






# Future Fit Update

*Joint HOSC*

*3 December 2018*



# Consultation in numbers

<p>We presented at <b>28 council meetings</b> to more than <b>260 people</b></p> 	<p>More than <b>3,100 people</b> visited our 74 pop-up displays</p> 
<p>We consulted for <b>15 weeks</b></p> 	<p>We held more than <b>150 meetings with seldom-heard groups</b></p> 
<p>We had <b>more than 24,000 visitors</b> to our consultation website</p> 	<p>Around <b>900 people</b> attended our 13 public events</p> 
<p>We received <b>18,858 responses</b> – equivalent to more than 3% of the population served by the two hospitals</p> 	<p>We created a suite of accessible consultation materials, including <b>Welsh, Easy Read, Large Print</b> and <b>screen-reader-friendly</b></p> 

**36 Stakeholder** responses from organisations, elected representatives and larger submissions from campaign groups

larger **individual responses**

Issues raised in all of the above have been referenced, themed and appropriate mitigation has or is being identified



- Broadly representative of local population across surveys and protected characteristic focus groups
- Slight under representation in:
  - Males
  - Younger people (16-26 years old)
- All data has been cross tabulated to determine any key findings by:
  - Rural or deprived areas
  - Parents and young women
  - Carers
  - Disability

**Profiling of respondents**

**65% DISAGREE** (90% of T&W respondents and 43% of Shropshire)

- Lives threatened by traffic/ travel
- Telford population needs an A&E
- Separating care causes inconvenience
- Don't move Women's & Children's Unit
- Changes too costly
- No room at Shrewsbury to expand
- Telford younger population needs A&E
- Deprived areas can't afford travel costs

**31% AGREE** (Mainly Powys/Border with 51% from Shropshire)

- Offers more access to emergency care
- Better quality services
- PRH 'too far away'
- Telford can access Wolverhampton
- Shrewsbury more room to grow

**NEUTRAL:** should be on both sites; overcrowding on either option; new centralised hospital would be better

**Feedback on  
Option 1**

**44% DISAGREE** (76% Shrop, 89% Wales/Shrop Border, 90% Powys)

- Concerns about travel time to Telford in an emergency
- Both hospitals should provide the same services
- Perception that Option 1 meets the needs of more people
- Travelling to Shrewsbury for planned care would be inconvenient

**NEUTRAL:** both Options problematic and need more information to make an informed decision.

**50% AGREE**  
(77% Telford & Wrekin)

- Care closer for families living in Telford
- More central and easier access to road networks and public transport
- Better suits demographics of towns
- Women's & Children's needed at Telford
- Telford has better facilities
- Shrewsbury better for planned care
- Reduced pressure on ambulance services

**Feedback on  
Option 2**

Finance	Care closer to home
Mental health services	Women & children's
Patient safety	Stroke services
Population need	Consultation process
Rurality	Equalities
Workforce	Impact on other providers
Travel and transport	Alternative proposals
Emergency care	No change
Planned care	Urgent care





Supportive of Option 1	Supportive of Option 2	No preference stated
Powys Teaching Health Board	Telford & Wrekin Council	Shropshire Council
Welsh Ambulance Trust	Healthwatch Telford & Wrekin	Healthwatch Shropshire
Midlands Partnership FT		
Robert Jones Agnes Hunt NHS Trust		
Royal Wolverhampton NHS Trust		
Wye Valley NHS Trust		

**Summary of stakeholder responses**



## Ambulance Impact Summary: Restoring Performance to Baseline Position

ORH Modelling  
for Emergency  
& Non  
Emergency  
Transport

Service	Option 1	Option 2
Shropshire PTS (Falck)	136 additional stretcher vehicle hours per week	136 additional stretcher vehicle hours per week
WAST PTS	No resource requirement	No resource requirement
WMAS	144 additional ambulance hours per week	90 additional ambulance hours per week
WAST EMS	No resource requirement	32 additional ambulance hours per week



- The modelling indicates that both options are broadly similar in their additional resource requirements
- The local PTS service, provided by Falck, for either option requires an additional 136 stretcher vehicle hours although Option 1 (RSH emergency care, PRH planned care) affects slightly more patients but still represents only 4.18% of all journeys undertaken by Falck
- The numbers of patients travelling from Wales are relatively low. Neither of the options produced sufficient evidence for more resource
- The model identified an impact on the emergency services provided by Welsh (WAST) and West Midlands (WMAS) although both options have a very similar requirement in additional resources
- Whilst WMAS is affected by option 1 more so than option 2, WAST is unaffected by option 1, but will be impacted by option 2. Overall the impact is very similar when looked at in terms of total EMS services into Shropshire



