

Where do I go to find out more and get involved?

You can find out more from a dedicated website at

www.ournhsinshropshireandtelford.nhs.uk

This website includes information about the issues described in this leaflet. It tells you about the work that has taken place to reach this point, including reports from public and staff workshops held over the past year, and links to national legislation and policy which must guide how we shape local health services.

At this stage there is no closing date for your comments or views. We also expect to have a period of time when we will publish specific proposals for formal consultation, seeking your views before a final decision is made. This will be publicised widely, including in local press and on our website.

You can also send us your views and comments to: ournhsinsat@nhs.net or by post to:

Developing Health and Health Care
c/o Oak Lodge,
Shropshire County PCT,
William Farr House,
Mytton Oak Road,
Shrewsbury SY3 8XL



Have your say

NHS



on the future of health services in Shropshire, Telford & Wrekin

The NHS in Shropshire, Telford & Wrekin wants your views on plans for the future of health care in the area. This leaflet explains the series of proposals and how you can find out more.

These plans have been developed by senior doctors and nurses working with NHS staff, patients and local communities.

The plans aim to improve health and health services and to tackle the main challenges faced by the local NHS.

By getting involved in the debate, you can help to ensure that future health services make sense clinically and make sense to local communities.



Developing Health and Health Care
A Strategy for Shropshire, Telford and Wrekin

Have your say

Why do things need to change?



The local NHS wants to improve the quality of the services we offer by:

- Providing modern health services that meet the highest standards of safety, effectiveness and patient experience
- Giving you more opportunities to maintain and improve your own health
- Safeguarding health services for the future.

This means that we need to make plans now that will address the challenges we will face in the future.

The main challenges we face include:

The Challenge: More people are living longer lives with long term conditions such as diabetes, dementia and cancer.

The Opportunity: We need to support people to live with long term conditions. This includes providing more services close to people's homes to help them remain independent.

The Challenge: We are seeing rising levels of obesity, and there is still more work to do to help people to quit smoking.

The Opportunity: We need to help people to make small changes to their lifestyles that will have a big impact on their health. Eating well, being more active and giving up smoking can all help to tackle life-threatening illnesses such as cancer, type 2 diabetes and heart disease.

The Challenge:

Some new equipment and treatments need specialist staff and are very expensive. This means they can only be offered in larger district hospitals and regional specialist hospitals. However, many people live in remote and rural areas.

The Opportunity: Other clinical equipment and treatments are getting cheaper and easier to use, so they can be offered in local hospitals and GP practices. We need to find ways to bring more treatments and technologies into local settings. This will make services more convenient for local people and reduce travel.



How will decisions be made?

We want to hear your views so that the right decisions can be made about local health services. The local NHS will need to make decisions later this year based on:

- Your views during this period of local engagement, and the views we receive during any formal consultation later this year.
- Specialist advice from health service professionals about the opportunities and challenges for maintaining and improving the quality of services.
- Views and comments from partner organisations - particularly those organisations that have a statutory role in representing your interests, such as Local Authority Health Overview and Scrutiny Committees and Local Involvement Networks.
- Detailed analysis of the challenges and opportunities outlined in this leaflet.

The NHS will use the Guiding Principles that we have developed with local communities and partner organisations during 2008 to underpin decisions about future health services:

Making Sense Clinically

- Health, Well Being and Equity
- Quality, Safety And Effectiveness
- Supporting and Developing the Workforce

Making Sense to the Communities We Serve

- Involving People in Making Decisions about their future Health Services
- Affordable, Sustainable, Fit for Purpose
- Personalised Services and Access to Care, Closer to Home.



Shaping the future:

We welcome your views as we continue to develop this longer term plan.

Developing services beyond the next 5 years

The proposals in this leaflet aim to address the immediate challenges we face. They will ensure that we can maintain local services over the next five years. However, we also need to look at how we tackle these challenges in the longer term. So, we have also started to develop proposals for 2020 and beyond.

The main issue we face is deciding the spread of services between the two main hospital sites. We are looking at four main scenarios for hospital services in the longer term:

Option 1: this would mean keeping the same configuration of hospital services that we agree for implementation over the next five years.

Option 2: the main A&E would be based in Shrewsbury with PRH continuing to provide a range of services including outpatient, day case surgery, minor injuries, midwife-led unit and specialist community services.

Option 3: the main A&E would be based in Telford with RSH continuing to provide a range of services including outpatient, day case surgery, minor injuries, midwife-led unit and specialist community services.

Option 4: the main A&E would be based at a new site between Shrewsbury and Telford. Under this option there are a number of possibilities for the future of services at RSH and PRH (including that they close, or that they continue to provide a range of services including outpatient, day case surgery, minor injuries, midwife-led unit and specialist community services).

The Challenge: 24-hour health services need enough specialist staff to keep them running round the clock. This isn't just a case of employing more staff - the doctors and nurses need to see enough different patients to keep their skills up to date.

The Opportunity: We need to find new ways to run quality 24-hour services, so that we can keep them in Shropshire, Telford and Wrekin.

