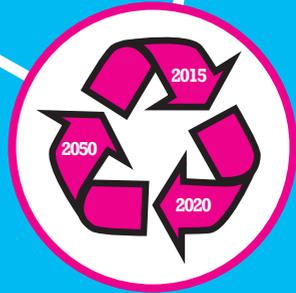
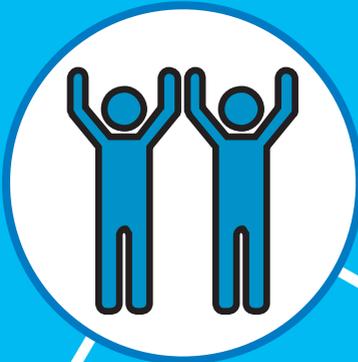


futurefit

Shaping healthcare together



Clinical Design

Report Summary

Introduction

This document is designed to explain to you what NHS Future Fit means and tell you how it will make a real difference to the local health care services that we all use. Those of us who live or work in Shropshire, Telford & Wrekin and mid Wales know there is much to be proud of in our local health care services.

Staff work hard to provide good care, local people are relatively healthy and local organisations have a track record of working together. However, we have been delivering services in the same way for many years. We are aware that more and more this approach does not meet local peoples' needs. We need to be smarter and use our resources better so we can keep our services going into the future.

We celebrate the fact that many people are living longer and we also understand that most people want to be treated and cared for in their own homes. As medicine and technology advances, the way hospital services are provided is evolving.

With these factors combined we need to shape our health care so we can have the same good levels of health care in 20 years' time. Local people, doctors, nurses and other health professionals understand this. Most importantly, these changes need to be led and driven by us as local doctors and nurses who have local knowledge and use our local services.

This is where NHS Future Fit comes in. Launched in January 2014, all organisations involved in local health care have agreed to work in partnership. NHS Future Fit brings together local NHS organisations, social care, local councils, voluntary groups and patients. More than 300 local health care professionals are involved in redesigning our local health care services.

By learning from local experience and using examples of best practice and evidence from around the world, we can design the right local health care system for us. This means that we can all work together to make the right decisions for our population to grow and at the same time shape the health care in our area to meet our future needs.

Why we need to change

Our society is changing, with growing numbers of people living longer, thanks to new technologies and advances in medical treatment that weren't available 20 years ago. For example, the number of people aged over 65 in Shropshire has increased by 25 per cent in just ten years.

Most older people in Shropshire, Telford & Wrekin and mid Wales are in good health, independent and living in their own homes.



However, as a group they have a much greater need for health and care services than the young. So, a significant proportion of health and social care resources are directed at their needs. We also have a growing number of people living with dementia and these days more people are either living alone with little or no family support, or with carers who are themselves elderly.

Whilst this is a tribute to the success of the NHS, it brings many challenges for the future. We often develop conditions that need ongoing medical care, like diabetes, breathing problems or heart conditions. More care and expertise is needed to treat long term conditions so that we can stay as well as possible.

Alongside this, there is a growing demand for more convenient care closer to people's homes.

Patients have also told us they find the existing system difficult to navigate when they have a medical problem. They find themselves having to tell their story again and again to different health care professionals involved in their care. They find it surprising that doctors and nurses looking after them often can't see their records and so they don't feel their care is joined up or planned.

At our main hospitals in Shrewsbury and Telford, we face further challenges, particularly with staffing. Our staff are spread so thinly over two sites that the existing services won't be sustainable in the future. It is difficult to attract

consultants, who prefer to work at large, teaching hospitals rather than district general hospitals like The Royal Shrewsbury hospital or the Princess Royal Hospital in Telford. With overstretched hospitals covering two urban centres and large, sparsely populated rural areas, we must plan now to keep our health services fit for the future.

Our budget is likely to stay the same over the next few years, so we won't be able to deliver the quality of care that people need unless we make large scale changes to the way we work. Local people have called on us, as local healthcare professionals who also use the services ourselves, to lead the process of redesigning our local health services to make them fit for the next 20 years. This is why we called our programme of work NHS Future Fit.

