The Shrewsbury and Telford Hospital NHS Trust

Public Participation Group HTP Focus Group

Held on Thursday 24th October 2024
10:00 – 12:00hrs via MS Teams

QUESTIONS/ANSWERS

Public Participation Group HTP Focus Group

Team responding to public questions:

Julia Clarke – **(JC) Director of Public Participation**
Kate Ballinger – **(KB) Community Engagement Manager**
Aaron Hyslop – **(AH) HTP Engagement Facilitator**
Ed Rysdale – **(ER) Emergency Medicine Consultant and Clinical Lead for HTP**
Rachel Webster - **(RW) HTP Nursing, Midwifery and AHP Lead**

Q&A's FOLLOWING PRESENTATION

Q: What is the ratio of beds at RSH and PRH? How many beds will remain at each site and how long will the patient be able to stay?

A: (ER) – The overall number of beds that have been modelled and planned for is 747 beds across both sites, so no beds will be lost. (This figure does not include Women & Children and Intensive Care beds) and is based on getting patients back into the community as soon as they are medically fit for discharge. We work closely with the Integrated Care System (ICS) around the community care planning. They are working on a programme called the Local Care Transformation Plan (LCTP), which increases the number of patients seen in the community, which in turn reduces the number of acute beds needed. This aspect is very important because if this is not delivered then we will not have enough acute hospital beds. We are not knocking anything down on the RSH site so we will have more capacity than we need in terms of ward space and beds but those beds are not funded in the full business case, so we will have no staff to open them and if they were needed in the future we would have to produce business cases for additional funding for the nursing staff and doctors who look after the patients in the beds. This is why the LCTP for Community services is so important.

Q: How much of this is a co-produced plan with the ICS, what is the plan for funding?

A: (JC) – It is very much a co-produced plan, and the ICS are joining the next quarterly HTP Medicine & Emergency Care (MEC & SACC) focus group at the beginning of December and Clair Parker (ICB Director of Partnerships and Place) who leads on this will be talking about the plans.

A: (ER) – It's about changing the mindset, which is the hardest thing to do. If we (the health and social care system) don't change how we do things, what we will be left with is a nice new building with the same problems, which clearly, we don't want. It's not just about the building work it's about the clinical pathways as well, from primary, community and secondary care.

Q: The role of the paramedics will be critical in directing people to the right hospital. West Midlands Ambulance Service is under tremendous strain; what work has been done there?

A: (ER) – We are working very closely with ambulance colleagues in the West Midlands and in Wales. There should be a big reduction in hospital transfers because the paramedics will bring all the acute admissions into Shrewsbury so there won't be any confusion with patients being brought to the wrong site, which can happen today. There is a transport group being managed by Estates which was set up to deal with the ongoing on-site transport issues.

Q: Is the funding for estates parking issues out of the HTP budget?

A: (ER) – No, the £312m is for the building works and the transition of staffing etc.

Q: What about community hospitals, there is no mention of what is happening there?

A: (ER) – Community hospitals are separate from HTP, they are run by ICS and the Shropshire Community Trust. We now have a Chair in Common, across SaTH and the Community Trust, which is good news because it will aid closer working. The HTP scheme is SaTH-run as it's about providing acute care; Shropshire Community Trust is about getting care for patients as close to home as possible. We want to keep as many patients at home as we can because we don't want to overload the acute site, and patients often recover better in their own home or close by. The work going on in the community should be included in the update by Clair Parker at the next HTP quarterly focus group for medicine and surgery at the beginning of December.

Q: You mentioned a positive improvement on recruitment in ED – what is that?

A: (ER) – There used to only be six consultants substantive ED consultants across both RSH and PRH, hopefully by February 2025 we will have recruited around 10-12 senior consultant specialists in the past 18 months. A lot of it is based on what is happening with the new changes as the new clinical model is a much more attractive model of care with all the emergency specialties on one site, rather than randomly spread across two as they are at present.

Q: What about the recruitment with nurses in ED?

A: (ER) – There has been some concerns expressed by nurses in Telford, as some jobs might change. A lot of the press and politicians have said that the Accident & Emergency Department is closing at Telford which is not correct. It will be a very busy 24/7 Urgent Treatment Centre at Telford, although it will no longer have the blue light ambulances or resus as those patients will be taken straight to the Emergency Department at RSH. There will be a need for Urgent Treatment Centre (UTC) nurses at both sites, but they might need to rotate across the sites to keep their skills updated which we will be developing over the next three years.

