



# Eye Stakeholder Engagement Event

Mr Tony Fox  
Deputy Medical Director

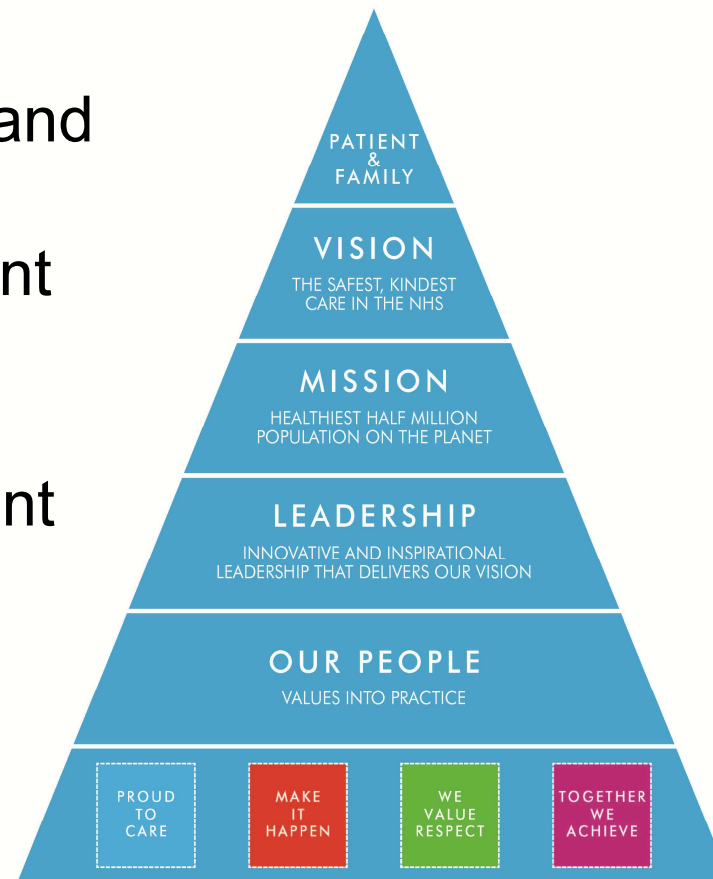
Tuesday 25<sup>th</sup> June 2019

# Purpose

- Provide an overview of service improvement
- Opportunity for our patients and stakeholders to engage in dialogue. Feedback on patient survey.
- Consider service development surrounding accommodation

The Shrewsbury and Telford Hospital **NHS**  
NHS Trust

ORGANISATIONAL STRATEGY  
BELONG TO SOMETHING



# Summary of Key Issues- March 2017

- Patient welfare and safety concerns

- Attracting and retaining workforce

- Team dynamics and ability to train

Recruitment

- Inability to see patients within defined timescales

- Substandard/fragmented accommodation

Development

- Complex Patient Pathways

- leads to multiple/unnecessary attendances

TCPS/VMI

# Patient welfare

## Reduction of Serious Incidents

- Incidents in October/November 2017 related to Locums and third party providers.

## Investment in people and time

- Failsafe Clerk to track and escalate
- Harm proforma review process
- VMI
- Human Factors Training

## Executive Support

- Deputy Medical Director
- Clinical Director, Governance and Educational Consultant Leads
- Dedicated Operational Leaders

**Capacity to deliver timely appointments remains extremely challenging.**

# Patient Pathways

- Collaboratively working with interested parties
- Improving internal pathways to ensure seamless patient flows
- Virginia Mason Value Stream      **Ophthalmology Outpatients**
- Delivery of more one-stop services

**Challenges with accommodation, site configuration and workforce limit the ability to fully implement.**

# Workforce

## Workforce to deliver the required capacity remains extremely challenged

Fragile with regular turnover

- Supported by locums
- Insourced 3<sup>rd</sup> parties
- Ageing workforce/Health

