

December - March 2017 Local Tracker

First steps on a Neighbourhood Working Plan are being made to look at how people can be better cared for in the community using available voluntary resources within small areas surrounding medical practices of about 30 – 50,000 people. The plan will tie in with Future Fit proposals for the future of hospital services over the next 5 years. **(S. Star 7 December)**

South Staffordshire and Shropshire Healthcare NHS Foundation Trust awarded a multi-million pound contract to transform emotional health and well-being services for young people. It will launch in may 2017 and aims to promote emotional resilience and prevent mental health crises. **(Shropshire Star 8 December)**

NHS England states Shropshire's Sustainability and Transformation Plan does not address the big deficits at Shropshire's CCG, nor how the estimated £270 million cost of the changes will be paid for. The lead of STP, Simon Wright, said the STP is a working document and not to be seen as the finished article. **(S Star 8 December)**

Oswestry and Ludlow midwife-led units are two of the units in the country with the longest distance to consultant care when complications arise; Oswestry 34 miles to PRH, Ludlow 31 miles to PRH or 26 to Hereford. **(S Star 9 December)**

A report from the Care Quality commission found the walk-in centre on the site of Royal Shrewsbury Hospital was rated good in regards of safety but overall required improvement. **(S Star 15 December)**

West Midlands Ambulance service received 3,241 calls on Christmas Day. Many who rang could have been dealt with by the 111 service and other pathways. **(S Star 31 December)**

Health chiefs across Shropshire and Telford & Wrekin are asking people to consider using alternatives to accident and emergency units. A&E is only for the most serious and life-threatening cases. Alternative sources of care for non-critical ailments are pharmacies, NHS 111, Minor Injuries Units and GP Out-of-Hours services **(Shropshire CCG website)**

The ambulance service said it would not object if Shropshire's hospitals end up with just one emergency care centre under the Future Fit review. Mark Docherty, clinical commissioning director at WMAS, said he was confident it could provide a safe service, but if it has to transport patients further, it will need paying more. He said: "What we would have to do is look at a different

type of payment system.” **(S Star 4 January)**

NHS England will not break the deadlock in Shropshire’s stalled Future Fit process by imposing an independent chairman with a casting vote.

Wendy Saviour, director of commissioning operations for NHS England, North Midlands, said: “Governance arrangements regarding decision making are determined locally and not imposed by NHS England, however, we are supporting the clinical commissioning groups to achieve resolution.” **(S Star 9 January)**

Bed blocking at Royal Shrewsbury Hospital and Telford’s Princess Royal Hospital has averaged more than 90 patients a week for the past 12 months.

The reason for the delays in transfer are that there are no available beds in the community, or no available carers. **(S Star 10 January)**

Staffing levels are so low in the emergency departments in Shropshire that consultants are now only on call at Telford’s Princess Royal Hospital on a Saturday and Sunday. Consultants are still present at Royal Shrewsbury Hospital during the weekend and are at both hospitals during the week. But at the weekends, consultant care in Telford’s emergency department is provided solely over the phone. The situation was revealed by Shrewsbury and Telford Hospital NHS Trust’s chief operating officer Debbie Kadum at a meeting of Telford & Wrekin Clinical Commissioning Group. **(S Star 11 Jan)**

Healthwatch is appealing for people to say if they feel their care needs at home are being met and if people feel involved in their own care plans. The number of people being supported to live independently at home is increasing
Contact Healthwatch 01743 237884 or
enquiries@healthwatchshropshire.co.uk

(S Star 11 January 2017)

The government has intervened in the deadlock over the siting of A&E in Shropshire. An independent chairman, with a casting vote, will be appointed for joint meetings. It is hoped a decision will be made locally within the next eight to 12 weeks. **(S Star 12 January)**

Mr Mark Cheetham, a Consultant Surgeon and Scheduled Care Group Medical Director at SaTH, said: “I and colleagues have visited Northumbria, where a 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 Urgent Care Centres at either of our hospitals, which is what we're proposing in Shropshire. Northumbria have learnt from experience that having these other urgent care 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 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.” **(24 Jan NHS SaTH news)**

More than 170 operations have been cancelled at Shropshire's two main hospitals this month due to a lack of available beds (S. Star 27 January)

A national report has identified Shropshire Council as being in the worst quarter of authorities in England for the number of patients waiting with a delayed transfer of care caused by social care issues. (S Star 31 Jan)

An eight bed ward will shortly be re-opened in Oswestry Orthopaedic Hospital In December the hospital failed to reach targets for the number of planned operations and showed a financial deficit .Three new consultants have been recruited; recruitment continues. And measures are in place to ensure the hospital meets targets by the end of the financial year. **(S Star 31 January 2017)**

A consultant plans to leave A&E in June, Without a replacement, the two A&E hospital departments would have only 4 consultants, supported by 4 locums. **(S Star 2 February)**

Shropshire Council cabinet members say attitudes need to change on how organisations tackle health care. advocating a “system -wide approach” with NHS Trusts, GPs and social services working together. The idea that buildings and beds are the most essential things is outdated. **(S Star 3 February)**

It is anticipated that the independent review of the Future Fit options appraisal should be completed by the end of March 2017. As Shropshire and Powys Council will be heading into their pre-election period for their local Council

elections it is expected that the formal consultation period will begin in late May/early June. **(For more information on Future Fit see: SaTH Putting Patients First December 2016)**

A Changing Dementia Care conference will be held on May 18 at the RSH conference centre. Dementia clinical specialist at SaTH said “A quarter of patients in our hospitals live with dementia or some form of confusion.” **(S Star 13 February)**

Pressure on bed places in both the Princess Royal Hospital and the Royal Shrewsbury Hospital has led to patients being cared for ‘sub-optimal’ places like corridors.

