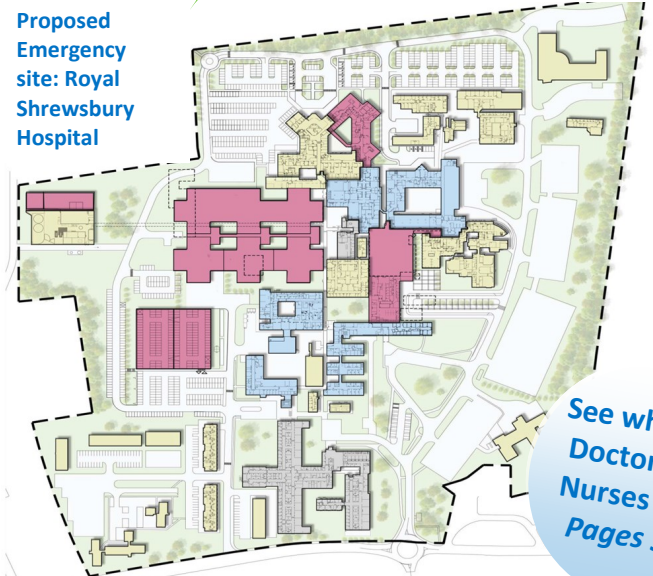
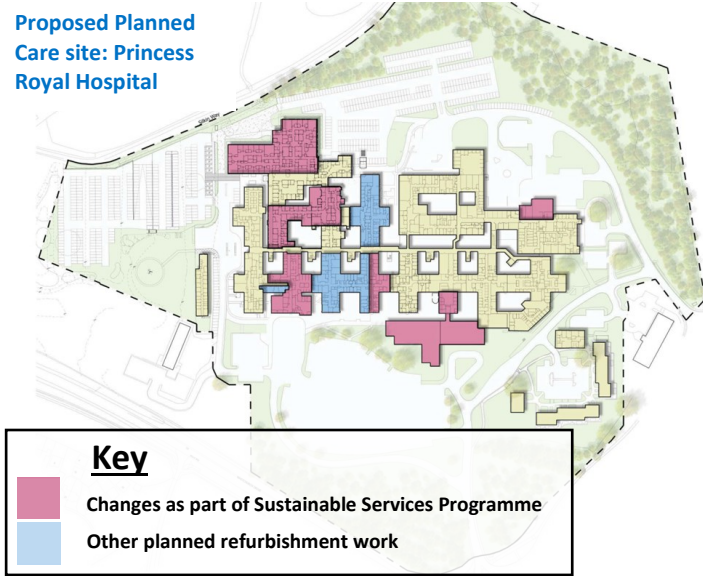


Putting Patients First

Focusing on clinical quality and improvement in The Shrewsbury and Telford Hospital NHS Trust

Proposed Planned Care site: Princess Royal Hospital

Proposed Emergency site: Royal Shrewsbury Hospital



See what our Doctors and Nurses think Pages 5&6

Key

- Changes as part of Sustainable Services Programme
- Other planned refurbishment work

We want you to have the opportunity to have your say and hear from the Doctors and Nurses who have helped design our preferred option

Two vibrant hospitals for today and future generations

Shorter waiting times, fewer cancelled operations, more clinical spaces and two vibrant hospitals for the next 20 years and beyond.

These are just some of the benefits of The Shrewsbury and Telford Hospital NHS Trust's (SaTH) Sustainable Services Programme.

SaTH is clear that "doing nothing is not an option" and we are keen for you to be fully aware of our preferred option, which we think is essential before moving to a public consultation.

All of the options are currently still with the NHS Future Fit Programme Board and there has not yet been a final decision.

Our preferred option, following extensive engagement:

- A Planned Care site at the Princess Royal Hospital in Telford (PRH) with approximately 350 beds (240 for inpatients including frailty and elderly care, rehabilitation, planned orthopaedic surgery and a single breast service and 110 for day case patients) together with specialist centres for cancer and bariatric surgery. There will be some maternity and paediatric services.
- A new Emergency Centre at the Royal

Shrewsbury Hospital (RSH) with approximately 510 inpatient beds for a variety of services including critical care, acute stroke, coronary care, women and children's, orthopaedic trauma, acute medicine and complex planned surgery

This newsletter outlines exactly what services are proposed for each hospital, under our proposals.

A West Midlands Clinical Senate team, which comprises 18 of the region's leading professionals in health and care, considered evidence on NHS Future Fit, of which our Sustainable Services Programme feeds into, and concluded there is a "clear and compelling case for change" and urges that there are no more delays. This isn't about losing services, it's about ensuring we have two vibrant hospitals for the future, together with a sustainable workforce for the 21st century.

