

## Public Questions for Health and Wellbeing Board: from Gill George

### Question 3

#### A&E Provision

The world-renowned University College Hospital in London opened in October 2005 with capacity to deal with 65,000 emergency patients a year.

UCH staff are now seeing more than 130,000 a year and there is no sign of demand tailing off.

The hospital is spending £19m to extend the unit, with dozens of extra cubicles, x-ray machines and another CT body scanner.

Does the HWB not think that with the increasing demand for emergency treatment in Shropshire, Future Fit should not be planning to close one of our A&Es and Acute Hospitals, but rather follow UCHs lead and expand provision?

Dr Clifford Mann, President of the College of Emergency Medicine, said the tariff for emergency cases does not cover their costs, commenting:

"Every hospital in the UK actually loses money on its A&E. That's why most hospitals have failed to keep pace with rising demand - investing in a loss-making part of your enterprise has never been a good business model."

Does the HWB agree that it should put pressure through the Government and NHS England to increase the tariff for emergency care and to allocate extra funds for Shropshire in recognition of its rural nature, thus making emergency care financially viable?

#### Answer:

The NHS Future Fit programme is working to develop sustainable hospital services for Shropshire. It has long been recognised that it is unsustainable to run two acute accident and emergency departments in Shropshire. The Future Fit programme has been delayed to ensure the correct financial modelling is in place and that the Future Fit programme board has the information it needs to recommend a viable solution for Shropshire. However, the HWBB is confident that Future Fit programme board will be able to recommend a solution for Shropshire in the coming months. The HWBB plans to work closely with NHS colleagues to support this programme.

The HWBB however, agrees that central government does not recognise the increased cost of delivering services to rural populations. Locally, much work has taken place to lobby central government and NHS England for the Public Health grant and for the allocation for local hospital services. This has been done through our local MPs and directly to NHS England and Public Health England. Shropshire Council has also been working with the Rural Services Network, the All Party Parliamentary Group on Rural Affairs and the County Council's Network for a fairer funding allocation for rural and community hospital services. The HWBB supports this and will continue to work with health and care colleagues to progress these discussions to the highest level.

## Question 4

### Hip Replacements

Shropshire CCG has approved a plan to cut £800,000 from its budget for hip and knee replacement surgery (September 2015 Board). It has done this following a study by Midlands and Lancashire Commissioning Support Unit (CSU) that published benchmarking information relating to hip and knee replacements. These 'Commissioning for Value' papers provided the CCG with detailed analysis of the activity in Shropshire compared with the other CCGs in Staffordshire and Lancashire and showed that Shropshire was spending more per head on this surgery than the other CCGs in the CSU's area.

Shropshire CCG is intending to cut its budget by raising the bar at which patients will be eligible for surgery, thus ensuring that some patients will be in more discomfort and less able to have an active daily life.

Does the HWB board agree that the reason Shropshire currently performs more hip and knee replacement surgery than the average is because our population is on average older? Does the HWB agree that patients in Shropshire should not be disadvantaged in access to healthcare simply because we have an older population? Will the HWB push for additional funding for Shropshire CCG in recognition of the age profile of our population?

#### Answer:

This topic was discussed at Shropshire's Health and Adult Social Care Overview and Scrutiny Committee meeting in July, and details of the report can be found on Shropshire Council's web pages, [www.shropshire.gov.uk/committee-services](http://www.shropshire.gov.uk/committee-services). There may be a number of reasons that have led to Shropshire performing a greater than average number of hip and knee replacements. It is likely that our ageing population is an important factor; it may also be due to Shropshire having more agricultural and forestry workers (individuals likely to put additional strain on their hips and knees); patient choice and cancellation of scheduled operations at hospitals outside of the county may also have contributed to pressure at Shropshire's hospitals.

The HWBB's purpose is to improve the health and wellbeing of Shropshire people and reduce inequalities in health. The CCG has a duty to reduce inequalities in health and as such has a difficult and important job to ensure that all patients and service users are able to access the services they need. In doing so the CCG must take into consideration all of the services it commissions and apply models for ensuring care is available when it is most needed within restricted and increasingly pressured budgets. The clinical rationale for their decision making in this case can be found in the scrutiny report.

Shropshire people also must take responsibility for living as healthy lives as possible to maintain their own health and wellbeing. With regard to joint replacement, mobility and weight play a major role in joint health and longevity. The HWBB believes we need to work closely with the population to understand how we can support people to live healthy lives, maintain good bone and joint health throughout life, and therefore, in many cases, delay the need for surgery - in cooperation and consultation with people.