**Overview  
of findings**

- The impact on routine patient transport services (Falck) are well defined in the ORH report with either option requiring more stretcher resource(s) to be based at Atcham
- Further work will be required on establishing the precise number of vehicles and their hours of working
- The EMS impact requires further discussion with stakeholders to determine how the additional resource hours can be created



## Next steps

### Examples:

- Additional resources. The overall impact equates to a single 24/7 resource
- Conveyance rates. Do WMAS and WAST have plans to reduce their conveyance rates through, for example, new clinical interventions provided by paramedics or more opportunities to signpost patients to more appropriate pathways? Whilst this may not reduce the impact on ambulance due to job cycle times it may reduce the impact on emergency departments
- Handover times. Modelling by ORH has identified that reducing patient to the national accepted standard of 30 minutes (clinical and crew turnaround) could recover between 40 and 50 vehicle hours.
- **All of the above potentially requires system changes and therefore wider engagement.**

Two workshops were held in May and November 2018 to consider and identify key themes arising from the Independent Impact Assessments, Equality Impact Assessment, pre-consultation engagement and consultation feedback.

Post-consultation five emerging priorities:

1. Travel and Transport in general
2. Access
3. Availability
4. Parking
5. Hospital Appointments



**Travel and  
transport  
emerging  
themes**

- General consensus 'we cannot fix it all but there are clear opportunities working together to make some improvements now'
- The patient day does not fit with the public transport day. Must find ways to help people get to hospital at the right time for planned care
- Access to travel and transport varied significantly around rurality, location, availability, times, costs
- Costs of travel and its impact on low incomes, vulnerable groups (elderly, women and children, long term conditions)
- Coordination of all types of transport, particularly non-emergency is key to identifying improvements
- Improved signage – getting to the right place with patients knowing where they should go and where they need to be.
- Questions around who is eligible for NHS funded transport?
- What can SaTH do internally to help reduce transport issues e.g. outpatient booking, discharge planning, telemedicine, reduction in need to attend



**Early  
observations**

- Enhancement of bus services to and from and between hospital sites already being explored
- Review and consider opportunities to maximise use of local authority community transport with other voluntary organisations, including Powys
- Consider how community transport across Shropshire, Telford & Wrekin and Powys can be appropriately funded and attract/retain volunteers
- Continue to work with bus companies to maximise availability, minimise journey times and number of changes required
- Link into neighbouring public transport programmes to develop through ticketing
- Engage with local train providers to enhance train service provision
- Explore extended concessionary travel options
- Local councils to review taxi charges and disability access as part of the Inclusive Transport Strategy 2018



**Travel  
mitigations**

## **Reducing the need to travel**

- Hospitals to ensure patients only attend hospital when they need to
- Development of Shropshire Care Closer to Home and Telford and Wrekin Neighbourhoods to minimise need for travel
- Engage with technology i.e. Telemedicine, Outreach teams, electronic booking system to reduce need to travel and increase choice
- Ensure patients are aware of current travel options and reimbursements available for travel

## **Parking considerations**

- Improve parking in general
- Develop park and ride options
- Provide shuttle service for staff and patients between sites
- Improve walking routes around sites i.e. lighting/signage



**Travel  
mitigations**

- EIA live document that draws on existing information, intelligence and previous engagement work
- It examines if any of the nine protected characteristic groups (or other identified groups) are likely to experience a disproportionate impact from the Future Fit proposals
- We have also considered the potential impacts on four additional groups: people living in an area of deprivation or a rural area, carers and people whose first language isn't English (particularly Welsh speakers)
- CCGs have a legal obligation to consider any disproportionate impacts on the nine protected characteristics when they make any decisions about service change – Equality Act 2010, Public Sector Equality Duty 2011



**Equalities  
Impact  
Assessment**





- Higher % of older people (over age 50) in Shropshire and Powys
- Higher % of younger people (under 19) in Telford & Wrekin BUT higher number in Shropshire
- Projected increase in older age groups across all areas
- Higher % of BAME groups and different religions in Telford & Wrekin
- Higher % of women of childbearing age in Telford & Wrekin BUT higher number in Shropshire and Powys
- Main rural areas in Shropshire and Powys, highest levels of deprivation in Telford and Wrekin



## Health profile highlights

- Older people, under 5s and young men more likely to use A&E. Also, people with a disability, gypsies and travellers, certain BAME groups and LGBT adults.
- Older people, certain BAME groups, people with a long term condition and LGBT adults more likely to access planned care.
- Older, teenage, disabled, certain BAME and lesbian or bisexual women more likely to have pregnancy complications. Also, women living in a deprived area.
- Certain BAME groups and children with a disability more likely to access paediatric services.
- People in an area of deprivation – lower life expectancy, high prevalence of behavioural risk factors, high infant mortality rate.
- People in a rural area – social isolation, rural deprivation.
- Carers are more likely to have poor physical and mental health.