This isn't about money: In fact the proposals would represent a significant investment into both hospitals. It is a great opportunity for us to ensure the future of both our hospitals for at least the next 20 years and to ensure we provide the safest and kindest care to our patients.

■ See pages 2 and 3 for details of which services would be on each site and page 7 for how we've learned from other hospitals.

Both hospitals will have

- 24/7 A&E services to provide urgent care for adults and children, meaning the majority of patients who currently use our A&E services will still be able to go to their local hospital for treatment
- An increase in A&E/urgent care clinical spaces (we currently have 43 across both sites, and our proposals are for 65 across both sites)
- Cancer services, including Chemotherapy services for Oncology and Haematology patients
- Outpatient services
- Diagnostic services, such as X-Rays and Ultrasound
- Day Case Renal Unit
- Maternity Services (including Midwife Led Units, Early Pregnancy Assessment Service [EPAS], Antenatal Care, Outpatients and Scanning)

A guide to where services would be under our preferred option



■ An artist's impression of how the new Planned Care Site would look at the Princess Royal Hospital in Telford.

Planned Care Site: Princess Royal Hospital (PRH)

- **24-hour A&E services:** The majority of patients, including children, who arrive at our current A&E departments would continue to be seen at a Centre that provides 24-hour A&E services.
- **Elective and day case surgery:** The majority of planned inpatient surgery would take place at this site, as well as most adult day surgery.
- **Endoscopy:** Examinations of the inside of the body will take place.
- **Centres of Excellence:** The Trust aspires to create Centres of Excellence in Bariatric Services and Breast Services, which would be housed at the Princess Royal Hospital.
- **Medical beds:** There would be medical beds available for ongoing acute care and rehabilitation.
- **Maternity Services:** Wrekin Midwife-Led Unit, Early Pregnancy Assessment Service (EPAS), Antenatal Care, Outpatients and Scanning.
- **Children's Services:** Outpatients and appointments services.
- **Outpatients:** Outpatient appointments, including a Fracture Clinic, would still take place at PRH meaning patients would still have their appointment at their local hospital.
- **Diagnostics:** Facilities, such as X-Ray, Ultrasound, CT and MRI scanning would continue to take place.
- **Inpatients:** Approximately 350 inpatient and day case beds. This would include beds for Elective Orthopaedics, Breast Service, Frailty and Elderly Care, rehabilitation and ongoing medical care.
- **Day Case Renal Unit:** Kidney dialysis treatment available for patients at their local hospital.
- **Cancer Centre:** Patients needing treatment such as Chemotherapy would be able to get this from their local hospital.

A guide to where services would be under our preferred option



■ An artist's impression of how the new Emergency Site would look at the Royal Shrewsbury Hospital

Emergency Site: Royal Shrewsbury Hospital (RSH)

- **Emergency Centre:** A new 24-hour single Emergency Centre would be provided to treat the most serious emergencies. It would be far larger than our current small A&Es helping to attract more Consultants to ensure a sustainable workforce for the future.
- **Critical Care Unit:** Intensive Therapy Unit and High Dependency Unit would be provided alongside the Emergency Centre
- **24-hour A&E services:** The majority of patients, including children, who arrive at our current A&E departments would continue to be seen at a Centre that provides 24-hour A&E services.
- **Specialist wards:** Cardiology (including a Coronary Care Unit), Endocrinology, Gastroenterology, Nephrology, Neurology, Stroke, Respiratory and Acute Medicine for patients needing acute inpatient care.
- **Trauma:** Trauma, including orthopaedics and unplanned and complex surgery.
- **Maternity Services:** Inpatient facilities for women, including Obstetrics, Neonatal Services, Early Pregnancy Assessment Service (EPAS), Antenatal Care, Outpatients and Scanning, as well as a Consultant-Led Maternity Service. The Shrewsbury Midwife-Led Unit would remain.
- **Children's Services:** Inpatient and Outpatient facilities for children, including Children's Assessment Unit, Oncology and Haematology.
- **Outpatients:** Outpatient appointments, including a Fracture Clinic, would still take place at RSH meaning patients would still have their appointment at their local hospital.
- **Diagnostics:** Facilities such as X-Ray, Ultrasound, CT and MRI scanning would continue to take place here.
- **Inpatients:** The hospital would have approximately 510 inpatient beds, and a dedicated Ambulatory Care Unit to accommodate 49 patients.
- **Day Case Renal Unit:** Kidney dialysis treatment available for patients at their local hospital.
- **Cancer Centre:** Patients needing treatment such as Chemotherapy would be able to get their from their local hospital.

