

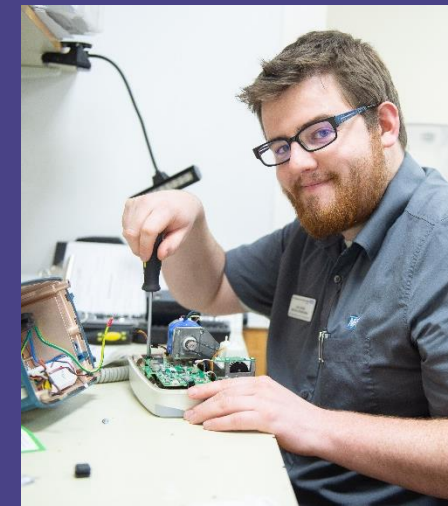


**Integrated
Care System**
Shropshire, Telford and Wrekin



**The Shrewsbury and
Telford Hospital**
NHS Trust

HTP Focus Group: Women and Children's 5 June 2023



**HOSPITALS
TRANSFORMATION
PROGRAMME**



HIGHER QUALITY,
SAFER CARE



IMPROVED
OUTCOMES



BETTER
ACCESS



A GREAT PLACE
TO WORK

Today's discussion

- A quick update on where we are in the process
- Working with Shropshire Council
- Your feedback so far
- Clinical pathways update
- Discussion and breakout.
- Feedback



Where are we in the process?

- We've **worked with our lead clinicians** to add further detail into the clinical model to start to design the **“flow” of clinical services** (how our clinical teams will work and connect to each other).
- **On track** to submit the Outline Business Case during Summer 2023
- **Preparations underway** to be ready for the implementation phase
- Your feedback is continuing to inform the development of our plans. This **involvement will continue** and over the next few weeks, months and years there will be many opportunities for people to help us influence the physical environments and people's experience of our services.



Ongoing work

- We are working with Shropshire Council as part of the pre-application process for the Royal Shrewsbury Hospital site.
- This supports our developing plans to ensure, if approved, we have full implementation by late 2026 and can provide improved care for everyone across Shropshire, Telford & Wrekin and mid Wales.
- We are working through the design and planning to ensure our facilities will deliver the clinical model and core outcomes of the Future Fit consultation in the most effective and efficient way within the investment.
- We will work with staff, patients and communities to inform plans at every step of this improvement journey.
- We will be sharing more information soon on how you can get involved.



Feedback so far



Midwifery-led units



Digital technology



Proactive communications



Travel and transport



Designing the patient experience
(physical environment)



Day-case Chemotherapy at PRH



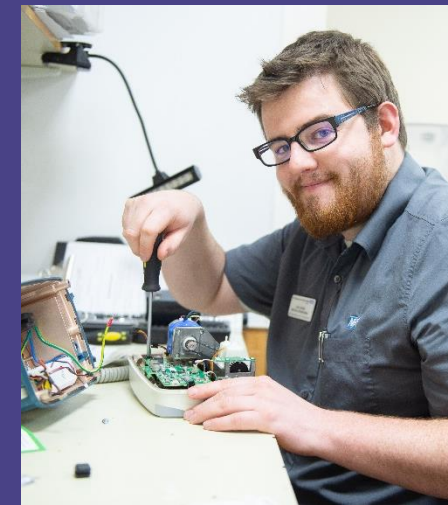
Physical and mental health needs



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Clinical pathway



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The clinically led changes will deliver...



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TELFORD
SPECIALISING IN PLANNED CARE