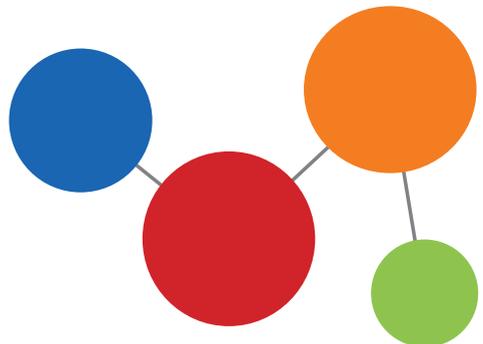
Our aims

NHS Future Fit gives us an opportunity to improve patient care by:

- Organising how we provide care so that we maintain high standards of care for our growing numbers of patients
- Attracting the best doctors, nurses and other health professionals to the area by offering services that are delivered in the best way and best meet patient needs
- Bringing specialists together in one place to improve their skills and get the best possible results for patients
- Joining up local services with social care and voluntary organisations to provide a better experience for patients
- Making sure that people only go into hospital and stay there if there is no better alternative, otherwise looking for them to be treated more locally, ideally as close to their home as possible.

We see the potential to make these changes, while recognising the different issues facing people living in towns and those in remote rural areas.

We have a strong network of community hospitals that we could use to provide more care near people's homes. Up to a fifth of people who are admitted to acute hospitals could be better looked after at home with community support.



Our Plans

We are working on **three core** areas:

Long term conditions and frailty

Planned care

Urgent and emergency care

Our plans for each are set out in more detail in the following pages. As we are working on a large, complex programme to redesign health services, we anticipate it will take about five years for our proposed changes to happen.

Long term conditions and frailty

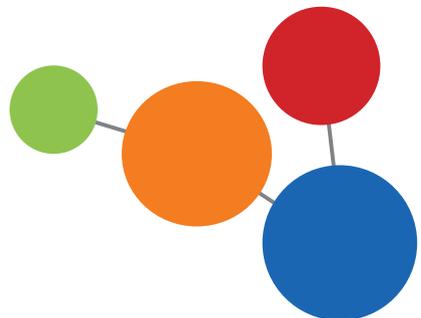
We believe that we can look after most people with long term conditions in their homes – where they would prefer to be – by making sure their care is properly planned and regularly assessed.

Every patient with a long term condition, such as diabetes or lung disease, or who is frail, should have a care plan to help them to stay well. This should start at the time of diagnosis. The care plan should be a partnership between the patient and a named health care professional – likely to be their doctor or nurse. Patients need the plan to help them to know what is 'normal' for their condition, what isn't, and who to call if they need help.

When people know what to expect, they have better control over their health and will understand when they need urgent medical care. This means that many problems currently treated at A&E could be dealt with in the community or through a walk-in service, enabling the patient to return home the same day.

In the future, a patient's care plan could become a 'passport' which helps them to navigate the system and, where appropriate, gives them direct access to services.

Keeping patients well and responding rapidly to unexpected changes will work best if doctors and nurses working in the community can communicate easily with specialists. They will be better able to keep patients at home and manage their condition safely.





Long term conditions and frailty patient stories

Heart condition

Annie is 64 years old and has recently registered as a new patient at her local GP practice in Wellington. She has moved into the area recently to be nearer her family, but lives independently and alone. On joining the practice she is seen by the practice nurse who finds it difficult to take her blood pressure. A further examination reveals that Annie has an irregular pulse, and Annie says that for the last few years she has occasionally had a racing heart or palpitations.

Annie feels well and is experiencing no other obvious medical problems or symptoms. She was diagnosed with high blood pressure three years ago which she takes regular medication for. An electrocardiogram (ECG) test at the doctor's surgery confirms that Annie has a heart condition called Atrial Fibrillation. This is where her heart beat has become irregular and although Annie might not notice any obvious problems it does mean that she is more at risk of having a stroke.