The Challenge: We cannot spend more money than we receive from taxpayers. We also need to invest in improving our hospitals and other healthcare buildings.

The Opportunity: We need to balance the many demands on health services in ways that meet your needs and expectations. We also need to continue to improve efficiency and productivity, so that our resources are working best for you.

This leaflet asks for your views on how we can tackle these challenges.

What is being proposed?

The first part of this leaflet describes plans for the next five years. A later section sets out longer term proposals. Our plans have been developed by senior doctors and nurses working with patients and staff, and taking national quality guidelines into account. They have three main aims:

- Preventing disease
- Bringing care closer to peoples' homes for example, a wider range of services at the GP surgery
- Providing sustainable and accessible hospital services.

This will include:

- Offering you and your carers better information and sign posting which will help you navigate your way through the health and care system
- Many more of your outpatient appointments and day case operations will be provided in community settings including community hospitals and in GP premises. You will be much less likely to need to visit a major hospital for your planned care.
- If you are pregnant, you will be able to receive more of your ante-natal care and give birth in local midwifery units, using the main consultant service if you need this additional support. Direct access to midwives will help you to plan your pregnancy as early as possible.
- Giving you more support to improve your own health, designed around your needs and circumstances.



Some of the biggest challenges we face are in Accident and Emergency, surgery (particularly emergency surgery) and children's services. In order to keep these important services in Shropshire, Telford and Wrekin we need to consider some changes to ensure that they continue to meet high standards of clinical quality. These are explained in more detail below.



Why are changes to A&E and Surgery needed?



In order to provide 24-hour emergency services, we need to ensure that there is a rota of suitably-trained clinical staff available around the clock to provide your care. We face challenges in Shropshire, Telford and Wrekin because:

The Challenge: Shrewsbury and Telford are relatively small hospitals, based on patient numbers. This makes it hard for them to carry on providing certain services because:

- Doctors and other clinical staff need to see enough different patients to give them wide experience of different illnesses and treatments. This is particularly important for doctors in training, as it makes sure that they develop the skills and knowledge they will need when they are fully qualified. Since our hospitals are small, trainee doctors do not necessarily see enough different patients and complex cases. This means that the hospitals risk losing their accreditation to train doctors. Trainee doctors are a vital part of the

clinical staff of our hospitals. Without them it is difficult or impossible to provide 24-hour patient services. Some people have suggested that 24-hour rotas could be maintained using other doctors. However, it is difficult to attract doctors to the area if they will not see a wide range of patients – and particularly if they won't be involved in training junior doctors.

- The European Working Time Directive places limits on the number of hours that doctors and other clinical staff can work. This means that more staff are needed to provide a 24-hour service.
- Specialist services often need expensive equipment or specially trained staff. It is more difficult to provide these specialist services locally when staff and resources are spread across two hospital sites.



Facing the challenge:



Developing services for the next 5 years

The proposals described in this leaflet are for changes to services over the next five years. For some of the services - A&E, acute surgery, children's inpatient services, maternity and urology - we have developed options for how these services might be located between two main hospitals.

The next steps include looking at these options in more detail. This includes:

- This period of local engagement where we are seeking your views and comments.
- An equality and diversity impact assessment, which will review the impact these options will have on local communities across Shropshire, Telford & Wrekin.
- A financial assessment, making sure that they are affordable within available resources – both in terms of revenue (e.g. the day-to-day running costs of the services) and capital (e.g. the costs of buildings and equipment).

- External assessment and scrutiny (including by the National Clinical Advisory Team and the Office of Government Commerce, to get external assurance that this process is looking at the right issues and aiming to make decisions in the best ways).

- Continued detailed assessment of service plans and the links between clinical departments (for example, designing the children's hospital at home service).

We also expect to have a period of time later this year when we will publish specific proposals for formal consultation, seeking your views before a final decision is made.



Changes to other services



We also need to make changes and improvements to many other services. This includes:

Maternity and New Born

- Continuing with a central consultant-led unit, linked with a network of local midwife-led units.
- Improving the birth environment
- Giving you “direct access to midwives” to plan your antenatal care and delivery as early as possible.

Getting Healthy, Staying Healthy

- Giving people more opportunity to be involved in maintaining and improving their own health
- Developing partnerships with employers and other organisations to develop services that promote healthier lifestyles
- Continuing to raise public awareness on public health issues such as smoking, alcohol and obesity.

Long Term Conditions (e.g. diabetes or stroke)

- Working in partnership across the NHS, with local authorities and with community/voluntary organisations to offer a co-ordinated approach to care and delivering services
- Putting care in community settings rather than in major hospitals wherever possible
- Improving information and advice that help people to manage their own condition.

Planned Care (e.g. rheumatology or rehabilitation)

- Providing more care in GP practices, offering you greater choice about how to access the care that you need
- Improving communication between the departments responsible for providing different aspects of your care - treating you as a person rather than a set of symptoms and conditions
- Training and developing staff to provide care in new ways.