- Detailed mapping and engagement as part of consultation with seldom heard groups across Shropshire, Telford & Wrekin and Powys
- Worked with the voluntary sector to identify and to engage with them
- Flexible approach taken to encourage getting views (attendance at existing meetings and events, organisation of focus groups, individual meetings, circulation of consultation information and materials)
- 222 meetings attended with seldom heard groups; consultation information circulated to 49 seldom heard groups
- Consultation participation profile is broadly representative of population except more women and older age groups
- From midpoint, targeted younger age groups and men to try to address this imbalance

**Engagement  
with seldom  
heard groups**

- Young people – lack of interest, it doesn't affect me
- Working age people – like the convenience of services on one site
- Older people – concern about NEPT, voluntary transport and appointment times
- People with a mental illness – increased anxiety for patients who need to travel further and outside their normal area
- Women – quality of maternity services, concern about travel when in labour and with a sick child (particularly for gypsies and travellers)
- Older Sikh women concerned about language issues if no family nearby to translate
- Welsh speakers – preference for RSH due to proximity to Powys and perception more Welsh speakers
- Particular travel impacts for older and younger people who don't drive, people with a learning disability, people with a visual impairment, carers and visitors

**Feedback  
from seldom  
heard groups**

- The disproportionate impacts identified mainly relate to increased travel and costs
- The level of potential positive, negative or neutral impact is linked to where people live, particularly if they live in a rural or a deprived area and also if they belong to more than one of the protected characteristic groups
- See table section 1.3 in the EIA Report for more detail

**Summary of  
potential  
impacts**





- Develop an effective communications & engagement strategy
- Develop a strong public awareness campaign
- Incorporate findings into work of travel and transport group
- Consider out-of-hospital care and neighbourhood developments
- Address areas of mitigation in the IIA for women and children's
- On-going review of midwife-led services
- Consider provision of accommodation for parents and carers
- Build on existing and planned public health interventions
- Work collaboratively across the voluntary sector
- Improve the volume and diversity of patient views and increase opportunities for engagement
- Consider translation, interpreting and other services
- Consider how data collection and analysis can be improved
- Continue to engage with groups that have been involved in the EIA

## Three phases to programme:

### Phase 1: Frailty Intervention Team (FIT)

- 90+ patients added to the FIT case load each week
- FIT facilitates an average of 7 discharges every day
- 83% of FIT discharges go home
- Reduction in conversion rate from ED to admission for >75s at RSH - 53.02% compared to 57.71% in the same period the previous year

### Phase 2: Case Management Model of Care

- Risk stratification – identifying patients with greatest need to work with Case Manager

### Phase 3: Hospital at Home / Crisis Response / Rapid Response / DAART/ Step-up beds

- Hospital at Home provides diagnostic testing and treatment in or near a patient's home

**Shropshire Care  
Closer to Home**



Date	Meeting
3 Dec 2018	Joint HOSC
4 Dec 2018	Powys CHC
11 Dec 2018	Telford & Wrekin CCG Board
12 Dec 2018	Shropshire CCG Board
17 Dec 2018	Joint HOSC
17 Dec 2018	Future Fit Programme Board
8 Jan 2019	Powys County Council Montgomeryshire Committee
8 Jan 2019	Telford & Wrekin CCG Board
9 Jan 2019	Shropshire CCG Board
Early 2019 (TBC)	Joint Committee of Shropshire and Telford & Wrekin CCGs

**Conscientious  
Consideration:  
Next steps**

# Questions



## Survey responses by area

	<i>n</i>	<i>%</i>
Telford & Wrekin	9525	51%
Shropshire	3519	19%
Wales/Shrop border	1604	8%
Powys	1463	8%
Postcode refused	1770	9%
Out of area	861	5%
<b>Base</b>	<b>18742</b>	<b>100%</b>



- Feelings that there is a need for 'two A&Es' from most
- Especially as Telford has a growing urban population (mainly from T&W respondents)
- Distance to travel key concern – bus routes/traffic congestion/no direct public transport (esp. rural)
- Increased pressure on ambulance services
- Too far to travel for planned care and impact on carers
- Wasted investment in PRH, especially the Women's & Children's Unit
- Impact on mid Wales and feelings the Health Board should take responsibility
- May exacerbate pressure on staff
- Concerns over evidence it will improve clinical outcomes
- Some support for a fully integrated model

- Confusion from public about distinction between emergency/urgent/A&E
- Perception both A&Es will close with adequate provision
- Concerns over loss of access and increased travel times for emergency care
- Perceived increased risk to life and impact on the 'Golden Hour'
- Strain on ambulance services
- Is one emergency care centre sufficient for entire populace?
- Telford disadvantaged due to growing population
- Explanation needed of what an urgent care centre would provide
- Consider locating UCCs on community hospital sites or MIUs