What happens now?

Her doctor explains that she will need to be seen by a cardiologist or heart specialist to establish the next best course of treatment. The doctor advises Annie that she can choose where she has her consultation with the heart specialist and this option is available at her nearest local hospital in Telford.

After a couple of weeks Annie receives her appointment to see the consultant heart specialist at the Princess Royal Hospital in Telford. She arranges for her daughter to take her into the hospital to see the consultant heart specialist and their advice is that she needs another prescription for medicine to thin her blood which will help ease the problem with her heart's rhythm. This will need to be monitored regularly as Annie may need to have a procedure to correct her heart rhythm if the medicine is not effective alone. Annie is seen regularly at her GP practice for blood tests and monitoring of her medicines.

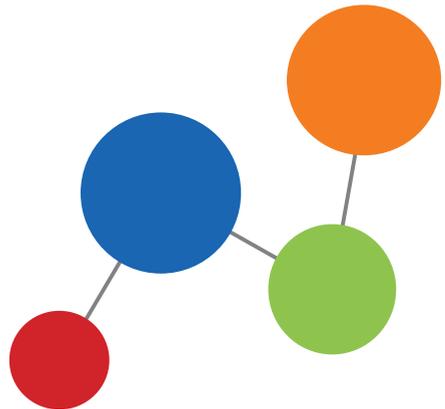
What difference will NHS Future Fit make?

Once the NHS Future Fit model is established Annie has several options for further assessment, but, essentially, it will be managed through her GP surgery, either by her GP, or with a consultation with the specialist via video conferencing such as Skype. We believe that using technology to streamline consultations with specialists will enhance many patients' overall experience and make things more convenient without the need to travel long distances to outpatient appointments at hospitals. Overall Annie's treatment may well be the same as it was before NHS Future Fit but some of the hassle of waiting for specialist appointments will be removed and also when Annie does need to see the specialist her records will already be shared so she does not have to tell her story from the beginning.

Janet visited her local GP on her own as Graham refused to go as he felt there was nothing wrong with him. So their GP suggested that Janet's children talked to Graham to try and persuade him to go. In the end, it was his daughter that persuaded Graham to see his GP, just to rule out anything serious. After seeing his GP, Graham was referred for a scan of his head (CT scan) at their local hospital. The results showed that Graham had some stroke damage in a part of his brain, so the consultant decided to refer Graham for another more detailed scan (MRI scan) and to see a stroke specialist. They had to wait some time for this, and after the scan Janet said they sat back and waited to receive the results. Graham and Janet finally received the results of Graham's MRI scan which showed signs of dementia. Janet was shocked but relieved that at last there was an explanation for the changes in Graham's personality and behaviour.

Dementia

Janet and Graham live in Ellesmere they have two children who are both in their 30s now. Graham is 72 and is a retired teacher, around the time he stopped work his behaviour started to change. Graham had always had difficulty remembering names, but this was becoming more noticeable. Janet said that the changes in his behaviour happened slowly, and Graham seemed to forget how to behave appropriately and he would lose complete awareness of situations.



What happens now?

Graham's GP makes a referral to the local memory clinic. The memory clinic contact Janet and arrange for a nurse to come and meet Graham and Janet at home. The nurse advises that Graham will need some more investigations and treatment including a separate referral to a stroke specialist. This means that Janet has to take Graham to hospital to see the specialist and this is not an easy task as Graham finds the whole experience quite distressing and he is confused about what is happening. The whole experience is quite overwhelming and when they do get to see the specialist they have to explain everything from the beginning. Janet finds this makes her feel stressed and she begins to feel that she cannot cope with the situation.

What difference will NHS Future Fit make?

