands of primary care; contracting, workforce and networks.

- **Primary Care Contracting**
  - The contract for the CCG to provide primary care on behalf of the NHS.
  - Contracting arrangements with the 51 GP practices.
- **Primary Care Workforce**
  - The changing nature of the healthcare workforce
  - Workforce shortages
  - Using technology to deliver services
    - Opportunities
    - Challenges
- **Primary Care Networks**
  - Purpose of the networks
  - Funding

## **Timescale**

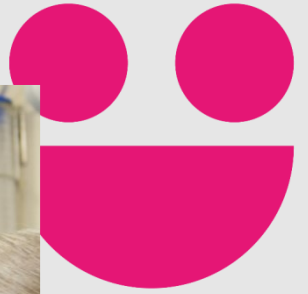
The Clinical Commissioning Group is currently restructuring its workforce as it evolves into the Integrated Care System. This means that the officers who would prepare this work for the committee will not necessarily be in post by the time the committee carried out the work. The proposal therefore is to begin the briefing sessions in late June, following the establishment of the Integrated Care System. The three briefing sessions will take place online and will not be open to the public.

- Briefing on primary care contracting: June 2022 (online)
- Briefing on primary care workforce: July 2022 (online)
- Briefing on primary care networks: August 2022 (online)
- Scrutiny of primary care: September 2022 (committee meeting in public)

# Proposed changes to Cardiology Inpatient Services and Renal Dialysis services

Page 19

Julia Clarke, Director of Public Participation  
Hannah Roy, Head of Public Participation



Agenda Item 7

# Cardiology Inpatient Services

Page 20

## Temporary Service Change





# Background

- This presentation outlines the engagement that has been undertaken with our local communities around the potential service change of cardiology inpatient services at RSH and PRH
- Currently inpatient Cardiology services are provided at the Royal Shrewsbury Hospital (RSH) on ward 24 and Ward 6 at the Princess Royal Hospital (PRH).
  - At RSH there are 20 beds including 8 Acute Coronary Care Unit (ACCU) beds.
  - At PRH there are 25 beds including 5 ACCU beds.

The cardiac catheterisation lab is based at the Princess Royal site

- For a number of years there have been workforce recruitment issues on both hospital sites, as well as nationally, within Cardiology. Historically the service has had challenges with medical workforce recruitment, however more recently the recruitment of trained cardiac nurses has also been an issue.
- Due to the nurse recruitment issues, the inpatient service has found it challenging to provide the required staffing levels. The department has now reached minimal staffing levels and any episode of sickness is placing great pressures on the service.
- COVID-19 pathways have also placed an additional constraint on the service
- The senior consultants in cardiology and more widely have developed a medium-term plan to strengthen cardiology services which has the full support of all the workforce.

# Proposed Change



As an interim measure until HTP is progressed, it is proposed that all Cardiology inpatient services are moved to PRH. The reasons for this are:

- To strengthen the cardiology workforce
- To prevent delays in diagnostic and interventional procedures currently experienced by RSH cardiology inpatients
- To support the COVID-19 pathways
- The temporary move of all inpatient cardiology services to PRH will support the service until the changes and help the team evolve into a single site model. This is an interim measure until HTP progresses. Under the HTP model Cardiology services are co-located with the ED at RSH.
- It is hoped that the earlier move to a one site model will greatly enhance the patients experience of the Cardiology Inpatient Service.
- The outpatient service provided by Cardiology, Cardiorespiratory and Cardiac Rehab at RSH would continue.
- To see the full proposal click here: [Cardiology Inpatient Service - Temporary Service Change -](#)

[SaTH](#)

# Reasons for Change

- Currently the majority (70%) of the cardiology service which comprises diagnostic, interventional procedures, Cath lab and outpatient services are located at PRH.
- Inpatients from RSH who require diagnostic or interventional procedures, often have an increased length of stay as they need to be transferred to PRH when a bed becomes available

On an average 10 patients per week are transferred from RSH for diagnostic/intervention procedures. RSH patients can wait 5-6 days to be transferred and for some more specialist intervention this wait can be longer. This is primarily down to transfer time frames and bed availability. It also means that the cardiology diagnostic facilities are not being fully utilised

- During COVID there are Amber and Green pathways and patients on these pathways must remain separate at all times. This impacts on the effective operation of the Cardiac Day Unit.



# Key Themes

From the Stakeholder engagement, key themes were identified from the questions and comments given by our stakeholders and communities, these are:

Key Theme	Comment/Issue	Response
Accessibility and Transport  Page 24	<ul style="list-style-type: none"> <li>Concerns for those living the further away, and transport to PRH</li> <li>Has the impact on relatives visiting patients who are further away been addressed?</li> <li>What happens when I get discharged from hospital?</li> </ul>	<ul style="list-style-type: none"> <li>Nearly all inpatient admissions are by ambulance. The most serious heart attacks are currently transported directly to Stoke or Wolverhampton</li> <li>For patients admitted to RSH they will be transported by ambulance to PRH</li> <li>It was acknowledged that the current proposal may impact on relatives visiting patients, particularly those who live further away from PRH. However currently there is restricted visiting at both sites due to COVID-19 guidelines. It was acknowledged by the public that the reduced length of stay created by a single site service would be beneficial to patients and relatives. There is also now a bus service between both hospital sites which could also be utilised.</li> <li>When patients are discharged, arrangements will be made with the individual and their carers to ensure they return safely (e.g. via patient transport, relatives etc.) and outpatient follow-up, cardiac rehab etc will continue on both sites</li> </ul>

