JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Minutes of a meeting of the Joint Health Overview & Scrutiny Committee held on Monday, 22 November 2021 at 2.00 pm in Ramada Telford Ironbridge Hotel, Forgegate, Telford, TF3 4NA

Present: Councillors Charmley (Co-Chair), E J Greenaway, H Kidd, S J Reynolds and D R W White (Co-Chair). Co-optees: H Knight and J O'Loughlin

Also Present: Councillor R Houghton

In Attendance: J Clarke (Director of Public Participation, The Shrewsbury and Telford Hospital NHS Trust), M Docherty (Executive Director of Nursing and Clinical Commissioning WMAS), S Kirk (Director of Public Participation, The Shrewsbury and Telford Hospital NHS Trust), Dr J Makan (Clinical Director for Cardiology Director of Public Participation, The Shrewsbury and Telford Hospital NHS Trust), D Moxon (Operations Manager for Cardiology, Director of Public Participation, The Shrewsbury and Telford Hospital NHS Trust), H Roy (Head of Public Participation, Director of Public Participation, The Shrewsbury and Telford Hospital NHS Trust), S Tilley (Director for Planning, Shropshire, Telford & Wrekin Clinical Commissioning Group) L Gordon (Democracy Officer (Scrutiny)) and D Webb (Overview & Scrutiny Officer)

Apologies: Councillors K Halliday, and co-optees I Hulme and D Saunders

JHOSC12 Declarations of Interest

None.

JHOSC13 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meetings held on 19 November 2020, 15 April 2021 and 14 October 2020 be confirmed and signed by the Chair.

JHOSC14 Shropshire, Telford & Wrekin CCGs Urgent & Emergency Care Improvements and Winter Preparedness

The Director of Planning, NHS Shropshire, Telford & Wrekin Clinical Commissioning Group reported that the NHS was currently experiencing unprecedented levels of demand and that It was anticipated that as winter approached pressures would continue. They outlined the work that was underway to develop the delivery of urgent and emergency care within the Borough and improvements made.

Following the update Members asked a number of questions:

The report noted a recruitment drive for 22,000 allied workers to provide same day capacity within primary care. How many of those are in post currently?

The Committee heard that the recruitment drive was underway and had been rolled out to additional areas across the County and that each practice will have the option to recruit or diversify. It was expected that full coverage would be available by the end of March 2022. The Director of Planning advised that they would be happy to provide further information to the Committee following the meeting.

Had the funding been allocated for the implementation of the Winter Plan and required recruitment drives?

The Director for Planning noted that this was a complex issue with many factors that needed to work in tandem. Prior to Covid the improvements put in place would have had a wider impact but Covid had changed the dynamic of gains made. To mitigate it had required future planning to remain ahead of the curve. Changes already made included bringing on extra beds, access to the rapid response team in more areas across the county and direct access to medical and surgical. The Director for Planning recognised the significant challenges presented by workforce and requested the Committees support in speaking to the public regarding accessing services in the correct way.

The report refers to exploring the suitability of Urgent Treatment Centre model locally. Was more being done to promote them within the Community?

The Urgent Treatment Centre's were important to assist in diverting urgent need patients away from A&E to prevent extended delays. There were a number of centres across the County and that 111 directed patients. It was noted that it was a constantly evolving picture under constant review dependent of funding and public behaviour.

How many additional beds were available and how were they funded?

The Local Authorities opened and funded additional beds so partnership working was required. As of the day of the meeting five additional community beds had become available and a further five were expected the following week.

In order to alleviate pressures on 111 & A&E had more funding been made available to primary care?

Across Shropshire, Telford & Wrekin they had invested in a number of schemes to improve primary care and how it was accessed. This had included an assessment of patients attending A&E unnecessarily and identifying which practices they belonged to and reasons behind this. They found that in some cases it had been due to difficulties with the Telephone systems which had resulted in investment to increase capacity in addition to closer working with the practices in question. Funding was also in place to support the discharge

process. It was noted that whilst funding had been directed to build capacity within primary care this is just one area to consider. There was existing capacity with Urgent Treatment Centres but greater dialogue with the public was required to get the message across that only minimal A&E attendance is required. They also mentioned further plans to increase the capacity of 111.

The Director for Planning highlighted that a wider whole system approach was required as each area impacts another, citing improvements to discharge which resulted in funding domiciliary beds and other areas.

With Winter Pressures well underway has the coordination of ambulance handovers between the SaTH and WMAS improved?

The Director for Planning noted that the work undertaken by HALO's, paramedics and West Midlands Ambulance Service has been invaluable.

