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**GIG
CYMRU
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WALES**

**Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board**

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CS/HT/

11 September 2018

Mr Simon Freeman/Mr David Evans
Joint SROs
NHS Future Fit Programme

By email: simon.freeman1@nhs.net; david.evans2@nhs.net and
nhsfuturefit@nhs.net

Dear Simon and David

Response to the NHS Future Fit Consultation on behalf of Powys Teaching Health Board

This letter provides the initial response from the Powys Teaching Health Board to the NHS Future Fit consultation.

It reflects our role both as a consultee as a commissioner of health services on behalf of patients and communities in Powys, and as an active contributor to the development of the NHS Future Fit proposals as a voting member of the NHS Future Fit Programme Board. We are a non-voting member of the NHS Future Fit Joint Committee of Shropshire Clinical Commissioning Group and Telford & Wrekin Clinical Commissioning Group.

In relation to our commissioning responsibilities we have actively supported and delivered consultation activities with people and key partners in Powys. This has enabled us to reach out to thousands of people through public events, drop-ins, meetings, newsletters, social media and more. As well as providing a vital opportunity to hear their hopes and concerns, this has enabled us to encourage people to respond directly to the consultation.

This is our *initial* response and as information becomes available to us from the independent analysis of the public and stakeholder consultation responses we will provide an updated response.

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Rydym yn croesawu gohebiaeth Gymraeg
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We welcome correspondence in Welsh
Powys Teaching Health Board is the operational name of
Powys Teaching Local Health Board

This will be an iterative process through our ongoing contribution to the NHS Future Fit process, including through our membership of the NHS Future Fit Programme Board, and through the more detailed work on impact assessment and mitigation ahead.

About Powys Teaching Health Board (PTHB)

Powys Teaching Health Board is responsible for meeting the health and wellbeing needs of around 133,000 people across 2000 square miles in the rural heart of Wales.

We commission approximately £23M of services from The Shrewsbury and Telford Hospital NHS Trust to meet both planned care and urgent care needs of patients and communities in north and mid Powys. This forms part of the overall income of £28.3M to The Shrewsbury and Telford Hospital NHS Trust from Welsh NHS bodies including PTHB, Welsh Health Specialised Services Commissioning and other health boards. As a result, The Shrewsbury and Telford Hospital NHS Trust represents the largest commissioned provider of health services for Powys residents.

There is a strong history of the health economy across mid Wales, Shropshire and Telford and Wrekin working across the border between England and Wales to provide access to health services. It is critical that the needs of Welsh communities using services in England are taken into account in the planning and delivery of those services, and that there is recognition of the contribution of Powys to the whole health economy.

As a health board we have been committed to ensuring that the safety and effectiveness of services within the health economy is secured. To this end we have been active in contributing to the consideration of the key risks and issues facing our population as part of the health economy and listed below are the ways in which our contribution has been facilitated through the Future Fit Programme process. We also recognise the contribution of our key partners from Powys, the Community Health Council and Powys County Council. The NHS Future Fit Programme has enabled cross-border requirements to be considered through a variety of means including:

- Voting membership for PTHB on the NHS Future Fit Programme Board
- Non-voting membership for PTHB on the NHS Future Fit Joint Committee of the CCGs
- Non-voting membership for Powys Community Health Council on the NHS Future Fit Programme Board
- Observer status for Powys Community Health Council on the NHS Future Fit Joint Committee of the CCGs
- Inclusion of activity and insight relating to the Powys catchment population of The Shrewsbury and Telford Hospital NHS Trust

throughout the development, assessment and appraisal of NHS Future Fit models and options

- Partnership working with Powys Teaching Health Board in the delivery of the NHS Future Fit consultation to reach out to patients, communities and other stakeholders in mid Wales.