Graham is still referred to the memory clinic but he receives a lot more contact at home, with fewer referrals to different clinics. Currently Graham and his wife have to make multiple separate journeys to hospital. By making more of the appointments home visits this reduces the whole trauma of having to travel into unfamiliar environments. Graham is reassured by seeing familiar faces in his home rather than strangers



in clinics. Graham will see the stroke specialist at a virtual clinic, this means that Graham and Janet will receive a consultation via a video conference like Skype or FaceTime and will include a memory service support too. Graham and Janet will automatically receive a social care package that will support him and Janet to stay independent at home for as long as possible. As well as being referred to the memory clinic Graham and Janet are referred to the local social care service who will support both to remain as active participants within their communities. This will include linking to local support groups, volunteers and making sure 'respite arrangements' are in place. The care provided through the changes that NHS Future fit delivers is much more person centred and recognises how important being dementia friendly is to people's on-going wellbeing.

Urgent and emergency care

More than 300 local doctors and patient representatives have carried out a huge amount of work to find the best way of providing urgent and emergency care for the people of Shropshire, Telford & Wrekin and mid-Wales.

Using local experience and best practice from this country and around the world, they have agreed that the safest way to treat the most seriously ill patients is through investment in a network of urgent care centres supported by a single emergency centre.

Urgent care centres

Urgent care centres will treat people who don't have life-threatening illnesses or injuries but can't wait to see their GP. We will aim to make the centres open 16 hours a day, seven days a week, 365 days a year, and to be able to signpost people to other services for the remaining eight hours.

The number of centres is to be finalised but we are committed to making sure there is a geographic spread across the county. They will all offer the same services, so that patients will understand, and can rely on, what they do.

For example, people with fractures, cuts, stable pneumonia and abdominal pain would go to their local urgent care centre rather than having to travel to one of the two acute hospitals.

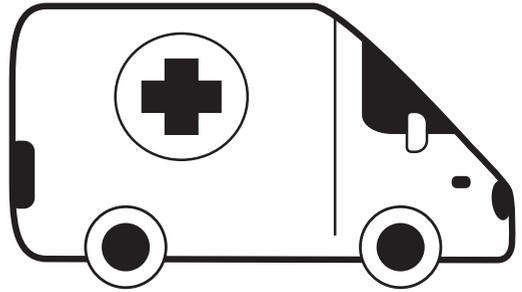
The centres will be able to treat all the minor injuries and illnesses that the two A&E departments at Shrewsbury and Telford deal with at present.

Facilities at the centres will include ultrasound, x-rays, blood testing, therapy services, an observation unit and a pharmacy.

People will be able to walk into the centres, or make an appointment through NHS 111 (in England) or NHS Direct (in Wales), their GP or the GP out of hours service. Ambulances responding to 999 calls will take patients to an urgent care centre rather than the emergency centre, if this is the right place for them to be treated.

If seriously ill patients attend an urgent care centre, we will make sure there are excellent communication and transport systems in place to transfer them quickly to the emergency centre.

One urgent centre will be sited with the emergency centre.



This will provide exactly the same services as the other centres so that people don't bypass urgent care centres nearer to them. From local experience, we have found that many people choose to travel much further to A&E rather than go to a minor injuries unit, which could have treated them instead.

The wide range of skills needed to manage urgent care centres would give medical staff from all different parts of the healthcare system the opportunity to work together. They could learn from each other and take on new roles within the centres. Patients would ultimately benefit from this continuous development.

Single emergency centre

One emergency centre will improve safety and quality of care and be a better place for staff to work. By bringing specialists together in one place, we can continuously improve their skills and teamwork to give patients the best possible care and staff will benefit from new career development opportunities.

The centre will deliver high quality emergency medical care 24 hours a day, seven days a week, 365 days a year. It will have a trauma centre, a critical care unit, an intensive care unit, a blood bank, urgent care services, mental

health services and a pharmacy. Social care assessments and care planning will be joined up with emergency treatment.

People with life-threatening injuries or illnesses will be treated at the emergency centre – for example, if they have a stroke, chest pains or severe blood loss.