# Key Themes (2)

Key Theme	Comment/Issue	Response
Accessibility of Cardiology Services  Page 25	<ul style="list-style-type: none"> <li>Is there direct access to Cardiology inpatient services?</li> <li>If all inpatient services are at PRH, what happens if you attend A&amp;E at Shrewsbury?</li> </ul>	<ul style="list-style-type: none"> <li>Individuals who have regular care from Cardiology will have a care plan around accessing services. The majority of patients requiring inpatient cardiology services will be admitted through A&amp;E. It is important that there are strong links between A&amp;E and Cardiology services, to ensure excellent patient care and we will develop the cardiac nurse team to deliver this and “pull” from admission areas when the service changes.</li> <li>Most ambulances will be directed to PRH for potential cardiac issues. At RSH there are trained health professionals who will be able to provide care and treatment to patients with cardiac problems. The Cardiac Team will also provide support and on going to training to colleagues at RSH</li> </ul>
Fragility of current services	<ul style="list-style-type: none"> <li>Are current services safe?</li> <li>How soon can these changes happen?</li> </ul>	<ul style="list-style-type: none"> <li>Current staffing levels are fragile at both hospital sites, and are reviewed regularly. The current proposal is to address the fragility of the service, however if staffing levels become unsafe the move to single site would need to be implemented on safety grounds.</li> <li>There is a process which we need to follow, which includes taking our proposal to the HOSC and approval by Trust Board. The plan is for them to be introduced before winter</li> </ul>

# Key Themes (3)

Key Theme	Comment/Issue	Response
Hospital Transformation Programme  Page 26	<ul style="list-style-type: none"> <li>How do these current proposes fit with the Hospital Transformation Plan?</li> <li>Will the HTP programme for Cardiology still go ahead?</li> <li>How long will it take for HTP to come into place?</li> </ul>	<ul style="list-style-type: none"> <li>Under the Hospital Transformation Programme, Cardiology inpatient services will be on the Acute site (RSH) – this proposal allows the single site model and its benefits to be introduced ahead of HTP</li> <li>The move of all cardiology inpatient services to PRH is a temporary change and once HTP progresses inpatient services will be relocated in a new facility at RSH</li> <li>Currently HTP plans are progressing and a business case has been submitted. There has been no date identified yet for services to move.</li> </ul>
Which cardiology services which would be affected by the change	What cardiology services would be impacted by this proposed service change?	<ul style="list-style-type: none"> <li>The proposed service change would only affect RSH Cardiology inpatient services</li> <li>Cardiorespiratory and Cardiac Rehab would continue on both sites</li> </ul>

# Equality Impact Assessment (EQIA)

- An Equality Impact Assessment was completed by our Operational Team.
- A meeting with the Healthwatches and CHC was held to review the EQIA.
- Additional feedback given in this meeting highlighted the following:
  - Under the new proposal care will be provided in several single sexed areas and side rooms allowing for individual needs to be met. This was highlighted to have a positive impact on those who may feel more comfortable receiving their care in a single room. The example provided by the group was for those individuals who identify as non-binary or transgender.
- The EQIA has been sent out to stakeholders for comment and is available on our website <https://www.sath.nhs.uk/wp-content/uploads/2021/09/H-EQIA-Form-Cardiology-Centralisation-v3.pdf>
- .

Page 27



# Next Steps

- This service change proposal was presented to the Joint Health Overview and Scrutiny Committee (JHOSC) on 22<sup>nd</sup> November, the members unanimously supported our proposals and our engagement activities to date within our local communities
- Approval by Trust Board and the CCG Governing Body (\*with conditions – see below) has been given and will take place in February 2022
- The Trust will continue to keep our communities informed and engaged, this will include:
  - Page 28 Communications regarding the service change (local media, social media, through our membership and organisations we link with)
  - Ensure that any patients who are impacted by this change are kept informed
  - Ensure that all staff are kept informed and receive regular updates from the Centre Manager and Clinical leads and a formal management of change process is followed
  - Regular updates on the proposal, move and subsequent consolidated service will be given through the community members update email.
  - \*We will review this centralisation after 6 months (at the latest) with patient and public involvement.
  - \*There will also be a clinical review after six months
  - \*There will be a review no later than 18 months to discuss when the service will relocate to RSH in line with HTP





# Renal Dialysis Unit at PRH

Page 29



# Background

- Current Satellite Dialysis Unit located at Princess Royal Hospital (PRH) Telford, Ward 5.
- The current unit at PRH has:
  - 16 dialysis stations
  - Provides 237 dialysis treatments/week
  - Provides treatment to approximately 79 patients.

Page 30

Most acute hospital trusts provide Satellite Dialysis Units in a community location as these are often more accessible for patients.

- The current Unit at PRH is struggling to accommodate the increasing number of patients who need dialysis
- The Unit does not lend itself to COVID social distancing requirements. Dialysis stations have had to be removed to improve social distancing during COVID. Due to demand it is likely these stations will need to be reinstated in the near future.

# Proposal

- We are currently looking at options of how we can provide a renal dialysis unit in Telford.
- Funding has been identified and we want to continue to seek early public views on the proposal.
- Our preferred option, after consideration of other locations, would be to relocate the current PRH Dialysis Unit to nearby Hollinswood House, Stafford Park 1, Telford along with a planned Community Diagnostic Hub. The capital cost for this would be approximately £4.5million.