Centres providing A&E services at both hospitals

New centres in Shropshire that would provide A&E services 24-hours-a-day, seven-days-a-week and be available to treat the majority of patients in the same hospital as they visit now will be developed if proposals to improve emergency and critical care services in the county go ahead.

The Centres would also provide patients with access to the many services they might need, such as X-Ray and MRI scans.

The majority of patients who visit the county's A&E Departments at the Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH) in Telford do not need the life-saving intervention that an A&E provides – and in the future these Centres would be able to diagnose and treat their conditions, if plans to create them become a reality.

The Shrewsbury and Telford Hospital NHS Trust's Sustainable Services Programme proposes creating two new Centres that will provide A&E services – open 24-hours-a-day, seven-days-a-

week – one at RSH and one at PRH under proposals which would also see a new single site Emergency Centre created for the region.

The proposed new Centres, that will provide A&E services, would be able to treat the majority of patients who currently attend A&Es in the county. In 2014/15 over 115,000 patients arrived at A&E departments in Shrewsbury or Telford believing they needed immediate access to health care. The majority of these patients (about 75,000) were not in need of life-saving intervention and could be more appropriately seen in a Centre.

New 24-hour Centres, that would provide A&E services, could treat conditions including:

- Simple fractures
- Cuts requiring stitches
- Moderate respiratory complaints
- Some abdominal and chest pain
- Many sporting injuries, such as sprains

- Simple eye complaints
 - Minor limb injuries
 - Minor illnesses like chest infections
- More serious conditions, such as injuries caused by car crashes or people suffering acute stroke, would be treated at the proposed new Emergency Centre.

In addition, the Trust would aim to bring the treatment for victims of most heart attacks back into the county. Currently patients need to travel to hospitals out of the county for such treatment.

Mr Tony Fox, Deputy Medical Director at the Trust, said: "This isn't about closing an A&E – it's about creating one new Emergency Centre and two new Centres, which would lead to an improvement in the services we provide.

"The majority of patients who currently attend our A&Es would continue to be treated at the same hospital as they visit now, through Centres open

24-hours-a-day, seven-days-a-week.

"This would mean that the proposed single Emergency Centre would be available for the most serious conditions to be treated.

"Patients who attend Centres will have access to all of the services they need – such as X-Ray and MRI scans."

The Sustainable Services Programme describes potential solutions to the challenges of Accident & Emergency and Critical Care provision in the region.

The programme proposes the creation of one new fully-staffed and equipped Emergency Department created either at RSH or PRH. A Diagnostic and Treatment Centre would be created on the site which does not have the Emergency Centre.

Both hospitals would continue to have local planned care services.

No decisions have been made and the proposals would be subject to a full consultation.

EMERGENCY CENTRE



PREFERRED OPTION: THE ROYAL SHREWSBURY HOSPITAL

Suspected stroke



Trauma such as a car accident



Persistent and severe chest pain



Severe abdominal pain



Severe blood loss



A&E SERVICES



24-HOUR WALK IN SERVICES:



THE PRINCESS ROYAL HOSPITAL IN TELFORD & THE ROYAL SHREWSBURY HOSPITAL

Some fractures/broken bones



Cuts requiring stitches



Minor head, eye or ear problems



Non-emergency injuries and ailments



Sprains, strains or bites



Ensuring the best services for today and future generations



"We are working at full capacity nearly every day but with a modern Emergency Centre it would make the way we work much more efficient and will attract more Consultants. We are lucky at the moment because my colleagues are very dedicated and work a huge amount of overtime, but it simply isn't sustainable."

Dodi Herman, A&E Consultant



"Don't think of the proposal as closing an A&E but rather the creation of two 24-hour Centres (one at RSH and one at PRH) that will provide A&E services and one brand new state-of-the-art Emergency Centre. The majority of people will continue to receive their treatment at a Centre and only people with life-threatening injuries, more often than not under blue lights, will be taken to the Emergency Department."

Hezron Ottey, A&E Staff Nurse



"I am very pleased that we provide such excellent cancer services. For any illness, but perhaps particularly for cancer, patients want to know that they can be treated in a timely, effective and safe manner, ideally as close to their homes as possible. At SaTH, we do that and it is only for complex cases that we transfer patients to more specialist units. The results we achieve at our Trust rival some of the leading centres in the country."

"We are committed not only to maintaining the services that we have currently, but also to improving provision and access to treatments. That means further investment to strengthen our facilities at RSH and investing more at PRH with new facilities, such as for chemotherapy."