In responding to the NHS Future Fit consultation we are mindful of a number of potential interdependencies with programmes of strategic change currently under way in Wales:

- The Hywel Dda University Health Board "Our Big NHS Change" consultation took place from April to July 2018. Many of the service sustainability challenges that are the drivers of the Future Fit Programme exist in West Wales. There is potential interdependent impact for communities in central Powys who may access services either to the west (Hywel Dda University Health Board) or to the east (The Shrewsbury and Telford Hospital NHS Trust). All three proposals in the "Our Big NHS Change" consultation maintained services at Bronglais Hospital in Aberystwyth, with potential changes however to onward pathways for emergency and planned care to the west. Analysis and conscientious consideration of the consultation findings is currently under way, with recommendations due to be presented later this Autumn.
- Consultation on the establishment of a Major Trauma Network for South and West Wales including South Powys concluded in January 2018, with the recommendation that a South Wales Major Trauma Network be established with a Major Trauma Centre in Cardiff. This proposal assumes the continuation of the current arrangements for North Wales and North Powys as part of the North West, Midlands and North Wales major trauma network. It is essential to note the critical role that the Royal Shrewsbury Hospital has in this Trauma Network linking directly to the Major Trauma Unit in Stoke.

We have ensured that the NHS Future Fit team has been informed of these potentially interdependent consultation programmes under way in Wales.

Section 1: Your Views on the Proposed Model of Hospital Care

It is firstly essential that a number of key points are made in considering the support or otherwise of the proposed Model of Hospital Care.

1. There is a need for a clear model for 'whole-system care' that explicitly includes primary, community, mental health and social care as well as key partners in the third sector and other stakeholders. This will enable all partners to see clearly the role they play in providing services and support to meet the needs of the population.
2. The level of clinical risk in the current system particularly the pressure in the unscheduled care system (Emergency Care) requires clear action at a system level. As demands for emergency care continue to grow, our systems need to rapidly mature in order that we meet patients needs in the best possible way.
3. The issue of workforce sustainability is critical. It is clear that the whole of the UK is being challenged by the changing supply of a well trained workforce. Essentially having a whole system model of care will also ensure that the considerations of social care workforce feature strongly. Failure to remodel services to make the most of the available health and social care workforce will mean that services become unsustainable and that emergency closures of services are more likely.
4. The outcomes and experience of patients and their carers should feature strongly in any model of care. It is important that changes look to enhance standards of care and outcomes.

We are clear that the current model of hospital care is unsustainable for the reasons set out above. We have been grateful for the opportunity to contribute to the Proposed Model of Hospital Care through our voting membership of the NHS Future Fit Programme Board.

We acknowledge that, as it stands, the proposed Model of Hospital Care will mean that some services for Powys residents would in future be provided further away from our communities. This is clearly a challenge for an area that already faces considerable difficulties in accessing health and other services due to the rural and remote nature of mid Wales. We recognise, however, the considerable benefits for the quality and outcomes of care, for service sustainability, and for workforce recruitment and retention from a model that establishes a centre of excellence for Emergency Care and a centre for excellence for Planned Care. We would wish to see greater flexibility in the provision of services, including the much greater emphasis on outreach services into Mid Wales and the use of digital care solutions that help improve access.

Through our extensive engagement and consultation with Powys communities and stakeholders:

- It is clear that there are very real concerns at the prospect of *any* services moving further away. Local residents have highlighted that it is already around 40 miles for some mid Powys residents to their nearest acute hospital and they view the prospect of any change of this nature as “unacceptable”.
- We have heard concerns that this may increase the adverse social, psychological, clinical or economic impact for communities already facing significant access deprivation.
- We have found that people have been reassured that the proposals to maintain significant levels of care at both hospitals, including outpatient and diagnostic services.
- The retention of the Lingen Davies Cancer Centre at the Royal Shrewsbury Hospital under both options was also welcomed by patients who already faced considerable distances for debilitating chemotherapy and radiotherapy treatment.
- Some residents have expressed their wish for an acute hospital located in Montgomeryshire, and the consultation has provided an opportunity to outline why this would not be viable on clinical, quality & safety, or workforce grounds.

We have encouraged residents to share their views directly with NHS Future Fit as part of the consultation, and a key role for Powys Teaching Health Board as part of the NHS Future Fit Programme will be to understand the potential impacts identified during consultation and work with partners to develop proposals that deliver a safe and sustainable future for hospital services whilst mitigating adverse impacts.

