



Improving hospital services for people in Shropshire, Telford & Wrekin and mid-Wales.

Bishop's Castle Patients Group's initial thoughts on the Future Fit model of hospital care.

Summary

1. For patients in the Bishop's Castle area the reconfiguration of hospital services in Shrewsbury and Telford is a finely balanced decision.
2. In the interests of receiving NHS care closer to home, there is a strong case for the provision of additional services at the local medical practice and the Community Hospital in Bishop's Castle.
3. Moving planned care to Telford would be much more difficult for patients in terms of transport.
4. The contract with the West Midlands Ambulance Service needs to be thoroughly overhauled.
5. An effective Community First Responder service would be vital.

1.1 This response is by the Bishop's Castle Patients Group's Steering Group. It has been shaped by our individual views, patient feedback and discussion with local NHS service providers.

1.2 Our Patient's Group covers all people registered with the Bishop's Castle Medical Practice (BCMP). The Practice serves approximately 5,200 patients. Almost one in four patients live in the border area of Montgomeryshire. There is a significantly higher proportion of 65+years people (29.3%) than the Shropshire average (24.3%), which itself is above the all England average.

1.3 The consultation document describes Shropshire as a 'rural county'. On all statistical measures, this locality in southwest Shropshire/Montgomeryshire border is best described as a 'deep rural area'.

1.4 The area is served by a sustainable, high performing NHS General Practice (Source: NHS England/Ipsos Mori GP Survey 2017) and a modern and highly regarded NHS Community Hospital (Source: Shropshire CCG 'Out of Hospital Programme' 2017). These work alongside a range of other NHS providers, care homes and health voluntary groups.

1.5 The five key issues for patients:

- Receive more NHS care closer to or at home, to avoid long and, at times, difficult travel conditions;
- Retain and develop services at BCMP;
- Retain and develop services at Bishop's Castle Community Hospital (BCCH);
- Improved and integrated NHS services; and
- West Midlands Ambulance Service to improve its local performance.

1.6 For acute hospital services the locality is served primarily by the District General Hospital at the Royal Shrewsbury Hospital, Shrewsbury (RSH). There is some specialist usage of the RJAH orthopedic hospital, Gobowen and the Princess Royal (PRH) district general hospital at Telford and further afield for major traumas.

1.7 We recognise that the two Clinical Commission Groups are proposing the abandonment of the long-standing 'District General Hospital' model in favour of two specialist hospitals, an Emergency Centre and a Planned Care Centre at either Shrewsbury and Telford, with some retention of general hospital services at both sites irrespective of their specialist services. We understand the case for change. Our consideration of the two proposed specialist services follows.

1.8 **Emergency and Urgent Care** ('accident and emergency' services): highly relevant to our considerations is that the BCMP area has by far the lowest patient usage rate of current 'A&E' services in Shropshire (Source: Shropshire CCG's 'Out of Hospital Programme' 2017).

1.9 We believe the combined factors influencing this are: the excellent 'minor injury'/ accident services provide by BCMP; the resilience of the local population; and the long travel distance /time to the current A&E centre at RSH.

1.10 Irrespective of the location of the new specialist Emergency Centre we want Shropshire CCG to:

Give full recognition for the accident and injury services provide by BCMP:

- Expand the BCMP accident and injury services, thereby reducing even further the demand on the new Emergency and Urgent Care centres;
- Not to implement policies and contracts to drive demand to, and to justify, the new Urgent Care services to the detriment of southwest Shropshire people and BCMP;
- Fully utilise the potential for the BCCH to be a place for patient observation and treatment, as an alternative option to admission to an Urgent Care Centre. This possibility should be considered fully by the SCCG in its on-going 'Out of Hospital/Care Closer to Home' programme, which itself is critical to the success of the improvements proposed for the two main hospitals;
- Ensure the Emergency Centre and the two Urgent Care Centres are run as a single NHS internally provided service under a single chain of leadership and management. For those patients who need to be transferred from the Urgent Care to the Emergency Centre their experience must be frictionless;
- Have a major re-think about the SCCG's contract with the West Midlands Ambulance Service (WMAS) so that the remote patient needs of southwest Shropshire are better serviced with improved ambulance response times. This is important irrespective of the location of the new Emergency Centre. It is especially so if the Emergency Centre is in Telford; and
- Require the WMAS to reinstate an effective Community First responder service.

1.11 **Planned Care** ('consultant-led, non-urgent care' service): patients in this locality make greater use of 'planned care' than 'accident and emergency services'. This emphasises the importance of access to the Planned Care centre. At present patients largely attend RSH for pre-consultation, diagnostics, procedure and post treatment follow-up. RSH (22 miles from Bishop's Castle Town centre) can be accessed by occasional daily bus services from a few parts only of the BCMP catchment area. PRH (34 miles) has just one service per week. Private car transport and some community-based 'dial a ride' services are the principal means of traveling for planned care.

1.12 We welcome that in the new model of care, provision is made for diagnostic services to be available at both main hospital sites. However, it feels like a real waste of patients' time to travel anywhere for much of this, not to mention cost of hospital transport and convenience, when BCMP could carry out much of pre- and post operative work with additional resource.

1.13 The restricted access to the Planned Care Centre, irrespective of location, emphasises the importance and vital necessity for an aging population and fragile patients for BC Community Hospital to continue with some capacity as a place to 'step down' to when the patient is not yet ready to return home. This should be a part of a reconfigured 'community service with beds' with direct GP access to the hospital. So much more could be done at BCCH if there is a will.

BCPG would like to hear your views on the Future Fit options before we finalise our response on 2 August. Please leave a note for us in our post box at the Surgery or email jarriens@globalnet.co.uk by 31 July at the latest.