SHREWSBURY
SPECIALISING IN EMERGENCY CARE

ONE HOSPITAL, TWO SITES

BOTH SITES WILL PROVIDE

PLANNED SURGERY: PROCEDURES, DAYCARE SURGERY,
NON-COMPLEX INPATIENT SURGERY

A&E LOCAL MODEL

INPATIENT MEDICAL CARE

GENERAL SURGERY

UROLOGY

ORTHOPAEDICS

GYNAECOLOGY

WEIGHT LOSS SURGERY

BREAST SURGERY

REHABILITATION

24-HOUR URGENT CARE CENTRES

DIAGNOSTICS

OUTPATIENT ADULT

OUTPATIENT CHILDREN

MIDWIFE-LED MATERNITY SERVICES

FRAIL AND ELDERLY CARE SERVICES

DIAGNOSTIC ENDOSCOPY

DAY CASE CHEMOTHERAPY

EMERGENCY DEPARTMENT

CRITICAL CARE UNIT

CONSULTANT-LED MATERNITY CARE

CHILDREN'S INPATIENT SERVICES

EMERGENCY SURGERY

COMPLEX PLANNED AND CHILDREN'S SURGERY

EMERGENCY MEDICINE INCLUDING CARDIOLOGY,
STROKE, RESPIRATORY, AND ACUTE MEDICINE

CHILDREN'S ASSESSMENT UNIT

CONSULTANT NEONATAL SERVICES

RADIOTHERAPY AND INPATIENT CANCER CARE

HEAD AND NECK INPATIENT SERVICES

Clinical pathways update

- The clinical pathways are aligned with the clinical model
- The pathways are being developed by the specialties as the experts in their areas
- They are still under development and we are working with all the divisions (departments in our hospitals)
- We are learning from other Trusts that use a similar model.
- The clinical pathways will develop alongside workforce planning, and travel and transport plans.
- We want to involve you throughout this journey



Why changes are being made to Women and Children's services

Clinical

- The new Clinical model is to have an Emergency Hospital at RSH and a Planned Care Hospital at PRH
- An Emergency Hospital (RSH) has an Emergency Medicine department to receive critically ill and injured children and adults, but also a critical care unit and these are supported by all the necessary 24/7 emergency medical and surgical teams that our patients require
- Some pregnant people require the immediate support of 24/7 emergency medical and surgical teams as well as midwives and obstetric and anaesthetic specialists
- Critically ill and injured children require the support of specialist children's doctors (paediatricians) but also specialist trauma, surgical and critical care teams
- Specialists teams will often work together to deliver the best care
- Having all emergency specialists immediately available on one hospital site ensures that care is delivered by the right professional, at the right time, in the right place

Infrastructure

- Deliver a purpose designed Children's Emergency Medicine Zone



Majority of community or hospital based ante natal, scanning and post natal appointments will not change

- Both hospital sites will have midwifery led units
- Escalation and immediate transfer protocols will be in place for and transfers from the MLU at PRH to RSH
- For those who choose and those of higher risk, births will take place on the consultant unit at RSH supported by midwives and obstetric & anaesthetic specialists
- Both antenatal and post natal inpatient beds will support the consultant unit at RSH
- Pregnant women on the consultant unit will have immediate access to all the emergency medical, surgical and critical care specialist teams if required
- Premature and unwell babies will be supported by neonatal inpatient services at RSH
- Neonatal outreach services and outpatient clinics will not change



- Both sites will provide general and specialist children's outpatient, diagnostic and specialist nursing services
- Both sites will have 24 hour urgent care (A/E local model).
- Emergency medical services for children requiring hospital admission will be at RSH delivered through a designated children's zone supported by children's specialists (paediatricians) and specialists in surgery, trauma and intensive care
- Childrens assessment unit and inpatient facilities will be at RSH with access to all the necessary emergency specialist teams.
- Childrens surgery and cancer care will be at the RSH aligned with the children's inpatient ward



Case study: maternity

SARAH

Sarah is 37 and lives in Telford. Sarah is pregnant with her second baby. Sarah had complications in her first pregnancy which led to her delivering her baby by emergency c-section at 32 weeks.



Sarah's pregnancy is categorised as high risk. Her outpatient appointments, assessment and scans will still take place locally, either at her local GP practice or Princess Royal Hospital (PRH), but she will give birth at the consultant-led maternity centre aligned with the Emergency Hospital at RSH where she has access to a team of specialist obstetric, anaesthetic and neonatal consultants, as well as other specialist consultants in surgery and medicine if required.



Sarah is reassured that she is in the safest place to handle her high risk pregnancy. She knows she will have a safer birth and will recover faster.



NICKY

Nicky is 29 and lives in Shrewsbury. She is 28 weeks pregnant with her first baby and has had previous gastric surgery for weight loss. She is suffering from acute abdominal pain and vomiting. There is no obvious direct pregnancy related issues.



