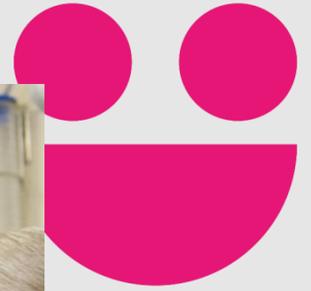


# Engagement Report

## Proposed changes to Cardiology Inpatient Services

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1<sup>st</sup> December 2021



# Background

- This presentation outlines the engagement that has been undertaken with our local communities around the potential service change of cardiology inpatient services at RSH and PRH
- Currently inpatient Cardiology services are provided at the Royal Shrewsbury Hospital (RSH) on ward 24 and Ward 6 at the Princess Royal Hospital (PRH).
  - At RSH there are 20 beds including 8 Acute Coronary Care Unit (ACCU) beds.
  - At PRH there are 25 beds including 5 ACCU beds.

The cardiac catheterisation lab is based at the Princess Royal site
- For a number of years there have been workforce recruitment issues on both hospital sites, as well as nationally, within Cardiology. Historically the service has had challenges with medical workforce recruitment, however more recently the recruitment of trained cardiac nurses has also been an issue.
- Due to the nurse recruitment issues, the inpatient service has found it challenging to provide the required staffing levels. The department has now reached minimal staffing levels and any episode of sickness is placing great pressures on the service.
- COVID-19 pathways have also placed an additional constraint on the service
- The senior consultants in cardiology and more widely have developed a medium-term plan to strengthen cardiology services which has the full support of all the workforce.

# Proposed Change



As an interim measure until HTP is progressed, it is proposed that all Cardiology inpatient services are moved to PRH. The reasons for this are:

- To strengthen the cardiology workforce
- To prevent delays in diagnostic and interventional procedures currently experienced by RSH cardiology inpatients
- To support the COVID-19 pathways
- The temporary move of all inpatient cardiology services to PRH will support the service until the changes and help the team evolve into a single site model. This is an interim measure until HTP progresses. Under the HTP model Cardiology services are co-located with the ED at RSH.
- It is hoped that the earlier move to a one site model will greatly enhance the patients experience of the Cardiology Inpatient Service.
- The outpatient service provided by Cardiology, Cardiorespiratory and Cardiac Rehab at RSH would continue.
- To see the full proposal click here: [Cardiology Inpatient Service - Temporary Service Change - SaTH](#)

# Reasons for Change

- Currently the majority (70%) of the cardiology service which comprises diagnostic, interventional procedures, Cath lab and outpatient services are located at PRH.
- Inpatients from RSH who require diagnostic or interventional procedures, often have an increased length of stay as they need to be transferred to PRH when a bed becomes available
- On an average 10 patients per week are transferred from RSH for diagnostic/intervention procedures. RSH patients can wait 5-6 days to be transferred and for some more specialist intervention this wait can be longer. This is primarily down to transfer time frames and bed availability. It also means that the cardiology diagnostic facilities are not being fully utilised
- During COVID there are Amber and Green pathways and patients on these pathways must remain separate at all times. This impacts on the effective operation of the Cardiac Day Unit.



# Engagement Process

- As an NHS Provider organisation we have a legal duty under Section 242 of the Health and Social Care Act 2012, to ensure that patients and/or the public are involved in certain decisions that affect the planning and delivery of NHS services. (Staff have been engaged through separate processes)
- As an organisation we believe its is important that we engage with our communities and stakeholders, prior to any decisions being made
- This report outlines how we have engaged with our communities and have informed and involved them in the discussion around the proposed service change.
- From the discussions we have had with our communities we can address any issues prior to implementing any changes in services



# Stakeholder Forum



- On Thursday 2<sup>nd</sup> September we held a stakeholder event with attendance from the following organisations:
  - Healthwatch (Shropshire, T&W)
  - CHC
  - Members of Health Overview and Scrutiny Committee (HOSC)
  - Members of the Health and Wellbeing Boards (HWBB)
  - Local and National Cardiology patient groups
  - Local Patient groups (e.g Telford Patient First and Shropshire Patient Group)
- A presentation giving an overview of current service provision and the potential service change was given by Dr Tom Ingram (Consultant Cardiologist), Debbie Houlston (Centre Manager) and Sarah Kirk (Matron for Cardiology)
- Feedback from stakeholders was provided at the meeting and a discussion regarding further engagement with our community was discussed
- Following the meeting we have sent the presentation slides and the draft EQIA to all who attended to share with their groups and provide any feedback. Please see Appendix 1 for presentation slides and Appendix 2 EQIA.