Acute Care

- Providing a clearer, integrated 24-hour service so that you know where to go when you are acutely ill or injured
- Developing “urgent care centres” to assess people and direct them to the best place for treatment
- Improving assessment services and patient information to avoid unnecessary admissions.

End of Life Care

- Offering more choice about what care people receive and where they choose to die
- Ensuring that patients, their families, and carers are treated with dignity and respect
- Expecting all end of life services to meet ‘gold standards’ through a more co-ordinated care approach.

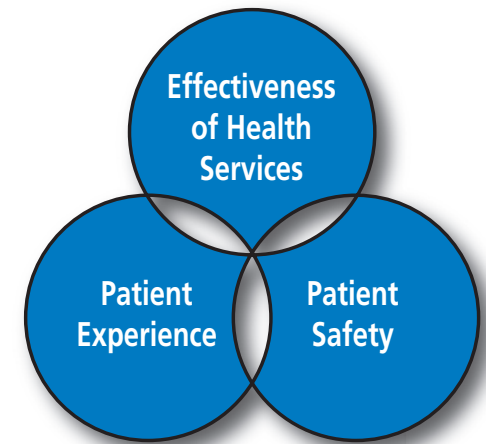


The Opportunity: Concentrating some services on one site will help to ensure that we can continue to provide 24-hour services in Shropshire, Telford & Wrekin. It will also help us to continue to develop more specialist service in the local area, rather than patients needing to travel to regional centres elsewhere.

The Challenge: Surgeons are becoming more “specialist”. This means that their knowledge and skills focus on a particular part of the body. They provide very high standards of clinical care in this area, but they are less experienced in other parts of the body. This makes it much harder to provide all the types of expertise at all times at both hospitals for a seriously ill patient who needs an operation.

The Opportunity: Concentrating emergency operations on one site will help to ensure that the widest range of expertise and equipment is available to treat you around the clock, giving you a better chance of a full recovery.

If we do not tackle these challenges this will bring risks to the quality of care for patients, put pressure on medical staff and limit our opportunities to develop services.



What changes to A&E and surgery are proposed?

Over the next five years we will need to make changes to the way that A&E and Surgery services are provided between the Princess Royal Hospital (PRH) and the Royal Shrewsbury Hospital (RSH). The main proposals are:

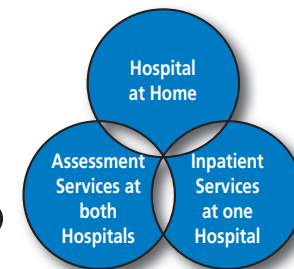
- Keeping 24 hour A&E units at both hospitals, in Telford and in Shrewsbury.
- Continuing planned surgical operations - inpatients and day cases - at both hospitals in most specialties. Some specialties will need to focus on one site (e.g. urology). The majority of operations are planned operations, so most operations will continue to take place at both hospitals.
- Continuing outpatient clinics and diagnostic tests at both hospitals.
- Concentrating 24-hour emergency / acute operations, carried out on very seriously ill and injured patients, at

one of the two hospitals. This hospital would also have the A&E unit for the most seriously ill and injured patients (although there will continue to be a 24-hour A&E unit at both hospitals).

Your views will be an important part of helping us decide which location should continue to provide 24-hour emergency and acute operations, and the A&E unit for the most seriously ill and injured.



Why are changes to Children's Services needed?



Children with very serious illnesses already need to be treated in regional children's hospitals, such as Birmingham. Local specialist children's services provide care for children who suddenly become ill, or live at home with a long term illness. We face challenges in Shropshire, Telford and Wrekin because:

The Challenge: Where possible, children's services should be provided at home or as close to home as possible. This helps children to maintain their independence, and helps parents to plan their children's care alongside other commitments.

The Opportunity: Most children needing local inpatient care only need to stay in hospital for one or two nights. However, with more support in the community they would not need to stay in hospital at all. If we re-shape our services we can support more children at home.

The Challenge: As with A&E and surgery, children's services risk losing accreditation to train doctors, which would make it very unlikely they could continue. The European Working Time Directive also means more staff are needed to provide a 24-hour service.

The Opportunity: By concentrating services onto one site we will make sure that children's inpatient services stay in Shropshire, Telford and Wrekin.



What changes are proposed?

Over the next five years we will need to make changes to the way that Children's Services are provided between our two main hospitals and in the community. The main proposals are:

Developing a new Hospital at Home service across Shropshire, Telford and Wrekin. This is a nurse-led service, supporting children at home.. It would provide care when children come out of hospital, but also reduce the need for admission to hospital in the first place.

Strengthening children's assessment units at both hospitals. These would be the 'front door' for all sick children at both hospitals. They would provide tests, care and treatment for routine and emergency issues.

Once these new services have been established, then children's inpatient hospital beds would be concentrated at either the PRH or the RSH.

Your views will help us to shape these new services and will help us decide which location should continue to provide children's inpatient services once the new services are established.