## Vacancies

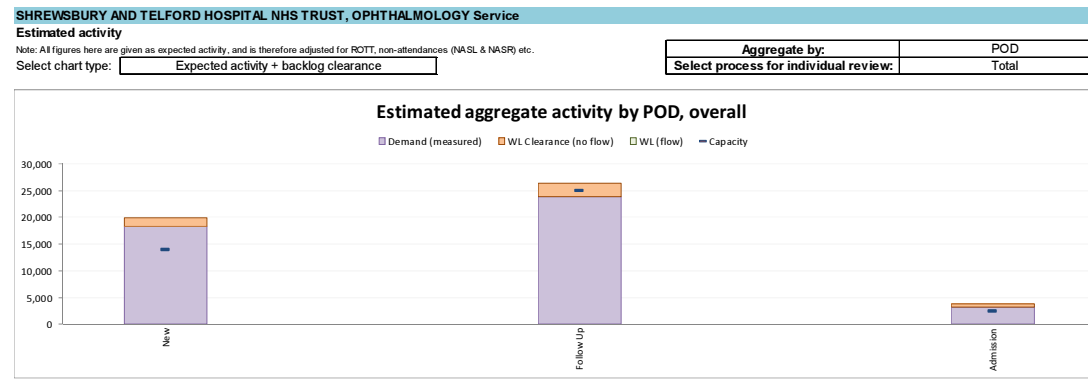
Vacancy (Whole Time Equivalents)	Consultants	Specialty Doctors
March 2017	3.5	2
January 2018	1.5 (1 medical retina)	1
June 2019	2.5 (2 commencing Q4 2020)	2 (interviews June 2019)

## Actions taken

- Nurse and Optician delivered services implemented
- Consultant Gaps filled with locum consultants
- Remaining vacancies out to advert for doctors/nurses and new positions

# Inability to see patients within defined timescales

- Demand Exceeds Capacity (to meet demand we need to see an additional 3335 new, 632 FU, 381 surgery per annum)

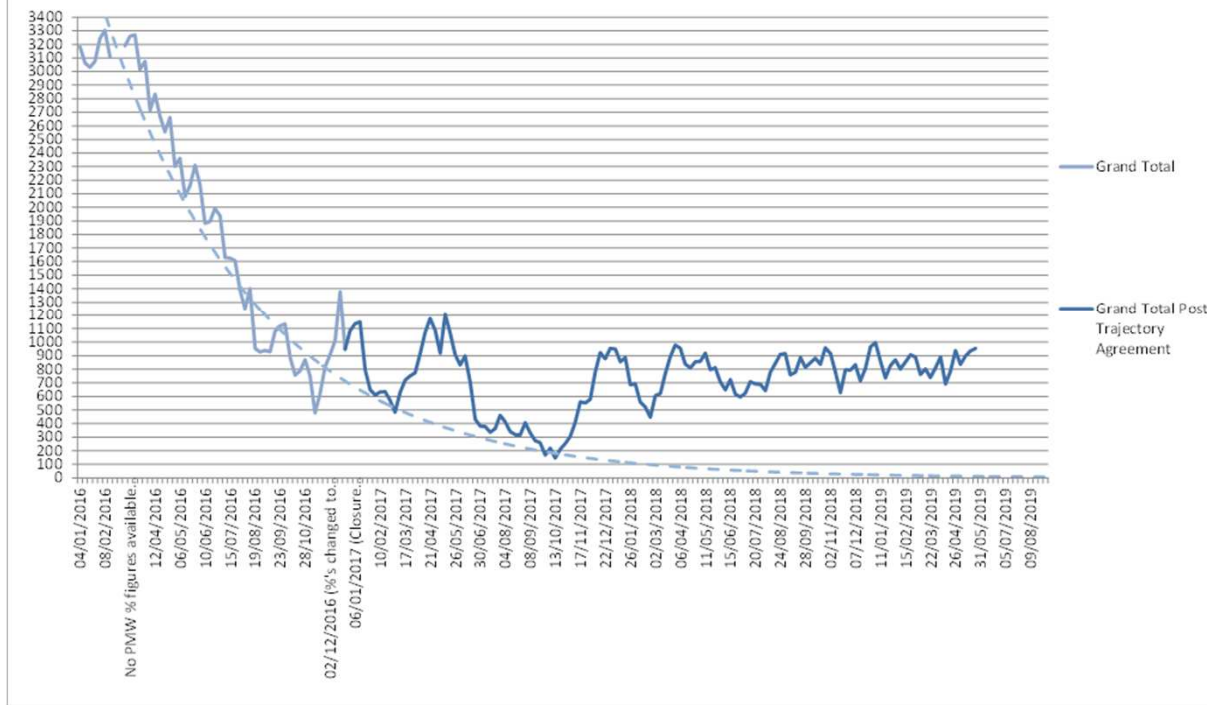


## Actions taken

- Working collaboratively to improve patient pathways
- Suspension of new referrals for Glaucoma, General and Adult Squint Surgery- **reopened April 2018 for Glaucoma and General**
- Additional Capacity Insourced increasing from 500 slots a month.