# Engaging our Stakeholders

- As part of our s242 engagement plan the following organisations/individuals have been contacted to advise of the proposal and a copy of the Equality Impact Assessment
  - Local MP's
  - Health Overview and Scrutiny Committee
  - Health and Wellbeing Board
- We welcomed feedback and comments from any organisation and contact details of the Cardiology Centre Manager and Operational Manager were provided in the presentation pack
- Our Operational Team have also discussed the proposed service changes with the ICS Shropshire, Telford and Wrekin CCG and Powys Teaching Health Board



# Engaging with our Communities



- The Trust has a community membership of over **2500** members. Every month an **email update** goes to all community members, and an article on the proposed changes was part of the September update. Our email gave a link to our webpage which provided members with more information.
- The proposed service change was presented at the Trust's **Quarterly Community Update meeting** on 22<sup>nd</sup> September 2021. This meeting is open to all members of the public and to community groups and organisations. Questions were received from the public and were answered by the clinical and operational teams
- The proposal has also been covered in local media (Shropshire Star and Radio Shropshire)
- Throughout our engagement we have offered to attend any public meeting to discuss the potential service change, and as a result we have attended or are due to attend the following meetings:
  - Powys Services Planning Committee – 21<sup>st</sup> September 2021
  - Montgomeryshire Local Committee – 14<sup>th</sup> October 2021
  - Ludlow Community Connectors – 9<sup>th</sup> November 2021
  - Joint Overview & Scrutiny Committee – 22<sup>nd</sup> November 2021
  - Telford Patient First - 5<sup>th</sup> January 2022
  - GP Stakeholder meeting – 9<sup>th</sup> December 2021
  - CCG Governing Board – 9<sup>th</sup> December
  - CCG Assuring Involvement Committee – 27<sup>th</sup> January
- It was agreed with the JHOSC that we would contact all local Town and Parish Councils to offer to discuss our plans for Cardiology. Emails have been sent to Town and Parish Council offering to meet with them to discuss plans. Emails to Town and Parish Councils were sent on 25<sup>th</sup> November (Shropshire), 26<sup>th</sup> November (T&W) and 1<sup>st</sup> December (Powys)

# SaTH Website

There is a dedicated webpage on our public website [www.sath.nhs.uk](http://www.sath.nhs.uk) regarding the potential service change to cardiology inpatient services.

This page is available to the public and the website has the functionality to change the language, and alternative formats to support accessibility.

- The webpage outlines the proposed service change and has links to the following documents:
  - Cardiology presentation
  - Equality Impact Assessment
  - Questions and Answers document
  - Engagement Report

- Services Changes and Developments >
- Cardiology Inpatient Service – Temporary Service Change**
- Community Engagement Meetings
- Clinical Audit Panel
- People's Academy
- Join Us As a Community Member
- Charity >
- Hospitals Transformation Programme >
- Trust Information >
- Management Structure
- Long Term Plan
- Freedom of Information >
- Equality, Diversity & Inclusion >



**Cardiology Inpatient potential service change**

Our Vision: To provide excellent care for the communities we serve

Partnering · Ambitious  
Caring · Trusted

- Click here to view the Cardiology Presentation
- Click here to view the Engagement Report
- Click here to view the Equality Impact Assessment
- Click here to view Questions and Answers

# Previous Engagement (2020)

- In July/August 2020 the Trust engaged with the public about the repatriation of Trauma and Orthopaedic services, from Robert Jones and Agnes Hunt Hospital, following the services being temporarily relocated there as part of the local response to COVID-19 and the centralisation of cardiology inpatient service at PRH
- Whilst the proposals for inpatient cardiology services did not progress at that time, the following engagement was carried out:
  - Stakeholder Forum (17<sup>th</sup> August 2020) – with representatives from Healthwatches, Community Health Council and local patient groups
  - Attendance and presentation at the SaTH Equality, Diversity and Inclusivity Patient Group meeting (Thursday 13<sup>th</sup> August 2020)
  - EQIA Assurance meeting with Healthwatches, CHC (Thursday 13<sup>th</sup> August 2020)
- The proposed changes to inpatient cardiology services discussed in 2020, have not changed from the proposed service we are currently engaging on.
- The proposed changes were supported by our communities in 2020 however due to the lapse in time, the Trust decided that it was important to re-engage with our communities again around these proposed changes.



# Key Themes

From the Stakeholder engagement, key themes were identified from the questions and comments given by our stakeholders and communities, these are:

Key Theme	Comment/Issue	Response
Accessibility and Transport	<ul style="list-style-type: none"><li>Concerns for those living the further away, and transport to PRH</li><li>Has the impact on relatives visiting patients who are further away been addressed?</li><li>What happens when I get discharged from hospital?</li></ul>	<ul style="list-style-type: none"><li>Nearly all inpatient admissions are by ambulance. The most serious heart attacks are currently transported directly to Stoke or Wolverhampton</li><li>For patients admitted to RSH they will be transported by ambulance to PRH</li><li>It was acknowledged that the current proposal may impact on relatives visiting patients, particularly those who live further away from PRH. However currently there is restricted visiting at both sites due to COVID-19 guidelines. It was acknowledged by the public that the reduced length of stay created by a single site service would be beneficial to patients and relatives. There is also now a bus service between both hospital sites which could also be utilised.</li><li>When patients are discharged, arrangements will be made with the individual and their carers to ensure they return safely (e.g. via patient transport, relatives etc.) and outpatient follow-up, cardiac rehab etc will continue on both sites</li></ul>