The chief executive of Telford & Wrekin Clinical Commissioning group told a meeting that the hospitals were not seeing an increase in attendance and admissions but that they were continuing to struggle.

Christine Morris, CCG lead for quality and safety, said “I think it is fair to say that although patients are being treated in sub-optimal places the care they have received has been as safe as staff possibly could.”

(S Star 16 February)

Dr Simon Freeman has been appointed as the new accountable officer for Shropshire Clinical Commissioning Group having led the group as acting accountable officer since October. He previously worked as accountable officer and managing director of NHS Leicester City CCG **(S Star 17 February)**

Shrewsbury and Telford Hospitals Trust has said it will have a zero-tolerance to handover times of more than an hour by the end of March.

The head of the West Midlands Ambulance Service Mark Docherty said the times taken to hand patients over at Royal Shrewsbury Hospital (RSH) and Princess Royal Hospital (PRH), were by far the longest in the region. **(S Star Feb 21)**

Firefighters in Shropshire will be able to help with medical emergencies in the ambulance service only if they complete the training course as community first responders Shropshire Fire and rescue Service said that there are more than 30 schemes in the country where fire services provide some element of support. **(S Star 22 Feb)**

Almost 370 people visited Shropshire's two main A&E departments on Monday 20 February, their "busiest day" so far this year. **(S Star 23 Feb)**

Ludlow MP, Philip Dunne, has called to retain maternity units in the more rural towns in his constituency such as Bridgnorth and Ludlow. But, he warned, increasing the number of births at both locations was key to help secure their long-term future. In order to be viable and to retain quality committed midwives, our midwife-led units need to have more babies born in our community hospitals each year, to improve upon the average of one or two per week.

Shropshire Clinical Commissioning Group has agreed continued funding for the units for the next two years but only if a current review into maternity services agrees. **(S Star Feb 24)**

Dr Stephen Millar, the BMA's West Midlands regional chair, said the Sustainability and Transformation Plans, including Shropshire's bid to reshape services at Royal Shrewsbury Hospital and Princess Royal Hospital Telford, will be unachievable if the Government does not provide long-term investment.

“The plans are fast becoming completely unworkable and have instead revealed a health service that is unsustainable without urgent further investment, and with little capacity to transform in any meaningful way other than by reducing the provision of services on a drastic scale.”

The BMA investigation found that 37 of the 44 STP footprint areas have a total projected capital demand of £9.53 billion. **(S Star 25 February)**

Major staff shortages, long delays for patients and the temporary closure of a number of services are detailed in a report on Royal Shrewsbury Hospital and Telford's Princess Royal.

The hospital has stopped taking on new eye patients and glaucoma surgery has been suspended. The neurology outpatient service is to close for six months. Spine patients are being turned away after a consultant went on long term sick leave at short notice.

The dermatology outpatient service is described by medics as “fragile” Simon Wright, chief executive of SaTH said the trust had always been committed to working with other organisations to provide the best care possible for patients and to ensure as many services as possible remain in the county of Shropshire.

Plans to ensure the sustainability of services would also bring some services back into the county, meaning more patients could be treated closer to home. **(S Star March 10)**

SaTH's predictions show that by March 31 it will have a total waiting list of 20,574 patients. Of this, 2,515 will exceed the 18-week threshold, which represents 12 per cent. The national requirement is to ensure the number of patients waiting for longer than 18 weeks for treatment does not exceed eight per cent of the total number on the waiting list. **(S Star March 29)**

New plan abandons target for hospitals to carry out 92% of non-urgent operations within 18 weeks and cuts surgery of 'limited clinical value'
(Guardian 31 March)

A meeting of Shrewsbury and Telford Hospital Trust agreed yesterday that work will start on contingency plans to close Telford Princess Royal Hospital A&E at night.

Health bosses say the plans are needed because without intervention the 'tipping point' on consultant cover will be reached before the Future Fit plans for a single unit is opened. Board members repeatedly insisted that the plan was a last resort and would only be implemented if the staffing situation got worse. **(S Star 31 March)**

With the health service under unprecedented pressures of both finance and demand, the NHS England chief, Simon Stevens, has outlined proposals to safeguard its future :

- about 150 urgent care centres
- Every A&E must put "comprehensive front-door clinical streaming" in place by October, under which nurses or doctors assess how unwell patients are and direct them to the most appropriate service. New GP services at emergency departments will be one option
- GPs to offer weekend and evening appointments by March 2019
- 111 service - increase of calls answered by doctors, nurses and mental health specialists
- Hospitals and councils to work together to cut numbers of beds occupied by patients unable to be discharged because of inadequate social care.
- Create 10 regional rapid diagnostic and assessment centres for cancer Diagnosis within 28 days by 2020
- Improvements to mental healthcare. The number of A&E units with mental health specialists on duty 24/7 should rise fivefold to 74 by 2019
- Nine frontrunner areas of England should receive better, more joined-up care when hospitals, GP surgeries, mental health and ambulance services and social care providers in each region link up to become the first wave of new "accountable care organisations", which provide fully

integrated care for all of a patient's needs. (**Guardian 31 March**)