# Reduced follow up waiting times

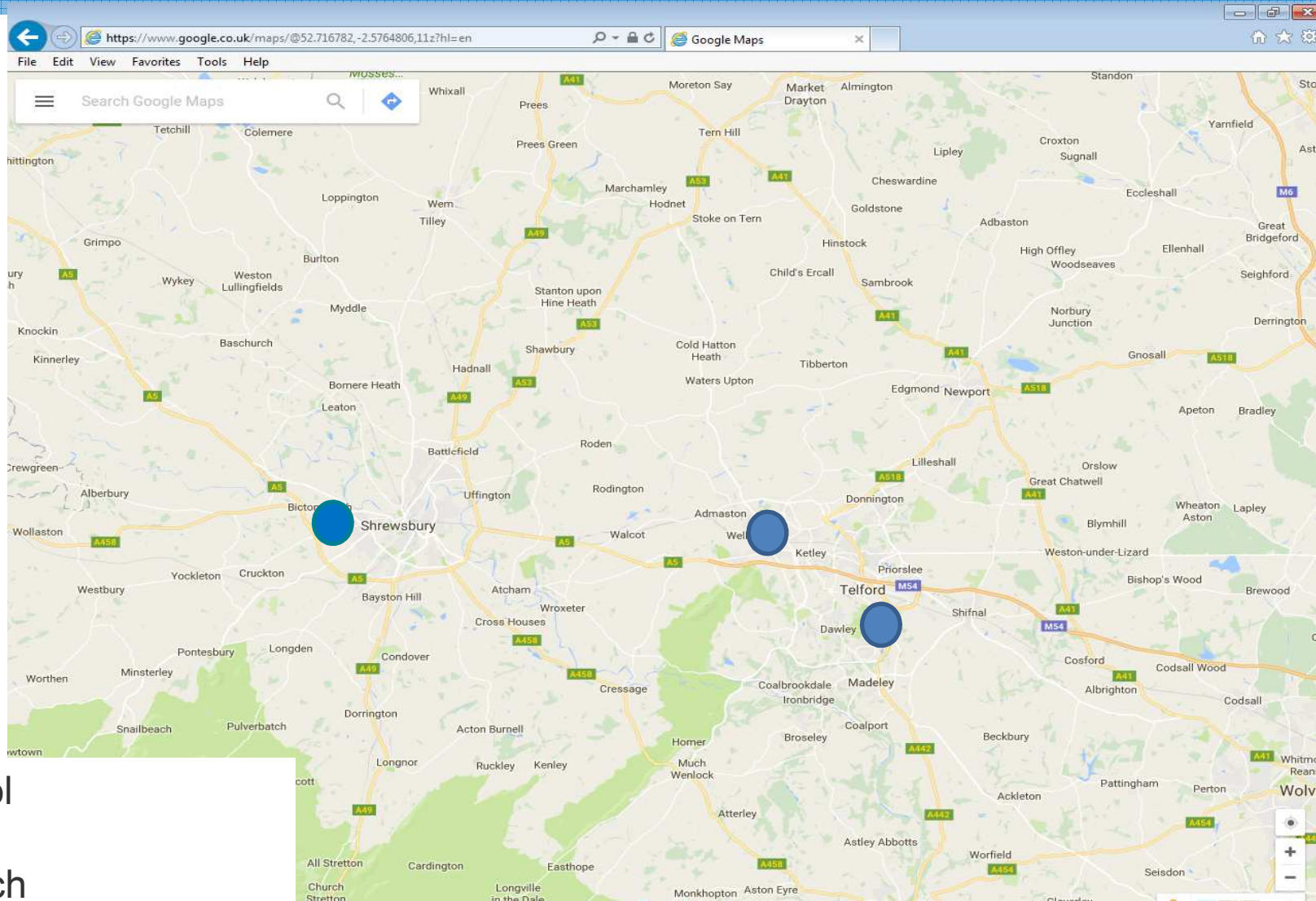
Ophthalmology Past Max to wait total numbers by % over time