The Executive Director of Nursing and Clinical Commissioning, West Midlands Ambulance Service advised Members that there had been a number of positive meetings but there was no quick fix. There had been no evidence of improvements as of the time of the meeting with many ambulances across Shropshire and Telford & Wrekin stationary outside Princess Royal & Royal Shrewsbury Hospitals. They noted that despite this they were still responding but were reliant on outside ambulances. They spoke about the introduction of a Community Rapid Intervention Service to improve the way category 3 incidents are dealt with and offset other pressures.

What were Members of the JHOSC able to do to support with ongoing system pressures?

Member's using their network and influence amongst the community to help communicate the best ways for the public to access the system.

Members thanked the Director of Planning and asked that they return to discuss the outcomes of the measures that had been outlined in the plan once data was available.

JHOSC15 Phlebotomy Review

This item was deferred.

JHOSC16 Proposed Changes to In-patient Cardiology Services

The Director of Public Participation, the Operations Manager for Cardiology and Clinical Director for Cardiology for Shropshire, Telford & Wrekin NHS Trust provided members with an overview of the recommended changes to Cardiology Inpatient Services. As an interim measure it was proposed that all Cardiology inpatient services are moved to Princess Royal Hospital (PRH) in order to prevent diagnostic delays and interventional procedures that had been experienced by Royal Shrewsbury Hospital (RSH) patients and strengthen the cardiology workforce. At present there was a Cardiology

service at both hospitals for both inpatients and outpatients, however the majority of patients accessed the service through PRH (70%). The proposed changes would only effect inpatient services and would be on a temporary basis.

Members heard that centralising the Cardiology service supported the workforce by mitigating the challenged they had faced in recruiting speciality nurses and consultants. It was also noted that the move resulted in more general medicine beds at RSH during winter pressures. The Operations Manager for Cardiology informed the Committee that although some patients were travelling further they remained at the site they were admitted to rather than having to transfer from RSH to PRH for further treatment, meaning that there length of stay was shortened overall. The Clinical Director for Cardiology advised that due workforce challenges, one-site working had become the norm across NHS England and HTP was still a long way off and changes needed to be implemented now.

The Head of Public Participation outlined what engagement had been undertaken throughout the process with patients, staff, communities and stakeholders. The key themes that had emerged through the engagement had centred on travel concerns and how long the temporary change would be in place for. They acknowledged that the proposal impacted on travel time but had found that the public accepted that was mitigated by the shorter length of stay. The planned changes were to be implemented by winter so sought JHOSC approval before taking the plans to the Trust Board.

During the debate Members raised a number of questions.

What considerations have been made for staff and visitors having to travel further?

Whilst at present neither hospitals were accepting visitors there was a bus service between the two hospitals that could be utilised by both staff and visitors. Members heard that from the engagement undertaken, patients' friends and family were accepting of the further distances due to the shorter stays. Similarly, staff from both RSH and PRH were supportive of the move as they believed it was necessary to provide a better service.

When the move is complete will there be additional cardiac beds available?

There was slightly less beds available overall. However, due to patients' stays being shorter it was predicted that there would still be more than necessary.

Was there direct access from the ambulance straight to the ward when patients arrived at PRH? And was there travel arrangements in place upon discharge?

Whilst direct access wasn’t planned they were developing training in conjunction with Stoke hospital for a chest pain nurse service which greatly supported the A&E consultants when fast tracking urgent cases. The majority

of cases were lower risk so would go through the Acute Medical Unit but were picked up by cardiology with 24 hours. The Clinical Director for Cardiology stressed that additional support would be provided to RSH to assure patients were identified quickly.

When patients were discharged arrangements were made with the individual and their carers ensuring they return safely whether through patient transport or relatives. All outpatient follow ups and cardiac rehab continued to take place at both sites.

Is this proposed move being suggested too late?

The modern matron advised members that the service was fragile and that this plan allowed them to make changes before they were forced to.

Members thanked the Director of Public Participation, the Operations Manager for Cardiology and the Clinical Director for Cardiology for their thorough consultation and expressed their support for the proposed changes to Cardiology inpatient services outlined.

JHOSC17 Co-Chair's Update

The Co-Chair's invited Cllr Ruth Houghton to address the Committee regarding their concerns regarding the closure of the Bishop's Castle Community Hospital and the loss of 16 winter beds with little notice. The Co-Chair's agreed that this was an important issue and required further review with the Community Health Hospital Boards.

The meeting ended at Time Not Specified

Chairman: ----------

Date: Thursday, 27 January 2022