# Proposal (2)

- Providing renal dialysis at Hollinswood House would enable us to provide the service in a modern, purpose built, spacious Renal Unit. Hollinswood House is less than a 10 minute drive from PRH with excellent road links.

Page 32

The new unit would future-proof the provision of dialysis to meet patient needs for the next 10 years in Telford (based on current modelling) as there is room for expansion built into the development.

- The new unit would initially provide:
  - 20 stations
  - Provide treatment to 92 patients a week
  - This would increase to 28 stations by year 5 and 31 stations (124 patients/week) by year 10

# Proposal (3)

- The majority of patients who currently receive dialysis treatment at PRH would receive their dialysis at the new unit.
- Our RSH dialysis unit is designed to cater for our patients with more complex medical needs. For a small number of patients with complex health needs (who currently dialyse at PRH), their dialysis treatment would move to RSH.
- For a small number of our RSH patients who do not have complex health needs, their dialysis treatment may need to be moved to the new unit, at Telford. This would affect around 8 patients.
- There are no changes planned for the RSH or Ludlow Dialysis Units.

Page 33



# Reasons for change



- Provide spacious, fit for purpose Dialysis Unit that meets modern building standards.
- Provide much needed additional dialysis capacity for the future.
- Hollinswood House, the proposed location is less than a 10 minute drive from PRH.
- Aligns with the Hospital Transformation Programme.
- The current PRH dialysis unit would be converted into an additional inpatient ward at PRH, providing additional inpatient capacity (particularly during winter)

# Medical Cover

In line with satellite units nationally, our Ludlow Unit and indeed PRH now, there will not always be a doctor on site every day but there will be doctor presence. In addition to this we would plan to incorporate consulting rooms within the design of the building to allow our Consultants to run a small number of clinics from this location.

We are also looking at providing additional training for some of our nurses and this would upskill them to become nurse prescribers.

If a patient became unwell and required urgent medical care within a hospital setting they would be transferred by 999 ambulance to PRH or RSH depending on their clinical need.



# Key Themes

From the Stakeholder engagement, key themes were identified from the questions and comments given by our stakeholders and communities, these are:

Key Theme	Comment/Issue	Response
Accessibility and Transport  Page 36	<ul style="list-style-type: none"> <li>Is the new unit wheelchair accessible?</li> <li>Can you get to the unit via public transport?</li> <li>Will there be an impact on patient transport services?</li> <li>Concerns around sleeping policemen (speed bumps) in the parking areas of Hollinswood House</li> </ul>	<ul style="list-style-type: none"> <li>The building will conform to current building regulations and will be wheelchair accessible throughout.</li> <li>There are bus stops at the railway station and on Telford Way (A5) heading towards Telford town centre. There are bus stops very close to the Unit (few minutes' walk) and the main bus station is 0.7 miles away.</li> <li>There will be no impact on patient who currently come to the unit via patient transport. We working with the current non-emergency patient transport services (E-Zec Medical Transport and they are aware of and involved in our planning)</li> <li>There are sleeping policemen in the parking area and these will remain (as they have been installed by the landlord for safety reasons). We will ensure that patient transport are aware of these and take appropriate precautions.</li> </ul>



# Key Themes (2)

Key Theme	Comment/Issue	Response
<p>Clinical care</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 37</p>	<ul style="list-style-type: none"> <li>Concerns around the access to medical staff if the unit was to be off-site</li> <li>What happens if a patient becomes unwell whilst on the unit?</li> <li>How will you ensure good communication between the hospital and the satellite unit?</li> </ul>	<ul style="list-style-type: none"> <li>PRH is a satellite unit and nationally these units are nurse led (this is the current model at PRH and Ludlow). There will not always be a doctor on site but there will always be doctor presence (nursing staff are able to contact medical staff at our hospitals)</li> <li>There are consultation facilities being built into the Unit and it is planned that it will be co-located with the Community Diagnostic Hub with other clinicians on-site</li> <li>As part of our consultant's job planning we are looking to implement regular "ward rounds" on the renal dialysis unit. In addition we are planning to recruit new consultants to the renal team.</li> <li>The model of dialysis delivered on a satellite site is widely used across the country and led by highly skilled nurses. We are also looking at providing additional training for some of our nurses and this would upskill them to also become nurse prescribers.</li> <li>Are nursing staff are trained to provide care to patients, and those requiring to be transfer to the acute site during their treatment will be prioritised by the emergency ambulance service.</li> <li>The current process is that if a patient is transferred between sites, the nurses do a handover and ensure that all the patient information is passed across. Patient details are held in an electronic record in addition to the physical notes, and if there are any issues, information can be taken from there.</li> </ul>