Q: What is the length of a nurse/doctor shift?

A: (ER) – A nurse normally works a 12-hour shift (unless they requested a different shift pattern under our flexible working policy), and the doctors are a maximum of 10-hours but most of the shifts are around eight hours. Some of the doctors do on-call overnight so they are not always on site.

Q: What provisions are there to feed staff?

A: (ER) – As part of HTP there is nothing new in the catering we provide for staff, it will be the same as it is now. There is the ability to get 24/7 hot food on both sites. There are microwaves in the canteen area and there are premade meals to heat up from the vending machines.

Q: The turnover in planned care (radiography, CT and MRI scans) is slow but I assume it's fast in emergency care?

A: (ER) - The main delay for non-emergency CTs and imaging is not getting the x-ray done it's the reporting on the results. We have employed a number of new radiology staff who will work at both sites. The workforce figures are published in the SaTH annual report if you need the breakdown of numbers. At RSH there are two CT scanners in Radiology, one in Oncology and the Gamma camera. There will be more requests for acute scans coming through, so we are working with the Radiology department to decide which scans can be done at Telford. The MRI scanner in Telford at the Community Diagnostic Centre at Hollinswood House has made a massive difference, it has helped with a lot of the patients. From an ICS point we are looking at another community diagnostic centre in Shrewsbury, which would also be a great help.

Q: Will this have an impact on care that is being delivered, would it impact the number of mental health and geriatrician consultants? What happens to a mental health emergency patient, are they blue lighted in?

A: (ER) – In terms of mental health services that is not a service SaTH supplies, the Midlands Partnership University NHS Foundation Trust (MPFT) is the provider of mental health services in Shropshire. Very few mental health patients are blue lighted into SaTH, as many need to be seen urgently for a medical condition and not as an emergency. There will be a mental health room at Telford, two mental health rooms at Shrewsbury and a new children's mental health room in ED at Shrewsbury. There will be 24-hour mental health liaison service at both sites, provided by MPFT. In a crisis the majority of the patients are seen by a mental health nurse, if they need to be sectioned, the nurse will involve the MPFT psychiatrist. A lot of patients are seen as voluntary admissions or looked after in the community. They do not need to be seen by a psychiatric consultant immediately, it is only the patients who are under a formal section who will be seen by a psychiatric consultant in ED, if not they would go to Redwoods and be seen by a consultant there.

A: (ER) – In terms of care for the elderly, geriatrics is a growing specialty and is part of the futureproofing of the planning element of HTP. Care of the elderly has changed a lot, patients used to be seen on the wards with frailty services trying to get patients to the right place. Frailty is now at the front door of both hospital sites, so care of the elderly consultants and therapists will see patients on the Frailty Units rather than in ED. Alongside that there are rehabilitation services with therapy-led wards who will work with the geriatricians (care of the elderly doctors). This model is more successful than the medical doctors when dealing with fractures in the elderly and this service will be based at Telford.

	Q: Regarding the Outpatient access at RSH is it possible to show the distance to each department as well as time to get there? **A: (RW) –**. The problem with the distances was whether you use metric or steps etc, there was a lot of debate regards this. We have gone on what the majority of people said they would like. Having spoken with elderly patients it is generally based on how long they can walk for as this is what impacts most on them if they have respiratory issues. **Q: Parking became increasingly problematic before the new build. The floor diagrams and colours were easy to understand, and I found where I needed to be easily. Has there been a modelling of how many visitors there will be to the new hospital, will there be less visitors or the same number and will the parking still be problematic?** **A: (JC) -** This has come up in other focus groups and Adam Ellis-Morgan (Technical Engineering Lead) will be looking at having disabled and child/parent spaces, this is all currently being investigated but it will be a challenge for the next few years. Staff now have the park and ride which eased up more spaces. Once the building is nearing completion, we will be holding specific focus groups looking at wayfinding, colours, furniture etc **Comment: Public health is critical, there needs to be a drive against obesity. It is so important that what is sold on the premises and is healthy and not packed with a lot of chemicals.**