# Key Themes (2)

Key Theme	Comment/Issue	Response
Accessibility of Cardiology Services	<ul style="list-style-type: none"> <li>Is there direct access to Cardiology inpatient services?</li> <li>If all inpatient services are at PRH, what happens if you attend A&amp;E at Shrewsbury?</li> </ul>	<ul style="list-style-type: none"> <li>Individuals who have regular care from Cardiology will have a care plan around accessing services. The majority of patients requiring inpatient cardiology services will be admitted through A&amp;E. It is important that there are strong links between A&amp;E and Cardiology services, to ensure excellent patient care and we will develop the cardiac nurse team to deliver this and “pull” from admission areas when the service changes.</li> <li>Most ambulances will be directed to PRH for potential cardiac issues. At RSH there are trained health professionals who will be able to provide care and treatment to patients with cardiac problems. The Cardiac Team will also provide support and on going to training to colleagues at RSH</li> </ul>
Fragility of current services	<ul style="list-style-type: none"> <li>Are current services safe?</li> <li>How soon can these changes happen?</li> </ul>	<ul style="list-style-type: none"> <li>Current staffing levels are fragile at both hospital sites, and are reviewed regularly. The current proposal is to address the fragility of the service, however if staffing levels become unsafe the move to single site would need to be implemented on safety grounds.</li> <li>There is a process which we need to follow, which includes taking our proposal to the HOSC and approval by Trust Board. The plan is for them to be introduced before winter</li> </ul>

# Key Themes (3)

Key Theme	Comment/Issue	Response
Hospital Transformation Programme	<ul style="list-style-type: none"> <li>How do these current proposes fit with the Hospital Transformation Plan?</li> <li>Will the HTP programme for Cardiology still go ahead?</li> <li>How long will it take for HTP to come into place?</li> </ul>	<ul style="list-style-type: none"> <li>Under the Hospital Transformation Programme, Cardiology inpatient services will be on the Acute site (RSH) – this proposal allows the single site model and its benefits to be introduced ahead of HTP</li> <li>The move of all cardiology inpatient services to PRH is a temporary change and once HTP progresses inpatient services will be relocated in a new facility at RSH</li> <li>Currently HTP plans are progressing and a business case has been submitted. There has been no date identified yet for services to move.</li> </ul>
Which cardiology services which would be affected by the change	What cardiology services would be impacted by this proposed service change?	<ul style="list-style-type: none"> <li>The proposed service change would only affect RSH Cardiology inpatient services</li> <li>Cardiorespiratory and Cardiac Rehab would continue on both sites</li> </ul>

# Feedback from our communities

- Overall all organisations we have engaged with have been supportive of the plans to centralise Cardiology inpatient services at PRH
- The key benefits of reduced length of stay for patients and having a robust and specialised workforce were highlighted by many individuals.
- For many, these benefits outweighed the additional distance that patients/carers would need to travel. It was also acknowledged that currently acute cardiac cases were being taken to Stoke or Wolverhampton.
- For many members of our community it was also important to acknowledge this was proposal was a temporary change of service until HTP progresses.



# Equality Impact Assessment (EQIA)

- An Equality Impact Assessment was completed by our Operational Team.
- A meeting with the Healthwatches and CHC was held to review the EQIA.
- Additional feedback given in this meeting highlighted the following:
  - Under the new proposal care will be provided in several single sexed areas and side rooms allowing for individual needs to be met. This was highlighted to have a positive impact on those who may feel more comfortable receiving their care in a single room. The example provided by the group was for those individuals who identify as non-binary or transgender.
- The EQIA has been sent out to stakeholders for comment and is available on our website <https://www.sath.nhs.uk/wp-content/uploads/2021/09/H-EQIA-Form-Cardiology-Centralisation-v3.pdf>
- .



# Next Steps

- This service change proposal was presented to the Joint Health Overview and Scrutiny Committee (JHOSC) on 22<sup>nd</sup> November, the members unanimously supported our proposals and our engagement activities to date within our local communities
- Approval by Trust Board is required for this service change to go ahead and the CCG Governing Body
- If the service change is approved the Trust will continue to keep our communities informed and engaged, this will include:
  - Communications regarding the service change (local media, social media, through our membership and organisations we link with)
  - Ensure that any patients who are impacted by this change are kept informed
  - Ensure that all staff are kept informed and receive regular updates from the Centre Manager and Clinical leads and a formal management of change process is followed
  - Regular updates on the proposal, move and subsequent consolidated service will be given through the community members update email.
  - If the service move was to go ahead we would review this after 6 months (at the latest) with patient and public involvement.