# Key Themes (3)

Key Theme	Comment/Issue	Response
Clinical Care  Page 38	<ul style="list-style-type: none"> <li>A lot of patients have more than one condition, is there the opportunity for patients to be seen by more than one speciality if the renal unit is located in the diagnostic hub?</li> <li>Medications are currently prescribed on the unit whilst on dialysis and usually collected within a couple of hours. What would happen on the new unit?</li> </ul>	<ul style="list-style-type: none"> <li>This will be something that we will look at during the planning phase is the service change goes ahead. As part of this process we will look to have patient and carer input.</li> <li>Medications such as anti-coagulation, intravenous iron and other drugs used during dialysis will continue to be delivered by pharmacy and will be available on the unit. If there are changes to the drugs prescribed by GP, we will continue to advise the patient's surgery as we do now, and the patient will be able to pick these prescriptions up from their local pharmacy</li> </ul>
Which patients will impacted by the change?	<ul style="list-style-type: none"> <li>Will this move impact on Powys patients?</li> <li>What happens if a Shrewsbury patient refuses to transfer to the new unit?</li> </ul>	<ul style="list-style-type: none"> <li>No. Currently only high risk patients from Powys are treated at RSH. Most Powys patients receive dialysis locally.</li> <li>There are a number of patients who have a Telford postcode who are currently attending RSH. We will be having individuals conversations with these patients first to see if they would like to transfer closer to home</li> </ul>

# Key Themes

Key Theme	Comment/Issue	Response
<p>Facilities at the new unit</p>	<ul style="list-style-type: none"> <li>• Will issues relating to the Trust’s carbon footprint be taken into account in the new building?</li> <li>• Will patients be visible to staff when on dialysis on the new unit (e.g. will there be a good line of sight) in the same way that they are now?</li> <li>• Will patients still have their sandwiches and drinks?</li> <li>• Will TV’s be available for patients on the new site?</li> <li>• Will the new facility provide both beds and chairs for patients while they are having dialysis?</li> </ul>	<ul style="list-style-type: none"> <li>• The NHS works to the latest building standards and given that the NHS as a whole is committed to becoming carbon neutral, the building will be refurbished to meet the required Building standards and the achievement of at least a “Good” classification of the refurbishment works.</li> <li>• Staff having good visibility of all patients on the unit is really important, and the layout of the new unit ensures that all patients on dialysis can be seen by the staff, including the position of nurses’ stations.</li> <li>• Yes, the provision of refreshments for patients will continue.</li> <li>• We plan to install patient entertainment systems including televisions in the new unit.</li> <li>• We haven’t gone into any detail about the beds/chairs in the planning yet and are currently having discussions about new lifts for the building. We understand that the issue of comfort for patients is very important while they receive dialysis and we have raised this with the design team.</li> </ul>

Page 39

# Next Steps

- This proposed service change to be presented to the Joint Health Overview and Scrutiny Committee (JHOSC) on 27<sup>th</sup> January 2022. Once the JHOSC are satisfied with our proposals and engagement the service change will be submitted to Trust Board for approval.
- If the service change is approved the Trust will continue to keep our communities informed and engaged, this will include:
  - Communications regarding the service change (local media, social media, through our membership and organisations we link with)
  - Arrange to meet with the Shropshire Kidney Patient Association to discuss their concerns regarding renal services
  - To develop a focus group for patients and carers to look at the design of the new building.
  - Ensure that any patients who are impacted by this change are kept informed through the renal dialysis service at both sites
  - Ensure that all staff are kept informed and receive regular updates from the Centre Manager and Clinical leads and a formal management of change process is followed
  - Regular updates on the proposal, move and subsequent consolidated service will be given through the community members update email.
  - If the service move was to go ahead we would review this after 6 months (at the latest) with patient and public involvement.

Page 40



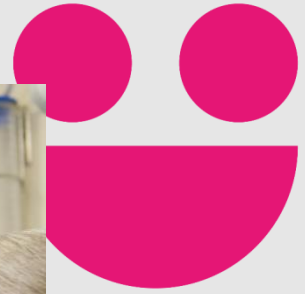
# Engagement Report

## Proposed changes to renal dialysis services at PRH

Page 41

Julia Clarke, Director of Public Participation  
Hannah Roy, Head of Public Participation

27<sup>th</sup> January 2022



# Background

- This presentation outlines the engagement that has been undertaken with our local communities around the potential service change relocating renal dialysis services at PRH to an offsite location at Stafford Park, Telford
- Current Satellite Dialysis Unit located at Princess Royal Hospital (PRH) Telford, Ward 5. The current unit at PRH has:
  - 16 dialysis stations
  - Provides 237 dialysis treatments/week
  - Provides treatment to approximately 79 patients.
- The current Unit does not lend itself to meeting COVID social distancing requirements for this vulnerable group. Dialysis stations have had to be removed to improve social distancing during COVID but due to increasing demand it is likely these stations will need to be reinstated in the near future.
- The current Unit at PRH is struggling to accommodate the increasing number of patients who need dialysis

# Proposed Change



- The proposed change would be to relocate the current dialysis unit at PRH to nearby Hollinswood House, Stafford Park 1, Telford. This is also the location of a planned Community Diagnostic Hub.
- The cost to relocate the service would be £4.5 million and funding has been identified for this.
- The new unit would future-proof the provision of dialysis to meet patient needs for the next 10 years in Telford (based on current modelling) as there is room for expansion built into the development. The new unit would initially provide:
  - 20 stations
  - Provide treatment to 92 patients a week
  - This would increase to 28 stations by year 5 and 31 stations (124 patients/week) by year 10
- To see the full proposal click here: [Renal dialysis services at PRH - SaTH](#)

# Reasons for Change

- Provide spacious, fit for purpose Dialysis Unit that meets modern building standards.
- Provide much needed additional dialysis capacity for the future.

Page 44  
Hollinswood House, the proposed location is less than a 10 minute drive from PRH so is a suitable site for a satellite unit and will be co-located with the planned Community Diagnostic Hub.