Further work is needed to decide where the emergency centre should be located. We are looking at the Royal Shrewsbury Hospital, the Princess Royal Hospital in Telford or a new site on the A5 corridor between the two.

Urgent Care Patient stories

Heart attack

Jan is 50 years old and lives in the rural village of Kerry in Powys. She comes home from work in Newtown and is home alone when she starts to have crushing chest pains. Jan was finding it hard to breathe or speak. She used her mobile to text her son-in-law and ask him to call 999.

What happens now?

The rapid response paramedic arrives at Jan's home and gives Jan some pain relief and runs a quick test called an electrocardiogram (ECG) on her heart. The test confirms that Jan might be having a heart attack that can be treated in her nearest emergency hospital and she needs to be taken there as quickly as possible. The paramedic then gives Jan some other medicines including aspirin to reduce or prevent further damage to her heart. Jan is then transferred by ambulance to the Royal Shrewsbury Hospital.

On arrival at the A&E in Shrewsbury Jan has a rapid assessment. Jan's symptoms are explained and her blood pressure and pulse measured. She then has some further tests including another ECG and a blood test to find out if she has had a heart attack. Jan's blood test is positive and shows that she has

had a heart attack and so the hospital keeps her in for further tests. She is then transferred to the cardiac ward for further assessment. She stays in hospital for a week with a further wait for cardiac rehabilitation and specialist follow up at the Royal Shrewsbury Hospital where she will have to return to be seen in the outpatient department three months after she is discharged home.

What difference will NHS Future Fit make?

On arrival at the hospital Jan is transferred directly to the emergency centre where she is immediately seen by heart specialists who are experts in managing heart attack patients. By going directly into the emergency centre rather than through an A&E unit where there is a mixture of patients from urgent cases to emergencies we can guarantee that Jan gets the attention that she needs within minutes rather than hours. This will help ensure that her heart problem is stabilised and treated, minimising the risk of complications. Jan is then transferred home with wrap around support from the cardiac rehabilitation team and she is seen by the heart specialist at her local community hub or hospital and she has an integrated care record and care plan created for her ongoing heart care and is seen regularly by her local GP surgery.

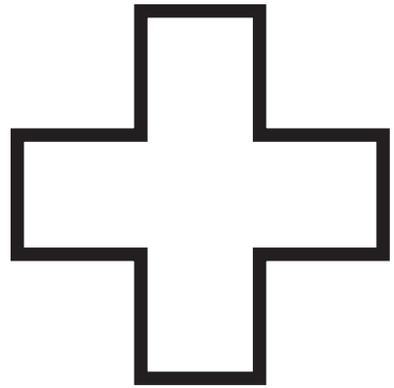
Childhood illness

Ben is five years old and lives in Craven Arms with his two sisters and his mum, Jenny. Ben is a typical child and he gets colds or coughs, which his mum normally treats at home. On this occasion, Ben developed a cough and a cold and had a temperature for a couple of days so Jenny wanted to get him checked out.

What happens now?

Jenny got an emergency appointment with her GP, who examined Ben and diagnosed a viral illness and advised his mum to continue with what she was already doing. That evening Ben started to be sick and his temperature had gone up so his mum took him to the A&E department in Shrewsbury. Ben was examined again and told that he had a viral illness and that he would get better with time.

The next morning, Jenny was starting to get really worried as she felt that Ben had something more than a virus, so she made another emergency GP appointment. On examining Ben again the GP said that he noticed a change from the last time he examined Ben and that he may have pneumonia. Ben was referred to the paediatric on-call team at the hospital and the full history and contacts with different services explained. A chest x-ray was done which confirmed that Ben had pneumonia. He was consequently given the right treatment to make him better.



What difference will NHS Future Fit make?