**Emergency  
themes**

- Confusion over what procedures/services would be provided
- Concerns over distance to travel for planned care
- Vulnerable groups being able to access planned care e.g. older people especially living in rural areas where public transport is poor
- Concerns that community care will not have sufficient resources
- Need to focus on communications for:
  - Dementia
  - Learning Disabilities
  - Autism
  - Welsh language requirements

**Planned Care  
themes**



- Perception money spent at Telford is 'wasted' under Option 1
- Telford has a younger demographic that is more likely to need emergency services
- Women (of child bearing age) in Telford have concerns over travel impacts when in labour (if Option 1 is adopted)

**Women &  
Children  
themes**





- Views on stroke linked to emergency care access with concerns about travel times/ ambulance responses
- Detailed evidence file submitted by a campaign group:
  - Concerns about current standard of stroke care provided by SaTH
  - Perception that the claimed benefits arising from acute stroke model are misrepresented
  - Suggests it's being used in a misleading way to justify Future Fit model i.e. reconfiguration onto a single site equates to improved services. SaTH Stroke performance not improved since it moved to single site

**Stroke  
services  
themes**

- Concerns over blue light times/increased risk to life
- Infrequent rural bus services and no direct transport to hospitals
- Prohibitive costs of transport for those accessing care or visiting patients
- Difficulties with cross border travel e.g. bus passes
- Travel for vulnerable groups – specific conditions, mental health issues, help needed with communication materials for travelling to appointments (language and literacy barriers)
- Need sufficient community transport
- Parking provision is inadequate at both sites
- Families may visit less often if care is moved which has an impact on wellbeing for patients
- Cost burden in more rural areas with further to travel.

**Travel and  
transport  
themes**



**Finance  
themes**

- Lack of clarity on how Option 1 will be funded
- Confusion as to why what is perceived to be the most expensive Option is preferred
- Concerns over borrowing funds to pay for Option 1 and how it will be paid back
- Insufficient information given on finance and final plans
- Financial responsibilities of the Powys Teaching Health Board – it should fund the emergency care provision for its own population
- Perception that main motivations for the proposals are cost-cutting and under funding of the NHS

- Dissatisfaction with both options
- Full range of services needed at both sites
- Not appropriate to make communities 'pitch against each other'
- What about a new hospital between RSH and PRH?
- Alternative option is the 'Northumbria Model'
- Twin site district hospital system

**'Other suggestions' themes**

- We have provided a report which summarises the formal feedback we received from 36 stakeholders
- These are organisations and elected representatives who have provided a detailed response to the consultation
- Also includes others who have been very involved with Future Fit programme, such as campaign groups
- The report includes their preferred option (where stated) and a summary of their comments, collated by theme and by stakeholder
- It also includes an initial response to each theme which we would welcome your views on

**Feedback  
from key  
stakeholders**

- We have produced a similar report which summarises comments from feedback we received from individuals, some of whom have been very involved in the programme
- Due to data protection, individuals remain anonymous
- Again, we have separated these by themes and by respondent and included an initial response to each theme which we would welcome your views on



**Summary of  
individual  
responses**



- Established in May 2018 with all key travel and transport stakeholders invited to join group which meets monthly
- Independent Chair

### **Purpose of Group**

- Review suggestions for improvements to existing access and travel arrangements
- Identify the potential implications of the proposed changes
- Review and take account of the relevant findings from the IIA
- Review existing and updated patient travel analysis
- ***To develop a Travel and Transport Action Mitigation Plan following the Future Fit Consultation Process and Participate Report submitted on 8<sup>th</sup> November 2018***



## **Travel and Transport Group**



- Rurality, urban area and geographical spread acknowledged
- Group steered towards potential impact of options and the need to mitigate to ensure travel and transport issues are not exacerbated by impact of either option
- Regular updates from the Future Fit Team at monthly meetings ensured the group remained up to date with any new or emerging themes arising and could consider relevant issues as the group developed and progressed
- Knowledge within the group enabled the commencement of a baseline validation (what public transport services do we have now, what can be improved now and what will need time)
- Initial focus was on prioritising areas and identifying key leads for each area



## Developing the plan

## **National and Local Drivers**

- Shropshire, Telford and Wrekin and Powys THB Local Travel Plans
- Inclusive Transport Strategy
- Section 106 – To be aware of any development plans which will release funding to support travel improvements



## **Mitigations**

## **Collaboration and Partnership**

- Travel stakeholders working together to map baseline public transport availability and identify opportunities to improve services, reduce overlap and improve spread of availability