Count of Hospital Number	Column Labels						
Row Labels	0-25% PMW	26-49% PMW	50-99% PMW	100-149% PMW	150-199% PMW	200+ PMW	Grand Total
DIABETICS	42	1					43
GENERAL	13						13
GLAUCOMA	23	25	11	4		1	64
MEDICAL RETINA	129	11	2				142
ORTHOPTIST COMBINED	236	70	56	26	9	11	408
OTHER	21	14	50	44	15	37	181
PAEDS	15	12	8	3	2		40
PRASOS	2	1	1	3		1	8
VITRORETINAL	21	1		1		1	24
<b>Grand Total</b>	<b>502</b>	<b>135</b>	<b>128</b>	<b>81</b>	<b>26</b>	<b>51</b>	<b>923</b>



# Current Site Configuration



Welshpool  
Newtown  
Whitchurch  
Ludlow  
Oswestry



# Accommodation

- **Significant improvements at RSH-**
  - **26<sup>th</sup> June 2017** new adult outpatients opened
  - **16<sup>th</sup> October 2017** new paediatric outpatients opened
  - **Increased number of adult clinic rooms (from 6 to 13)**
  - **Increased number of Paediatric clinic rooms (from 2 to 6)**
  - **Dedicated diagnostic rooms**
  - **Improved flows and clinic throughput (work in progress)**
  - **Improved privacy, dignity and patient experience**
  - **Attractive for new recruits**
- **3 site working remains challenging**
  - Team working/Culture
  - Clinical supervision and inability to train
  - Inefficiencies – complex patient pathways

# Princess Royal Hospital, Telford- MTX

- **Converted outpatient office Portable cabin not adjoined to main hospital**
  - 6 outpatient consultation rooms and 3 orthoptic designed rooms
  - Compliant for paediatric and adult patients
  - Ophthalmology Paediatric Operating Theatres (main hospital)
  - Remote Laser Room within main hospital building
  - Access to on-site emergency service/resuscitation team for paediatric and adult patients
- Dedicated receptions, car parking available (charged), Wellington train station near by.
- Catering/Restaurant located within Princess Royal Hospital Site
- Limited lifespan for portable cabin.

# Euston House, Telford

- **Converted office accommodation**
  - 3 outpatient consultation rooms (6 down to 3)
  - Main diagnostic equipment available
  - Not compliant for paediatrics
  - No on-site emergency service/resuscitation team
- **Surgicube theatre for cataracts**
  - Does not allow training
  - Design limits maximum patient throughput (average 5-6 cases)
  - Specifically trained Ophthalmology theatre staff
- Close to train station, Shared reception with small waiting area, free but limited car parking, no on-site catering facility

# Reconfiguration of Eye Services

## March 2017 and January 2018 Stakeholder Events

- Familiarity and confidence in surroundings and floor plan essential.
- Strong preference for one site. All tests and treatment ONE STOP
- This was more important than travel related issues
- Recognition that for some patients this would be challenging

## April 2017 SaTH Board- Approved

1. Relocation of Clinic 10 RSH to Copthorne
2. Agreed in principle to close Euston House
  - Relocate Adult Outpatients Services to respective hospital sites
  - Relocate Cataract Surgery from Euston House to RSH
  - Subject to further engagement following HOSC review