Based on the insights and feedback we have gathered during the consultation, Powys Teaching Health Board continues to support the proposed model of hospital care, however it is essential that the potential for greater outreach of planned care services into mid Wales is a firm commitment moving forward.

Section 2: Your Views on Option 1

Powys Teaching Health Board continues to strongly support Option 1 as the preferred option for the future configuration of hospital services, however there is a need for commitment to develop proposals for more planned care to be delivered closer to home, hence helping to mitigate any adverse impact of planned care changes.

There are several key considerations that inform our response to this question, including:

1. The clinical outcomes for patients who under the two options presented could have further to travel to access services. This is particularly critical given the geographical access challenges currently experienced.
2. The experience of patients and their families/carers.
3. The likelihood of sustaining services in relation to the model of care and the critical workforce required.
4. The views of our patients, partners and local communities.

During local consultation in Powys we have heard very strong support for Option 1, where people have expressed a preference. Some of our patients and communities shared concerns in expressing a preference between either emergency or planned care moving to more than an hour away from the majority of Powys communities who use these services.

In summary, the following key areas are particularly important:

- The strategic importance of Shrewsbury as a Trauma Unit and Emergency Centre to provide life-saving care for people with life threatening illnesses and injuries, including as part of the North West Midlands and North Wales Major Trauma Network which will continue to be the designated Trauma Network for the region.
- The importance of prompt access to definitive emergency care for time-dependent and life-threatening conditions, which would be reduced if the emergency centre moved further away.
- The importance of family and carer contact during extended stays in hospital to aid recovery and recuperation, noting that longer length of stay is more commonly associated with unplanned admissions and complex planned surgery which will take place at the Emergency Centre.

- The significant benefits for patients whose first language is Welsh of receiving their unscheduled and emergency care in a hospital closer to Wales where they are more likely to be in contact with other Welsh Language speakers – and the particular importance of this for patients with cognitive or sensory impairments which may reduce their ability to speak or understand English as a second language.
- Welcoming that, for emergency care, this would not increase the travel distance and time, particularly given the extreme difficulties that can be faced during poor weather which can lead to closure of many of the main cross-border transport routes and significantly delays hospital conveyance.
- Welcoming the proposal to return women and children's inpatient services, and acute stroke services, moved from Shrewsbury to Telford earlier this decade.

There are a range of specific issues we would wish to highlight in relation to planned care:

- SaTH currently provides a range of consultant outreach clinics and services in Powys, and we would wish to see a clear commitment to enhancing this.
- We would wish to see a clear commitment to different models of planned care that enable people to have some of their care pathway in Powys supported by out-reach services, shared care and telemedicine. For example, increasingly people should expect to have their pre- and post-operative assessment services delivered as close to home as possible and be able to access their consultation via telemedicine through a base in north Powys. There was, from the consultation conversations, reassurance expressed that a significant proportion of planned care would be unchanged (i.e. that Royal Shrewsbury Hospital would continue to provide planned care - specifically that will be delivered through outpatient appointments & procedures, diagnostic tests and scans).
- We are clear that the inter-relationship between complex planned surgery and the need for high dependency and intensive care is important. It is key therefore that the more complex planned surgery which may be associated with longer length of stay would be at the Emergency Centre due to location with the critical care facilities. Planned orthopaedic surgery for Powys residents at the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust would not be directly affected by these proposals.
- There is considerable concern that some planned care services would move further away for some Powys residents. There is

therefore a clear expectation that we commit to work actively on a range of options to mitigate adverse impact.

During the consultation we have heard a range of suggestions that may mitigate adverse impact including:

- A commitment to strengthen partnerships between the NHS in mid Wales, The Shrewsbury and Telford Hospital NHS Trust, and the wider Shropshire and Telford & Wrekin health system to enable more elements of the planned care pathways to be provided in Powys using shared care arrangements and out-reach services for example.
- Through this, committing to developing proposals to work in partnership to bring more care closer to home for the people of Powys, including routine minor surgery and endoscopy.
- Committing to specific work with Welsh Ambulance Services NHS Trust on Non-Emergency Patient Transport, and with Powys County Council and local community transport providers, to strengthen travel and transport for planned care.
- Exploiting the opportunities of telehealthcare to reduce the need to travel to hospital, as well as enhancing the range of consultant outreach services available within Powys.
- Improving appointment scheduling to recognise the travel and transport time from mid Wales to Telford.
- Maintaining and strengthening services at Gobowen.
- Seeking opportunities for closer working between SaTH, Hywel Dda University Health Board and Betsi Cadwaladr University Health Board for the delivery of services for the communities of mid Wales – including through the Mid Wales Joint Committee for Health and Care and its Clinical Advisory Group.
- Specifically raising with Welsh Government and UK Government the need to implement cross-border travel passes so that eligibility for travel concessions does not end at the border.

Section 3: Your Views on Option 2

Powys Teaching Health Board continues to strongly support Option 1 as the preferred option for the future configuration of hospital services, and therefore does not support Option 2.

There are several key considerations that inform our response to this question, including:

1. The clinical outcomes for patients who under the two options presented could have further to travel to access services. This is particularly critical given the geographical access challenges currently experienced.
2. The experience of patients and their families/carers.
3. The likelihood of sustaining services in relation to the model of care and the critical workforce required.
4. The views of our patients, partners and local communities.

During local consultation in Powys we have heard very strong disagreement with Option 2, where people have expressed a preference. Our patients and communities have expressed some anxiety in expressing a preference between either emergency or planned care moving to more than an hour away from the majority of Powys communities who use these services.

The key issues and concerns we feel are critical for the people of Powys include:

- Life-saving emergency care for people from Powys with life threatening illnesses and injuries would move further away, and that this may have an adverse impact on the continued availability of a local Trauma Unit as part of the North West Midlands and North Wales Major Trauma Network - which will continue to be the designated Trauma Network for the region.
- The extended time and distance for definitive emergency care for time-dependent conditions, which would be reduced if the emergency centre moved further away. The travel times and the specifically the clinical outcomes of people requiring emergency care are a considerable concern.
- The reduced ability of family and carers to visit regularly during extended stays in hospital in Telford, to aid recovery and recuperation of their loved ones after emergency admission or for complex planned surgery.

- Concern that in Telford there would be less familiarity and access to the Welsh Language where this was the first language for patients admitted in an emergency, and particularly concern that this would have an adverse impact on their quality, outcomes and experience where their ability to communicate in English as a second language was further reduced cognitive or sensory impairment.
- Concern about the additional adverse impact on travel and transport during poor weather, which can lead to closure of many of the main cross-border transport routes and significantly delays hospital conveyance.
- Concern about the additional travel and complexity for Powys-based nursing, therapies and social services staff which may reduce their ability to work closely with the Emergency Centre-based team to prevent unnecessary unscheduled admissions and supported timely and safe discharge from hospital.
- The challenges faced since women and children's inpatient services, and acute stroke services, moved from Shrewsbury to Telford earlier this decade would be maintained and would worsen as there would no longer be a first line A&E for children at the Royal Shrewsbury Hospital. This has included personal experiences of a round trip in excess of one hundred miles to visit relatives in the nearest neonatal care unit.

During the consultation we heard a range of issues in relation to planned care, including:

- Reassurance that a significant proportion of planned care would be unchanged under both options as this is delivered through outpatient appointments & procedures, diagnostic tests and scans and will be available at both hospitals. Nonetheless, there remain opportunities for greater levels of outreach into Powys, shared care and the use of telemedicine to enable more planned care to be provided closer to home.
- Whilst the significant majority of residents who expressed a preference preferred Option 1, a small number did express support for Option 2 on the basis that they prioritised access to planned care over emergency care.
- Concern that if the Emergency Centre was based in Telford, then newly appointed consultants with on-call responsibilities linked to the emergency centre would increasingly be based further east and therefore may be less available for outreach appointments and clinics in mid Wales.

- Concern that in turn if the Emergency Centre is located further from Powys this may reduce the ability of Powys GPs to work closely with SaTH acute consultants, and may also have an adverse impact on GP recruitment in the area.