- Aligns with the Hospital Transformation Programme.
- The current PRH dialysis unit would be converted into an additional inpatient ward at PRH, providing additional inpatient capacity (particularly during winter)





# Key benefits and issues

- Improved design and spacious layout will provide a better experience for patients and our workforce.
  - Will provide additional dialysis capacity required for the future.
  - Extensive on onsite parking immediately outside of the building. Free of charge and with sufficient space for drop off/collection.
- Our hospital patient transport provider will be included within the planning to ensure continuity.
- Some patients would not be able to transfer across to the new unit due to their clinical needs. To accommodate these patients moving to RSH some patients currently receiving dialysis at RSH would need to transfer to the new unit. This would affect around 8 patients and those with TF postcodes would be prioritised.



# Engagement Process

- As an NHS Provider organisation we have a legal duty under Section 242 of the Health and Social Care Act 2012, to ensure that patients and/or the public are involved in certain decisions that affect the planning and delivery of NHS services. (Staff have been engaged through separate processes)

- As an organisation we believe its is important that we engage with our communities and stakeholders, prior to any decisions being made

This report outlines how we have engaged with our communities and have informed and involved them in the discussion around the proposed service change.

- From the discussions we have had with our communities we can address any issues prior to implementing any changes in services
- An Engagement Plan was developed and is available on our website: [Renal dialysis services at PRH - SaTH](#)



# Informing our Stakeholders

- As part of our s242 engagement plan the following organisations/individuals have been contacted to advise of the proposed service change to renal dialysis services at PRH:
  - Local MPs
  - Health Overview and Scrutiny Committee
  - Health and Wellbeing Boards
  - Healthwatches and Community Health Council
  - Shropshire and T&W Patient groups
  - Shropshire Kidney Patient Association
  - GPs
  - Town and Parish Councils

Our Operational Team have also discussed the proposed service changes with the CCG, Powys Health Board and NHSEI to advise them of the of the proposed service change

- The Trust has a community membership of over **2500** members. Members were emailed on 7<sup>th</sup> January 2022, to highlight the proposed change and with a link to our website to find out more information. Members were invited to attend one of our stakeholder events and there was a link to the patient survey.
- Dialysis patients at PRH, RSH and Ludlow were surveyed for their views
- The proposal has also been covered by media with Dr Nicholas giving an interview on Radio Shropshire on 18<sup>th</sup> January 2022
- We welcomed feedback and comments from any organisation and contact details of the renal Centre Manager were provided as part of the presentation.



# SaTH Website

There is a dedicated webpage on our public website [www.sath.nhs.uk](http://www.sath.nhs.uk) regarding the potential service change to cardiology inpatient services.

This page is available to the public and the website has the functionality to change the language, and alternative formats to support accessibility.

- The webpage outlines the proposed service change and has links to the following documents:

- Renal presentation
- Equality Impact Assessment
- Questions and Answers document
- Engagement Plan
- Renal Patient and Carer Survey

Home About Patients & Visitors Wards & Services Charity News & Media Healthcare Professionals Working with us CORONAVIRUS

## Renal dialysis services at PRH (January 2022)

This is a proposed service change to renal dialysis services which are currently being provided at the Princess Royal Hospital, Telford to move to an off-site location at Stafford Park, Telford. No decision has yet been made regarding this potential service change, and we want to hear the views of our patients and the public. We are holding patient and public events in January (please see the link below for more details) and there is an online survey which you can complete to give us your views about current renal dialysis services (please see the link below)

Currently The Shrewsbury and Telford Hospital NHS Trust provides satellite dialysis services on Ward 5 at the Princess Royal Hospital Telford and Ludlow Hospital, and our acute dialysis service is provided at the Royal Shrewsbury Hospital.

Renal Dialysis services are facing considerable challenges as the result of:

- Increasing future demand due to ageing population and demographic growth
- further increase in demand due to recovering Covid patients suffering from long-term renal complications
- non-compliance with HBN07-01 building standards. This has become more of an issue during the pandemic, current on-site facilities do not allow for social distancing
- Inability to address CQC concerns re privacy and dignity

Following an assessment, the preferred clinical option to increase capacity for dialysis is to relocate the PRH Renal dialysis service to a purpose-designed location at Hollinswood House, an off-site facility at Stafford Park in Telford. The Dialysis unit would provide care for non-acute lower risk dialysis patients. The location of the new Unit would be approximately 8 minute drive from the Princess Royal Hospital.

Page 48

# Stakeholder Forum and other meetings

- On 18<sup>th</sup> & 19<sup>th</sup> January we held stakeholder events which were open to all patients, carers, public, statutory and voluntary organisations. 12 patients attended these meetings and 3 members of the public, including representatives from Shropshire Kidney Patient Association, Powys Association of Voluntary Organisations and the Community Health Council
  - A presentation giving an overview of current service provision and the potential service change was given by Dr Johann Nicholas (Divisional Director), Laura Graham (Centre Manager) and Rachel Webster (Matron for Renal)
  - The Trust has also attended/or is going to attend the following meetings to discuss the proposed changes to renal services:
    - Montgomery CHC Local Committee- 13<sup>th</sup> January 2022
    - Powys Service Planning Meeting 18<sup>th</sup> January 2022
    - Public Assurance Forum (SaTH) – 24<sup>th</sup> January 2022
    - Parish Council meeting - Westbury, Worthen with Shelve, Chirbury and Alberbury 27<sup>th</sup> January 2022
    - Assuring Involvement Committee (CCG) – 27<sup>th</sup> January 2022
    - VCSA – 2<sup>nd</sup> February 2022
    - Telford Patient First - 2<sup>nd</sup> February 2022
    - Community Cascade – 9<sup>th</sup> February 2022
- (A separate meeting is also being set up with the Shropshire Kidney Patients Association to discuss some concerns raised)

Page 49



# Feedback from our Patients and Carers

- We looked at all of the PALs and Complaints from the past two years relating to renal dialysis services at RSH and PRH.
- Of the 15 PALs/Complaints only there was one complaint and one PALs query regarding PRH renal dialysis services. Both of these were in relation to staff communication with patients

At the beginning of January 2022, a patient/carer renal survey was launched to gain the views of current renal dialysis services.