Jenny will still access her GP surgery as she always has. When Ben starts to be sick and seems worse Jenny will be able to take Ben to her local urgent care centre, instead of going all the way to the A&E at the main hospital. Jenny would also have the option of going back to the urgent care centre rather than going to her GP again. Jenny may still have to take Ben to the main hospital so he can have the chest x-ray. Although, there is a strong possibility that the urgent care centres will provide this kind of x-ray. This would be arranged through the urgent care centre and the team would be able to reassure Jenny and Ben about the reason for needing to go the main hospital. The appointment at the x-ray department is pre-booked and when Jenny arrives with Ben at Shrewsbury hospital the team already have Ben's notes and know what has happened. So, although Ben still needs to go to the hospital it is a much smoother and seamless experience Jenny does not have to keep telling people what is wrong with Ben because his records are shared across the health care system.

Planned care

Patients say the current planned care system is complex, fragmented and difficult to navigate. Everyone we have talked to preferred the option of local services, where possible and welcomed the idea of using community hospitals to offer better planned care. Most people said they were more concerned about being able to get to hospital than the distance they had to travel. For complex operations, they would prefer to be seen by a specialist in a centre of excellence.

The evidence gathered by our local doctors and patients shows that a single diagnostics and treatment centre, with seven-day working, will give patients the best quality treatment. It will help us to keep specialist services in our area and could bring some services back to the county from other parts of the region.

The centre will work independently from the emergency centre and doesn't need to be located on the same site.

Specialists will be able to carry out 80 per cent of all planned surgery in the diagnostics and treatment centre, while patients needing the most complex operations will go to the emergency centre.

Our plans mean that most people would only need to travel to this centre for their operation. They would receive the rest of their care closer to home.

This could be at their GP surgery, or their local community hospital.

By separating planned care from urgent and emergency care, we can make sure that people's operations aren't cancelled on the day because no bed is available.

Community hubs

We believe that our four community hospitals in Bishop's Castle, Bridgnorth, Ludlow and Whitchurch could be used differently to help keep people well at home for longer and out of A&E.

NHS Future Fit gives us an opportunity to transform them by making them community hubs, which could offer walk-in services, in-patient beds and GP-led urgent care centres. They would become 'the place I go to when I have a question or a problem'.

We would like to put these hubs at the heart of their communities, with local residents involved in designing and running the services. There would be a strong focus on prevention, with patients in control of their health and wellbeing.



Planned care patient stories

Knee replacement

Susan lives in Newport and has just turned 60; she has arthritis in her knees and has recently had to take time off from her job as a cleaner at Moorfield Primary School because she has had severe pain, swelling and stiffness in her knee. Susan has had to get her daughter to do her shopping for her and to help her get in and out of the bath; she is feeling pretty low because of this and feels depressed. Susan's daughter gets an appointment with her GP and goes along with her mum to give her moral support.

What happens now?

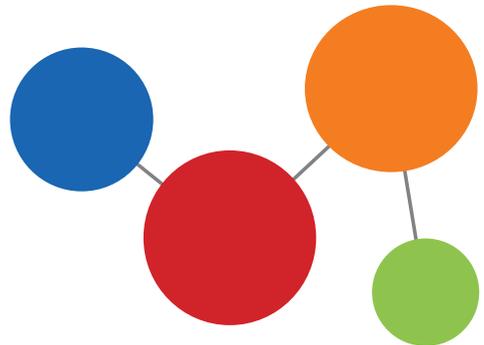
Susan's GP examines her knee and prescribes rest and medicines to help with the swelling and pain. She also refers Susan to a specialist doctor at the hospital who will see if Susan needs to have an operation. After a few weeks Susan gets the appointment to see the specialist doctor at Princess Royal Hospital in Telford. The doctor examines her and takes her history and is able to advise Susan that she will need an operation to replace her knee. The appointment for the operation takes a couple of months to come through and Susan has been back to her GP during this time as she is struggling with feeling depressed and is worried about money as she is still off work.