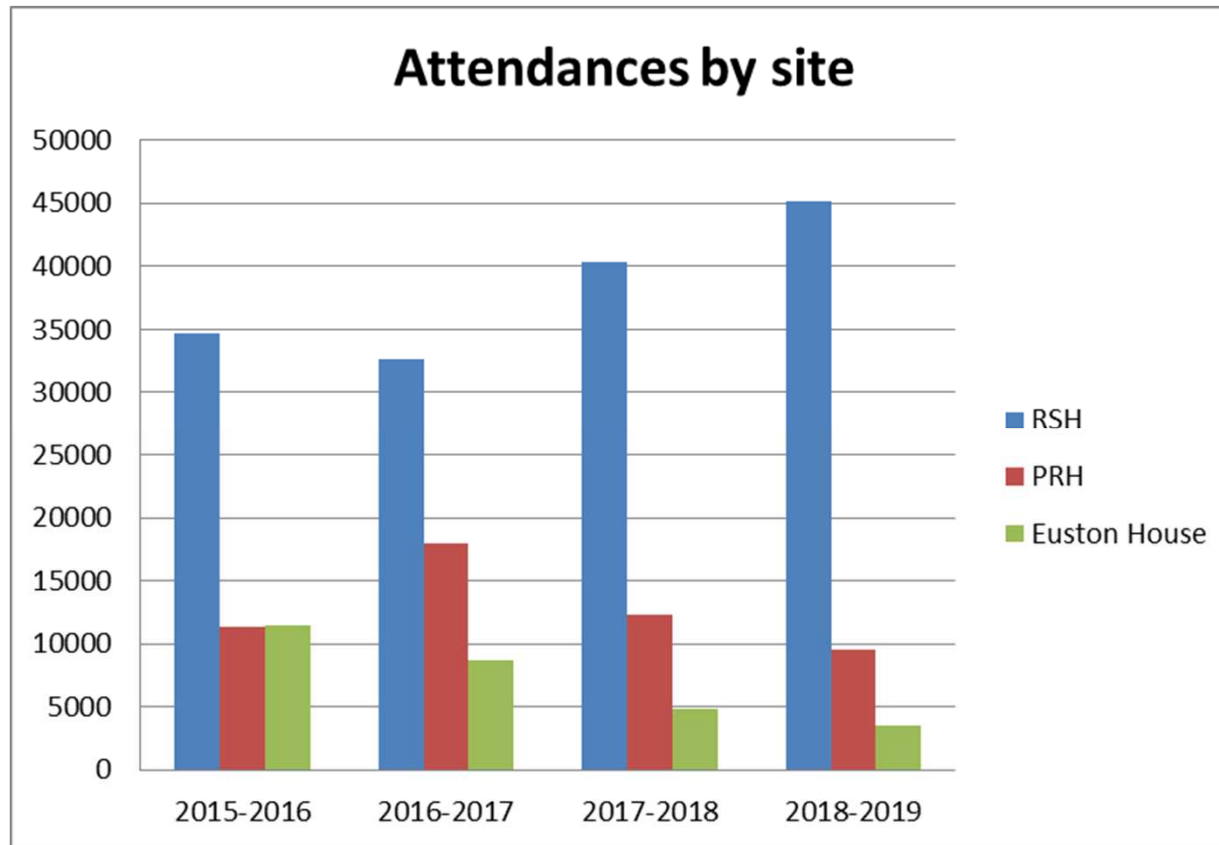
## HOSC meeting January 2019

- Welcomed the overview of service provision and challenges
- Impact of closing Euston House Telford and Wrekin patients
- Supported plans for further engagement and feedback on survey results

# Further Considerations

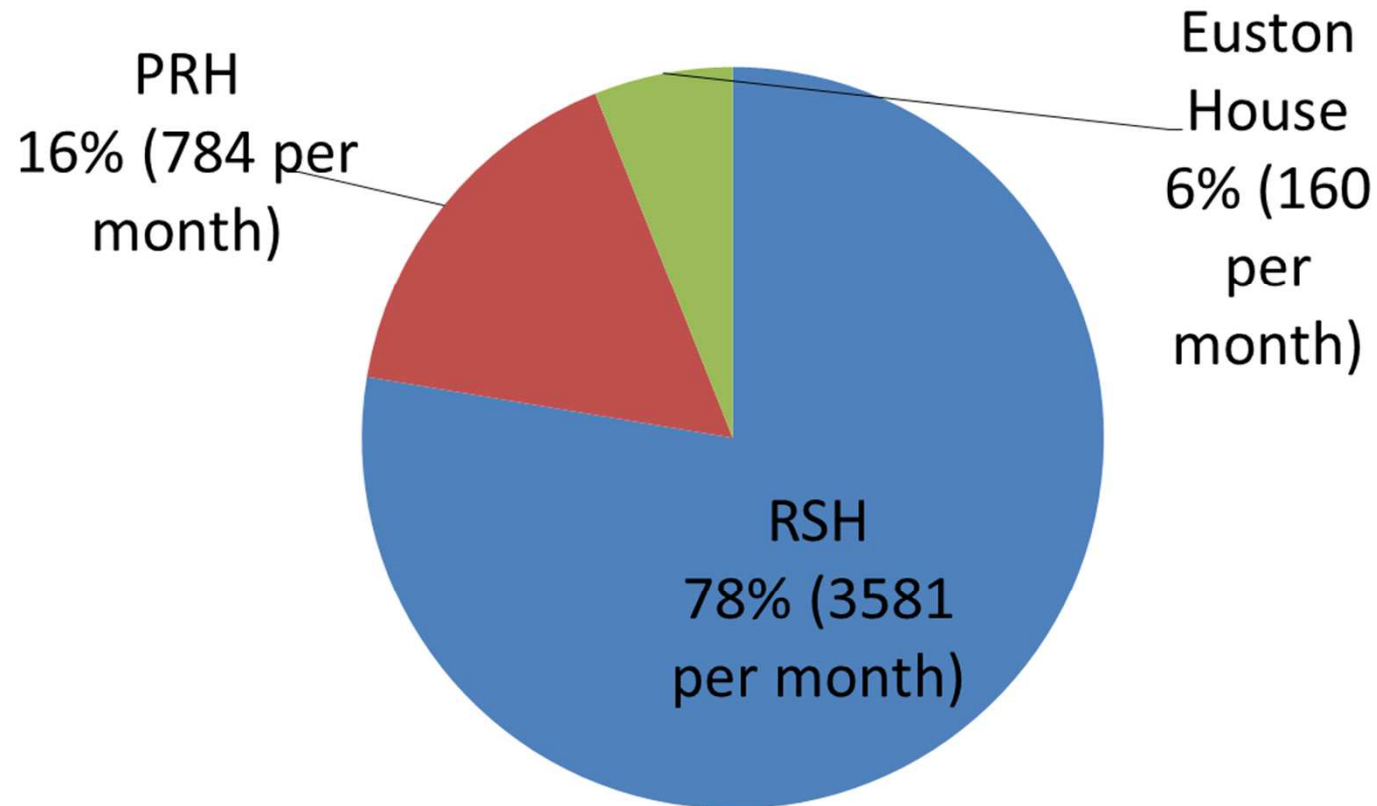
- Insufficient rooms at Euston House to accommodate multi disciplinary clinics
- Staff isolated from main units
- Travel time for staff (reduction in patient facing time)
- Inability to expand greater volume of cataract work (GIRFT)
- Inability to train (HEE triggered review)
- NHS Property Services rental for Euston House