- The survey was made available online through our website and paper copies were printed and given out to all our current renal dialysis patients at both our hospital sites.
- The results from the survey will support our renal units to look at how they can develop and improve their current and future dialysis services



# Survey results

- The survey is still live, and patients/carers are able to give their feedback
- To date 92 patients (95%) and carers (5%) have completed the survey
- 59% of respondents are currently dialysis at PRH, 34% at RSH, 4% at Ludlow and 3% at home

Page 51

The majority of patients receive dialysis close to home (77%) however 3% stated that they receive their treatment because it was the only site available. 6% stated that they were not given a choice in location and 10% stated the site they attended was due to needing additional care whilst on dialysis.

- 52% travel to the unit by car (including taxi or getting a lift). 46% use patient transport, whilst 2% use public transport or walk.
- 65% of respondents were male, 33% female and 1% non-binary and 1% preferred not to say



# Survey - Facilities

- Over 69% of respondents thought having comfortable seating in the waiting area was important. TV (32%), free WIFI (31%) and food and drink (31%) whilst in the waiting area were also highlighted as being important to patients and carers.
- The option of receiving dialysis on a chair or bed has previously been raised as an issue. The survey results state that 51% would prefer a bed whilst 49% stated they would want a chair.

Patient and carer feedback about the facilities they would like to see in the treatment are:

- 55% access to a TV/radio
- 41% having a privacy screen/curtain
- 37% Free WIFI
- 36% Adjustable lighting
- 32% Phone charging points
- 29% Quiet room for private conversations
- Other suggestions included: better climate control, more room between chairs, fans to keep cool in summer





# Patient Survey feedback

Please see below some of the comments/ suggestions made by respondents:

*“Parking – [Currently] Ambulances blocking cars, can't get to disabled parking spaces and bad lighting. Waiting area cluttered with wheel chairs and beds.”*

*“More individual control of climate at each dialysis station”*

*“Patient transport - planning/co-ordination of routes needs to be improved to better group patients & shorten journey times”*

*“I'm sure a hot drinks/snacks machine in the waiting room for patients waiting for transport would be appreciated”*

*“Social distancing between stations to ensure that when nursing care is being given this does not become too close to the adjacent dialysis stations.”*

*“Intercom system to call in patients.”*

*“magazines, newspapers, sofas beds to lie on”*

# Survey results

- The majority of respondents rate their experience of current arrangements for dialysis as either excellent or good.
  - The area which is highlighted as needing the most improvement are the facilities at the units. The comments provided highlight the need to improve the waiting areas, toilet facilities.
  - The delays in patient transport were also highlighted by respondents
- Overall, 85% of all respondents rated their overall experience of renal dialysis services as either excellent or good.**

	VERY POOR	POOR	ADEQUATE	GOOD	EXCELLENT	NOT APPLICABLE	TOTAL
Waiting times (in clinic)	2.30% 2	5.75% 5	29.89% 26	32.18% 28	26.44% 23	3.45% 3	87
Convenience	0.00% 0	2.56% 2	10.26% 8	39.74% 31	43.59% 34	3.85% 3	78
Care you receive	1.15% 1	0.00% 0	3.45% 3	27.59% 24	66.67% 58	1.15% 1	87
Parking (at the hospital)	3.85% 3	2.56% 2	11.54% 9	20.51% 16	33.33% 26	28.21% 22	78
Waiting times (for patient transport)	18.99% 15	20.25% 16	13.92% 11	6.33% 5	3.80% 3	36.71% 29	79
Facilities (toilets, waiting areas)	1.18% 1	5.88% 5	23.53% 20	34.12% 29	30.59% 26	4.71% 4	85

# Key Themes

From the Stakeholder engagement, key themes were identified from the questions and comments given by our stakeholders and communities, these are:

Key Theme	Comment/Issue	Response
Accessibility and Transport  Page 55	<ul style="list-style-type: none"> <li>Is the new unit wheelchair accessible?</li> <li>Can you get to the unit via public transport?</li> <li>Will there be an impact on patient transport services?</li> <li>Concerns around sleeping policemen (speed bumps) in the parking areas of Hollinswood House</li> </ul>	<ul style="list-style-type: none"> <li>The building will conform to current building regulations and will be wheelchair accessible throughout.</li> <li>There are bus stops at the railway station and on Telford Way (A5) heading towards Telford town centre. There are bus stops very close to the Unit (few minutes' walk) and the main bus station is 0.7 miles away.</li> <li>There will be no impact on patient who currently come to the unit via patient transport. We working with the current non-emergency patient transport services (E-Zec Medical Transport and they are aware of and involved in our planning)</li> <li>There are sleeping policemen in the parking area and these will remain (as they have been installed by the landlord for safety reasons). We will ensure that patient transport are aware of these and take appropriate precautions.</li> </ul>