Section 4: Any Other Comments

Key areas highlighted during our local engagement and consultation activities include:

- **WELSH LANGUAGE** impact. An admission to hospital can be a disorientating time, particularly for someone experiencing cognitive or sensory impairment. If their first language is Welsh, their secondary language skills may be further impaired during a time of illness. This can make it difficult to communicate their needs and wishes if other Welsh language speakers are not available. Locally people tell us that when attending Royal Shrewsbury Hospital they have experienced Welsh Language speaking staff but that this is not generally the case at Telford Hospital. They express concern that the transfer of more care for more acutely unwell people from Shrewsbury to Telford would, therefore, have an adverse impact on the experience, safety and outcomes for Welsh language speaking patients.
- **TRAVEL AND ACCESS** impact. Travel to Shrewsbury is already a significant journey for our residents. This would be significantly increased if more services were moved to Telford. Local residents tell us that on balance they would prefer that services for acutely unwell people – including regular visiting over an extended period to relatives facing a long stay in hospital – remained closer as the overall burden of travel for one-off planned operations and procedures is easier to address. We are particularly concerned that older people's travel passes are not applicable for cross-border travel and we would urge the UK Government to work with Welsh Government to ensure that in future the border is not a barrier to older people's travel. We also note that if the road from Shrewsbury to Telford is closed then there are few alternatives for nearby care for people in mid Wales. The availability of emergency care in Shrewsbury is, therefore, of significant strategic importance for our communities.
- **DEPRIVATION** impact. Parts of Newtown have amongst the highest levels of deprivation in mid Wales and already face significant journeys to access hospital care.
- **EQUALITY** impact. Locally people tell us that there would be an overall negative impact across all equality protected characteristics from both options, but significantly worse from Option 2 because acutely unwell people would have much reduced access to loved ones and family. This could place a particular burden on people in hospital who need close carer and family contact to support their care, for example, due to their religious needs, their sexuality, their

physical or learning disability etc. Services in Telford are approaching a 100 mile round trip for our residents. They will, therefore, miss out on significant personal contact and care during their recovery from emergency surgery or emergency medical admission etc. Local children already face a considerable journey to consultant-led emergency care in Telford and this was clearly a source of anxiety for local residents. This particularly affects those with children with long term and life-limiting conditions, including attending the specialist children's cancer unit.

- PATHWAYS and CONTINUITY OF CARE for acutely unwell patients, leading to unnecessary admissions or extended length of stay. Speaking with local residents and healthcare workers they state that they can currently take steps to prevent hospital admission because of the reassurance that Shrewsbury is only thirty miles away and that local clinicians can undertake in-reach to RSH to visit patients and help them to return home. They are concerned that under Option 2 the ability to do this would be severely reduced, which may mean that patients are admitted to hospital who currently are not (i.e. unnecessary admissions). Additionally, it is more difficult for Powys Multi-Disciplinary Team staff to in-reach to Telford to support complex unscheduled care patients and complex surgical patients to return home in a timely fashion (i.e. extended length of stay).
- PLANNED CARE impact. Local people have expressed concern that that if emergency care services move to Telford under Option 2 this may have a detrimental impact on access to Planned Care too. They are concerned that it will mean that newly appointed consultants will be required to live within call-out distance from Telford hospital, and therefore it would be less convenient than now for them to undertake outreach clinics and other activities with hospitals in Powys and western Shropshire. They are concerned too that this may reduce the ability for mid Wales and western Shropshire GPs to develop and maintain close working relationships with consultants to support the planning and delivery of care for patients, and that this in turn may have a negative impact on GP recruitment in the area.

Thank you for the opportunity to provide an initial response to the NHS Future Fit proposals. We look forward to developing this further in light of the consultation analysis once available so that we have a clearer understanding of the issues raised by Powys residents via questionnaire, letter and other means direct to the NHS Future Fit options.

We also look forward to working with you to further develop and refine the options for the future configuration of safe and sustainable hospital services for people across mid Wales, Shropshire and Telford & Wrekin.

Yours sincerely

A handwritten signature in black ink that reads "Carol Shillabeer". The signature is written in a cursive style with a small flourish at the end.

Carol Shillabeer
Chief Executive