Her GP prescribes antidepressants and reassures Susan that the operation will hopefully make a big difference. Once Susan has the operation she enters the enhanced recovery programme and this means that because her daughter is able to stay with her when she goes home she can leave hospital three days after the operation. This makes a big difference to how Susan feels and she is already looking forward to being back at work.

What difference will NHS Future Fit make

After the surgeon examines Susan and takes her history and advises that she will need an operation to replace her knee, Susan is seen in her local Community Hub and has her assessment done there by an enhanced physiotherapy practitioner. The physiotherapy practitioner arranges pre-operative rehabilitation for Susan, both to get her problem with her knee best managed during her wait for the surgery, and to make sure that she is fit to recover as fast as possible. Susan understands more clearly how long she is going to be waiting for the operation and feels much more in control. Susan has her knee operated on at the Diagnostic and Treatment Centre and is then transferred within a day to the Community Hub, close to her home and is back in her own home much sooner than she would have been before NHS Future Fit. As Susan's overall experience is much quicker and her recovery is well planned she is able to get back to work much sooner and feels far less depressed about her circumstances.

One of the added benefits of the NHS Future Fit programme to the kind of care that Susan needs is that there will be a split between urgent and planned care. At the moment all operations are carried out in the main hospitals in Shropshire, Telford & Wrekin. By splitting planned care from urgent or emergency care we will ensure there are fewer cancelled operations. We understand that having an operation cancelled at the last minute is a hugely stressful event and one which we hope will be significantly reduced by changing the way we organise this kind of care. By performing non-complex operations through a separate centre it will be clearer to us what types of surgery people need the most. That way we can be much more efficient and make sure we buy enough of the right care and support to provide these services into the future.



Cataract operation

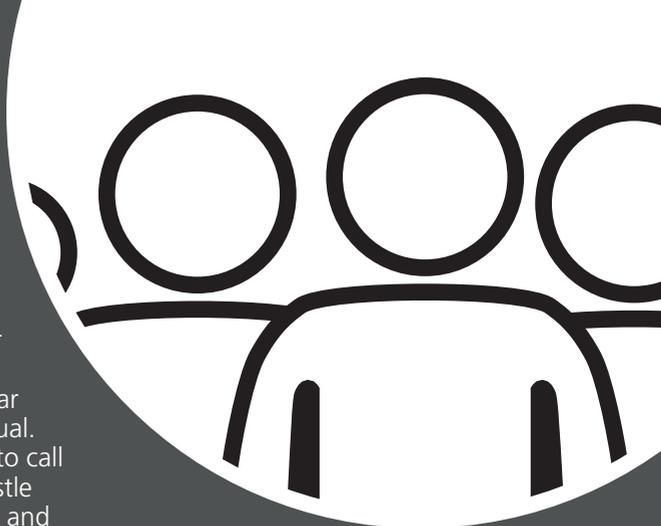
Jill is 83 and lives alone in Clun; she has recently noticed that her eyesight seems more sensitive especially when she is driving. Car lights are more dazzling than usual. Whilst out shopping Jill decides to call into her opticians in Bishop's Castle to see if they can check her eyes and find out if she needs new glasses. The optician checks Jill's eyes and explains that she may have developed cataracts, where the lens of the eye becomes cloudy and that Jill will need an operation to correct this.

What happens now?

Jill arranges a lift to the hospital in Shrewsbury with a friend from the village for her eyes to be checked by the eye specialist. She is very nervous and is worried that she might be told that she will no longer be able to drive as she relies on the car for her independence. Jill is seen by the eye specialist at the hospital who confirms that she has cataracts. The specialist also tells her that they will operate on the left eye first, as that is worse than the right eye. Jill waits several weeks for the operation and arranges again with a neighbour to take her into hospital for the operation. Jill is pleased that the procedure is done quickly and is glad to be able to go home the same day and is looking forward to being able to drive again. Jill has to go back one more time to see the eye specialist at Shrewsbury hospital and is pleased that she can drive

What difference will NHS Future Fit make?