# Key Themes (2)

Key Theme	Comment/Issue	Response
<p>Clinical care</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 56</p>	<ul style="list-style-type: none"> <li>Concerns around the access to medical staff if the unit was to be off-site</li> <li>What happens if a patient becomes unwell whilst on the unit?</li> <li>How will you ensure good communication between the hospital and the satellite unit?</li> </ul>	<ul style="list-style-type: none"> <li>PRH is a satellite unit and nationally these units are nurse led (this is the current model at PRH and Ludlow). There will not always be a doctor on site but there will always be doctor presence (nursing staff are able to contact medical staff at our hospitals)</li> <li>There are consultation facilities being built into the Unit and it is planned that it will be co-located with the Community Diagnostic Hub with other clinicians on-site</li> <li>As part of our consultant's job planning we are looking to implement regular "ward rounds" on the renal dialysis unit. In addition we are planning to recruit new consultants to the renal team.</li> <li>The model of dialysis delivered on a satellite site is widely used across the country and led by highly skilled nurses. We are also looking at providing additional training for some of our nurses and this would upskill them to also become nurse prescribers.</li> <li>Are nursing staff are trained to provide care to patients, and those requiring to be transfer to the acute site during their treatment will be prioritised by the emergency ambulance service.</li> <li>The current process is that if a patient is transferred between sites, the nurses do a handover and ensure that all the patient information is passed across. Patient details are held in an electronic record in addition to the physical notes, and if there are any issues, information can be taken from there.</li> </ul>

# Key Themes (3)

Key Theme	Comment/Issue	Response
Clinical Care  Page 57	<ul style="list-style-type: none"> <li>A lot of patients have more than one condition, is there the opportunity for patients to be seen by more than one speciality if the renal unit is located in the diagnostic hub?</li> <li>Medications are currently prescribed on the unit whilst on dialysis and usually collected within a couple of hours. What would happen on the new unit?</li> </ul>	<ul style="list-style-type: none"> <li>This will be something that we will look at during the planning phase is the service change goes ahead. As part of this process we will look to have patient and carer input.</li> <li>Medications such as anti-coagulation, intravenous iron and other drugs used during dialysis will continue to be delivered by pharmacy and will be available on the unit. If there are changes to the drugs prescribed by GP, we will continue to advise the patient's surgery as we do now, and the patient will be able to pick these prescriptions up from their local pharmacy</li> </ul>
Which patients will impacted by the change?	<ul style="list-style-type: none"> <li>Will this move impact on Powys patients?</li> <li>What happens if a Shrewsbury patient refuses to transfer to the new unit?</li> </ul>	<ul style="list-style-type: none"> <li>No. Currently only high risk patients from Powys are treated at RSH. Most Powys patients receive dialysis locally.</li> <li>There are a number of patients who have a Telford postcode who are currently attending RSH. We will be having individuals conversations with these patients first to see if they would like to transfer closer to home</li> </ul>

# Key Themes

Key Theme	Comment/Issue	Response
<p>Facilities at the new unit</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 58</p>	<ul style="list-style-type: none"> <li>Will issues relating to the Trust's carbon footprint be taken into account in the new building?</li> <li>Will patients be visible to staff when on dialysis on the new unit (e.g. will there be a good line of sight) in the same way that they are now?</li> <li>Will patients still have their sandwiches and drinks?</li> <li>Will TV's be available for patients on the new site?</li> <li>Will the new facility provide both beds and chairs for patients while they are having dialysis?</li> </ul>	<ul style="list-style-type: none"> <li>The NHS works to the latest building standards and given that the NHS as a whole is committed to becoming carbon neutral, the building will be refurbished to meet the required Building standards and the achievement of at least a "Good" classification of the refurbishment works.</li> <li>Staff having good visibility of all patients on the unit is really important, and the layout of the new unit ensures that all patients on dialysis can be seen by the staff, including the position of nurses' stations.</li> <li>Yes, the provision of refreshments for patients will continue.</li> <li>We plan to install patient entertainment systems including televisions in the new unit.</li> <li>We haven't gone into any detail about the beds/chairs in the planning yet and are currently having discussions about new lifts for the building. We understand that the issue of comfort for patients is very important while they receive dialysis and we have raised this with the design team.</li> </ul>

# Equality Impact Assessment (EQIA)

- A draft Equality Impact Assessment (EQIA) was completed by our Operational Team.
  - A meeting to review the EQIA with the Healthwatches, Community Health Council and our patients groups is being organised for February.
- Once the EQIA has been reviewed by our patient and public members it will be submitted to the Public Assurance Forum for approval and our website will be updated
- The draft EQIA is available on our website [Renal dialysis services at PRH - SaTH](#)

Page 59



# Next Steps

- This proposed service change to be presented to the Joint Health Overview and Scrutiny Committee (JHOSC) on 27<sup>th</sup> January 2022. Once the JHOSC are satisfied with our proposals and engagement the service change will be submitted to Trust Board for approval in February.
- If the service change is approved the Trust will continue to keep our communities informed and engaged, this will include:
  - Communications regarding the service change (local media, social media, through our membership and organisations we link with)
  - Arrange to meet with the Shropshire Kidney Patient Association to discuss their concerns regarding renal services
  - To develop a focus group for patients and carers to look at the design of the new building.
  - Ensure that any patients who are impacted by this change are kept informed through the renal dialysis service at both sites
  - Ensure that all staff are kept informed and receive regular updates from the Centre Manager and Clinical leads and a formal management of change process is followed
  - Regular updates on the proposal, move and subsequent consolidated service will be given through the community members update email.
  - If the service move was to go ahead we would review this after 6 months (at the latest) with patient and public involvement.