Dr Sheena Khanduri, Clinical Lead for Cancer Services



"Despite increased travel time for some, we have seen better outcomes for our patients in areas we've already centralised—such as paediatrics, stroke services and emergency surgery."

Mr Andrew Tapp, Consultant Obstetrician and Medical Director for the Women and Children's Care Group



"The easiest thing in the world would be to do nothing. That would be dangerous. These plans are about ensuring patients now and in the future have the best access to the best medical staff in the best place when they need it, and I fully support that move."

Mr Mark Cheetham, Consultant General and Colorectal Surgeon

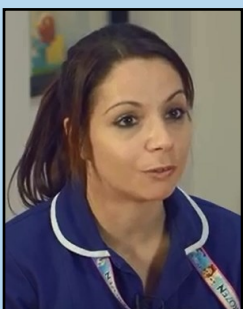


"We acknowledge concerns about the increased transport time for patients. However, whilst getting a patient to hospital quickly is important, it's more important that patients are seen in the right place, by the right person. A specialist site will mean more high quality staff, meaning patients can be seen by the right person much more quickly."

"The programme describes options that will improve current hospital services ensuring that the sickest of our patients have access to better Emergency, Urgent and Critical Care Services. It will help to ensure our patients receive their care close to home and within the county."

"We must ensure patients now and in generations to come have the best services possible."

Dr Adrian Marsh, A&E Consultant



"Whether women and children's services are at PRH or RSH it is the patients we need to put first and that is what our doctors and nurses will do. The Shropshire Women and Children's Centre is a beautiful building with beautiful grounds, but the money spent on it will not be wasted should the service relocate as other services can move in, meaning other patients can enjoy it."

Rachel Martin, Sister on Children's Ward



"Our patients should know that the only concern for us doctors and nurses is ensuring we continue to build a sustainable and safe service. We believe reconfiguration will make our services better for everyone we serve. These changes can seem daunting but we believe that providing more structured emergency care is an essential part of building a sustainable service for many years."

Chris Mowatt, Consultant Anaesthetist

Future of hospitals being led by our Doctors and Nurses



“Doing nothing is not an option as the current situation is not sustainable. The proposed model will allow us to keep services in the area rather than see them move to bigger centres in Stoke or Wolverhampton. We must ensure patients now, and in generations to come, have the best services possible.”

Mr Subramanian Kumaran, Consultant and Clinical Director for Emergency Medicine



“There is substantial evidence that shows that treatment at the right time, in the right place, by the right person can be most safely and effectively provided without requiring that quickest (or nearest) is always best.”

Dr Edwin Borman, Medical Director



“By separating serious emergencies from planned care, it will mean patients who attend our hospitals for planned operations, such as hernia repairs, gall bladder surgery and hip replacements, won't have their care affected by the need to prioritise seriously ill or injured emergency patients.

“Reducing disruption to planned care activity will reduce patient inconvenience and maximise productivity for the Trust.

“Providing the very best care to our patients is our only concern. We want two vibrant hospitals so we can deliver the very best care to our patients. The current situation does not allow us to deliver the high quality care we would like to provide, which we as clinicians see as unacceptable. Unfortunately, as things stand, this is unavoidable.”

Mr Joe McCloud, Consultant Colorectal Surgeon



“If proposals to separate emergency and elective care go-ahead then we should have to cancel planned appointments on a far less regular basis. We also believe that by going forward with the proposals we will make SaTH a Trust that will attract the very best consultants in the country. At the moment, we are often understaffed, which stretches resources.”

Mr Ron Dodenhoff, Consultant Surgeon



“If we had a purpose built Emergency Centre we would be able to do everything exactly as we want it, and expand our service so we can see more patients sooner than we are able to do at the moment.”

Helen Hesbrook, Sister in Ambulatory and Emergency Care



“It's been suggested that we should do nothing and keep the status quo, but we've been clear that doing nothing is not an option. We need to make changes to our hospitals to improve standards and waiting times for patient care and also improve the experiences they have. We also need to ensure the sustainability of our hospital services for the next 20 years and more. These changes need to happen to ensure we keep health services local and in the county.

“We have spent a long time thinking through, developing and refining our model. Doctors, Nurses, Therapists and other clinical staff from our hospitals and the community have developed the proposed model – a single Emergency Centre to treat life and limb threatening conditions, supported by A&E services at both hospitals.”

Dr Kevin Eardley, Renal Consultant and Unscheduled Care Group Medical Director



“Patients are already having to travel out of the county, to hospitals in Stoke and Wolverhampton, for trauma cases such as heart attacks, and unless we move forward with these proposals we could end up losing more services from our hospitals. The new Emergency Centre, supported by two new 24-hour centres that provide A&E services, will help us keep our Trauma Unit status.”