# Attendances by site





# Monthly Outpatient attendances





# Reconfiguration of Eye Services- Survey Results

Survey carried out February/March 2019 following a trial in the eye clinic at RSH

Sent to stakeholders, commissioners and 162 Community and Voluntary Sector organisations with a request to distribute wider.

Link provided on SaTH website Ophthalmology pages, promoted through social media and print media.

Paper copies distributed to the 3 hospital sites along with pop up stands. Staff briefed and supported patients to complete where required.

# Sample analysis

- There was a total of 267 responses to survey
- 61% were responses from patients who had been seen at one of our clinics (that day)
- Respondents demographics:
  - Telford & Wrekin 48.63%
  - Shropshire 43.53%
  - Mid-Wales 7.45%
  - Out of area 0.39%

# Key findings

- 85% of patients would prefer to have one longer appointment rather than several shorter ones
- How patients got to the hospital appointments at RSH, PRH and Euston House:
  - 76% patients travelled by car
  - 11% Public transport
  - 4% using non emergency patient transport
  - 3% Walk
  - 2% Taxis
  - 1% volunteer drivers/Community Car scheme
  - 0.5% cycling
  - 2.5% Non Specified

# Main themes from Qualitative Responses

- A total of 115 comments were received on the survey. The main themes of the comments are identified as:
  - Transport and Travel times
  - Service experience
  - Staffing

# Travel and Transport

- Difficulties for patients using public transport from rural areas.
  - *Example provided of a patient from North Shropshire who is unable to get to their local hospital (PRH) due to no public transport going to Telford*
- Car parking charges and lack of parking at the hospital.

# Service Experience

- 65% of all the comments received were positive, many describing the service they received as excellent
- 27% of patients reported less favourable experiences, some of these were historic, some were in relation to third party providers
- Of the concerns raised in relation to the service provided by the Trust, respondents were able to leave their contact details for Ophthalmology to contact them directly
  - 12% of respondents chose to do so.

# Staffing

- There were no negative comments about staffing. However many respondents commented about the service they had received from staff.
- 80% of comments were positive and described staff as “very friendly and most helpful”
- Respondents commented that the service could be improved by seeing the same consultant for continuity of care

# Group Task



## Questions to answer:

- What benefits and disadvantages of the proposed plans?

## Consider:

- What have we missed in the proposed plans?
- What are your on going concerns?
- What can we do better?



# Summary of next steps

- Summarise the feedback from this session
- Complete a Quality and Equality Impact Assessment Session
- Present to HOSC and the Trust Board
- Implement changes as directed
- Work with you towards continuing to improve services for patients