Page 60





## **Renal Reconfiguration JHOSC Informal Meeting Thursday 27<sup>th</sup> January 2022, Microsoft Teams**

Members of the Joint Health Overview Scrutiny Committee met with delegates from the Shrewsbury and Telford Hospital NHS Trust to discuss the proposed changes to cardiology inpatients services and renal dialysis.

Laura Graham, Centre Manager Medicine (Renal, Respiratory, Dermatology, Diabetes & Endocrine) outlined that the proposed change would see the Renal Dialysis Unit currently located at Princess Royal Hospital (PRH) relocated to an offsite Satellite Unit in Stafford Park. The purpose of this move was to improve dialysis facilities for patients in Telford. Members heard that the current PRH Unit did not provide the space required, particularly when accommodating COVID social distancing and increasing patient numbers. The move to Holinswood House, Stafford Park had been designed to future proof the provision of dialysis to meet the growing patient need over the next 10 years, based on the Hospital Transformation Team's modelling. In addition to the dialysis the building also provided housing for a planned Community Diagnostic Hub and an additional 20 bed ward when required. There was also capacity for Doctors to run small clinics from the premises.

During the debate Member's asked a number of questions:

*Given current recruitment challenges will there be enough staff to run the unit effectively?*

The Head of Nursing advised that in the first instance all current staff were to be moved with the unit and that any plans to expand the unit were to be deliver in conjunction with a recruitment strategy, however, in comparison to other areas of speciality nursing, Renal is well staffed and had historically been easier to recruit for.

Dr Nicholas elaborated that as patient numbers increased all Renal units in the UK needed to grow, which modelling indicated would include Royal Shrewsbury, Princess Royal and Ludlow Hospitals. The new building accommodated for the next 10 years and allowed for further growth.

*Often those who access the services are vulnerable and need to be accompanied. Was there an area in the new unit for family members to go?*

There is a large waiting area but no café. However it was placed in a central location with a Greggs nearby. They were also looking to install vending machines.

*Parking at Royal Shrewsbury Hospital had been free, would this be the case at the new site?*

Parking will remain free. The site allowed for extensive onsite parking with sufficient space for drop off and collection. It was also noted that the hospital transport provider had been consulted to ensure continuity.

*Were there any adverse clinical effects of the move?*

Dr Nicholas explained that the patients attending the satellite unit would be those who were stable enough to travel. Those who are more severe would continue to receive care as Royal Shrewsbury Hospital. It was highlighted that 18 patients with a Telford postcode were currently being treated at RSH, meaning that this move would directly benefit them by reducing travel times before and after long dialysis procedures. It was confirmed that at present no patients based in Shrewsbury would be required to travel to Telford as a result of the new proposed site.

*Was the aging population contributing to the need for growth?*

The average age for patients receiving dialysis was 70 years old. There had been focus on intervention which prevented people reaching that stage with the help of primary care and diabetes identification. Results also indicated that those on dialysis were now living longer than they had previously. However, it was correct that it was inevitable that chronic dialysis programmes would need to increase as the population aged, especially as older people were often considered too high risk to go down the transplant pathway.

*Where would North Shropshire residents go to receive dialysis treatment?*

Dependent on how stable a patients was they would be treated at either RSH or Ludlow Community Hospital. There were further links in place with Hereford, Wolverhampton and Birmingham Hospitals. Members heard that when considering the location of the new satellite site they did look at Bridgenorth and other rural locations, but it was concluded that it would not service enough patients to be viable given the costs.

Julia Clarke, Director of Public Participation then provided the Committee with an overview of the engagement that had been undertaken throughout the consultation. In the initial stages they had made contact with;

- Local MP's
- Scrutiny Committees
- Shropshire and Telford & Wrekin Health & Wellbeing Boards
- Healthwatch
- Community Health Council
- Patient Groups
- Shropshire Kidney Patient Association
- GP's
- Town & Parish Councils

- Local press and BBC Radio Shropshire.

They had also provided paper copies of a survey to all patients receiving treatment, with nurse's assistance if required. In addition all patients were invited to ask questions at the stakeholder event, or have those questions asked by a doctor who attended on their behalf. Resulting feedback from staff and patients indicated that the current services were too cramped and that they would welcome further spacing between chairs and a bed option. The Director of Public Participation did highlight to Members that 85% of all respondents did rate their experience of dialysis as good or excellent. It was also noted that the Engagement Report and surveys were all available to the public via the website.

The Director of Public Participation informed that Committee that if the proposal was approved by the Board on Thursday, 10 February then they hoped to have completed all required work by the end of year in order for the move to take place in 2022. The continued involvement of patient focus groups throughout the remainder of the process was stressed. It was asked that the Joint Health Overview Scrutiny endorse the proposed move.

Members thanked all participants for their time and commended them on a thorough consultation and great example of best practice.

**RECOMMENDATION:** That the Joint Chairs of the Joint Health Overview Scrutiny Committee move that the Committee approve the proposed relocation of renal dialysis at the next formal meeting.

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