Clare Walsgrove, A&E Matron



“We know, as clinicians, that we can provide the best quality patient-centred care to the people we serve by dedicating emergency services on one site. The doctors, the nurses – the people on the ground, working in the hospitals – we see on a daily basis individual cases where care could have been provided to a much higher standard if the patients were treated in a single emergency centre.”

Mr John Loy, Consultant Surgeon

Consultants have been learning from other hospitals

Consultants have shared how they have explored the benefits and pitfalls of transforming emergency care from other organisations which have been through similar experiences.

The Shrewsbury and Telford Hospital NHS Trust (SaTH) proposes creating a single Emergency Centre at either the Royal Shrewsbury Hospital (RSH) or Princess Royal Hospital (PRH) in Telford with Planned Care provided on the other site.

Most patients would still go to their local hospital to receive 24/7 A&E services. Only life and limb-threatening conditions, some of which are currently transferred outside of Shropshire, may be treated at the new single Emergency Centre.

There have been suggestions from members of the public that a new hospital should be built between Shrewsbury and Telford or that nothing should change, leaving A&E services as they are now.

Other organisations throughout the country have gone through similar experiences of moving to a single site for the most serious emergency cases, and SaTH is learning from these experiences – both the good and the bad.

Mr Mark Cheetham, a Consultant Surgeon and Scheduled Care Group Medical Director at SaTH, said: "I, and colleagues, have visited Northumbria, where a brand new specialist care hospital opened in 2015, and we learnt that consolidating emergency admissions on one site allows a consultant-delivered service 24/7 which ultimately improves patient care.

"Our experience locally, and our visit to Northumbria, confirms that a large proportion of patients going to A&Es now do not have a life or limb threatening injury or illness so don't need to be treated in an Emergency Centre – they could be treated through other A&E services at either of our hospitals, which is what we're proposing in Shropshire.

Northumbria have learnt from experience that having these other A&E services alongside an Emergency Centre is key and are looking to adapt their model. Their new model is consistent with what our doctors are proposing for Shropshire.

"We have also learnt of the benefits of



■ Consultants from The Shrewsbury and Telford Hospital NHS Trust visited Northumbria Healthcare Foundation Trust, where a new specialist care hospital was opened in 2015, to explore the benefits and pitfalls of transforming emergency care from an organisation that has been through a similar process.

introducing Advanced Clinical Practitioners, roles which we have begun to introduce in Shropshire, as they can replace Junior Doctors in many situations and help with ensuring a sustainable workforce. These Practitioners are highly skilled and experienced Nurses, Paramedics and Therapists who hold the same skills as Junior Doctors."

Mr Cheetham said that Northumbria had also shown things that wouldn't work in Shropshire.

He said: "There have been suggestions that we should follow this model and open a brand new hospital, somewhere between Shrewsbury and Telford.

"NHS Future Fit, which our Sustainable Services Programme feeds into, looked at building a brand new emergency hospital for Shropshire, which would have operated alongside services at RSH and PRH, on the long-list of proposals.

"But this was ruled out early on in our discussions and didn't make the shortlist of proposals. This proposal wouldn't work for a number of reasons. Adding an additional site would not help our problems with duplication of services and workforce challenges and could make it worse for our patients.

"We already provide a number of additional services not present in Northumbria, such as Vascular Surgery, Urology, Radiotherapy, Renal Dialysis and inpatient Paediatrics, so we are continuing with the very best of what we have, whilst learning from other hospitals on how we can improve.

"It would cost a lot more now to build a new hospital than it did when the project in Northumbria was approved, and adding a third site would not help with any of the backlog maintenance issues we have at our two current acute sites. We also need to consider how people get to our hospitals. Public transport links cause problems for us now, and would be worse if a new greenfield site was built.

"In short, I think we can learn from the experiences of Northumbria and other similar examples. Our model has been developed by doctors and other frontline staff and it's time that we go to public consultation for people to have their say and help us to refine our proposals so that we can move forward."

More information about the proposals can be found on the Trust's website at www.sath.nhs.uk/sustainable-services

Have your say

- No decisions have been made and the proposals will be subject to a full public consultation.
- We believe you need to have this opportunity to help shape the future of healthcare for future generations without any further delay. Please let us know your views about any further delay to the public consultation by emailing haveyoursay@sath.nhs.uk
- NHS Future Fit has the full list of options. To view these visit: www.nhsfuturefit.org/



Find Out Why

SaTH NHS Trust staff believe a single Emergency Centre will provide the best care for people from across the region.

Watch the video at www.sath.nhs.uk/sustainable-services