Jill will now be assessed in one of the local Community Hubs, which is much closer to her home than the hospital in Shrewsbury. There is also a possibility that Jill might be able to have the assessment done on a mobile vehicle in her village – this is something that the work of NHS Future Fit will explore. In any case the cataract surgery that Jill needs will in the future be more readily available closer to her home rather than extensive travel to the hospital in Shrewsbury. This makes the whole experience far less of an upheaval and means that Jill can get back to normal life much quicker.



How we can all help

NHS Future Fit is about making our health services fit for the next generation. We expect the changes we are proposing will go ahead in about five years' time.

As local doctors, we are committed to providing the best possible services for our patients. However, the success of NHS Future Fit will depend on whether we can all work together to prevent illness from happening, rather than treating it when it does.

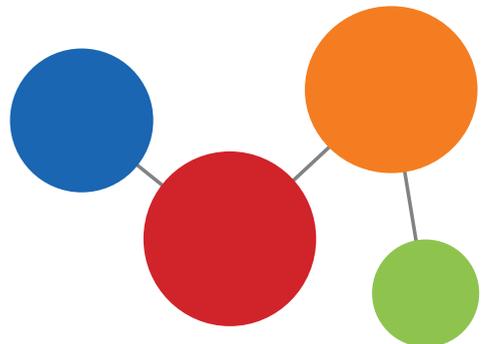
We all need to take responsibility for keeping ourselves as well as possible. Many long term conditions can be prevented. Most chronic diseases are caused by lack of exercise, obesity, poor diet, smoking or drinking too much alcohol.

Although smoking rates have declined steadily, and are below the national average in Shropshire, Telford & Wrekin and mid-Wales, smoking during pregnancy remains a problem and is higher than average.

People living in communities want to help themselves and each other but need to be empowered. If we want to change the lifestyle choices that lead to long term conditions, everyone needs to work together. Health and social services can't do this alone.

We need an education and prevention programme working across the whole of Shropshire, Telford & Wrekin and mid-Wales to improve everyone's wellbeing. Partners across all sectors would support communities to make the best possible choices to prevent long term conditions.

We look forward to working with all our patients and partners over the coming months and years. Everyone can help to make our area a happier, healthier place to live in.



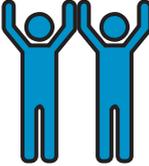
Future Fit Icons

Home is normal



An orange outline icon of a house with a chimney, representing home care or normal living conditions.

Empowerment for patients and clinicians



A blue icon of two stylized human figures with their arms raised, symbolizing empowerment or support.

Sustainability



A pink recycling symbol with arrows forming a triangle, with the years 2015, 2020, and 2025, representing environmental sustainability.

New ways of working



A red icon showing a person sitting at a desk with a computer monitor displaying another person, representing telemedicine or remote work.

Emergency Centre



A white icon of an ambulance with a red cross, set against a red background.

EC

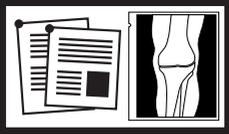
Urgent Care Centre



A white cross icon on a yellow background.

UCC

Diagnostic and Treatment Centre



A green icon showing medical documents and a knee joint, representing diagnostic and treatment services.

DTC

Community Units



A dark grey icon of a group of stylized human figures, representing community or group care.

CU

Health Hubs



A dark blue icon of a white heart outline, representing health hubs or primary care.

HH

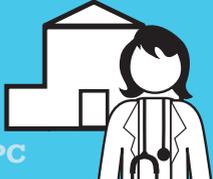
Long Term Conditions



A purple icon of a white pill bottle and a black and white pill, representing long-term conditions.

LTC

Local Planned Care Services



A light blue icon showing a building and a doctor with a stethoscope, representing local planned care services.

LPC

futurefit

Shaping healthcare together

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This report has been specifically created for the NHS Future Fit engagement workshops in 2014. Accurate at time of print.