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Nicky is taken to the consult-led obstetrics unit at RSH. As all emergency teams are now on one site she benefits from access to all the necessary specialists she may require, including abdominal surgeons, anaesthetists, critical care doctors, radiologists, neonatologists and obstetric consultants. She is seen quickly and the team work together to determine the right treatment for her and her baby. She undergoes successful surgical intervention and is able to carry on with her pregnancy



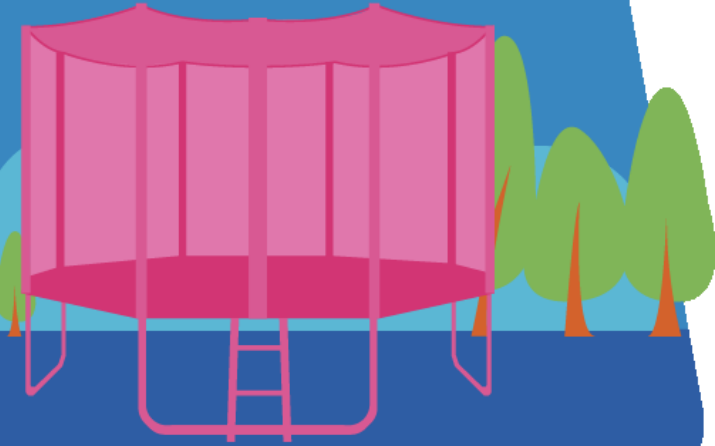
Nicky is seen by the right specialist teams of consultants. There is no delay to her treatment and both Nicky and her baby are cared for quickly and safely. She is able to continue with her pregnancy to full term.





Ella is 10 and lives in Telford

Ella has fallen off her garden trampoline and is unable to put weight on her right leg



Children's care



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BEFORE PROPOSED CHANGES



Ella's mum drives her to Princess Royal Hospital (PRH).

PRH's emergency medicine department has a small waiting area and teams are dealing with emergency and non-emergency urgent care.



Ella has to wait a very long time to be seen as life threatening emergency cases are prioritised ahead of her. Ella is in pain and distressed longer than is needed.



PLANNED CHANGES

Both hospitals will have 24/7 urgent care (A&E Local model in Telford)

THE PRINCESS ROYAL HOSPITAL

THE ROYAL SHREWSBURY HOSPITAL



SPECIALISING IN
PLANNED CARE

SPECIALISING IN
EMERGENCY CARE



Separating planned and emergency care means patients will be seen quicker by clinicians with the right specialist knowledge and experience to treat their specific illness or injury. Enhancing urgent care at both hospitals, including an A&E Local model at PRH means the majority of cuts, sprains and minor injuries can be managed locally.



AFTER PROPOSED CHANGES

Ella is still driven by her mum to PRH as her mum recognises that Ella does not have a life or limb threatening injury.



PRH now has a 24/7 A&E Local model. Life and limb threatening emergency cases are now all seen at RSH, meaning PRH can focus on urgent cases that are not life threatening including sprains, twists and non-complex fractures.

Ella is seen more quickly by clinicians with the right specialist knowledge, who have access to the required imaging equipment and can successfully treat Ella's injury.



RIGHT SPECIALIST

MORE QUICKLY

LESS DISTRESS

HOME SOONER

Ella is less distressed and home sooner.





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Questions



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Break



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Discussion groups



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Discussion groups

You will be moved into your discussion groups shortly

From what you have heard today:

- What is the impact on your communities?
 - Advantages
 - Disadvantages
 - How do we manage this together?
- How can we support/ engage families/carers?





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Feedback



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Discussion groups

You will be moved into your discussion groups shortly

How do you want to be involved in the HTP Programme?

- What's working?
- What can we improve?





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Feedback



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Closing remarks

Next meeting: Tuesday 05
September 10am – 12pm



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Get involved

- There will be a range of ways to get involved over the next few years where you can help us develop these plans in the best way for the future of local healthcare services.
- The previous focus groups presentations with questions and answers are available here [HTP Focus Groups – SaTH](#) plus information on future meetings
- The previous About Health meetings have been recorded and are available here: [Hospital Transformation Programme 'About Health' Events – SaTH](#) plus information on future events
- If you sign up to become a community member sath.engagement@nhs.net we will keep you updated on how you can get involved and updated on the programme through our monthly Get Involved update. You will also receive details of how to join our monthly one hour Community Cascade session which will bring you the latest news from the Trust including an update on HTP
- We are also really keen to come and talk to groups and organisations – please contact us at sath.engagement@nhs.net and we will arrange this with you

