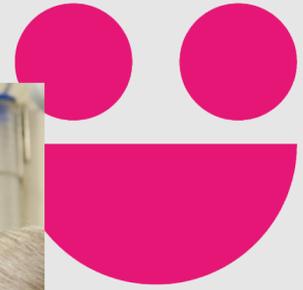


Proposed changes to Cardiology Inpatient Services and Renal Dialysis services

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Cardiology Inpatient Services

Temporary Service Change



Background

- This presentation outlines the engagement that has been undertaken with our local communities around the potential service change of cardiology inpatient services at RSH and PRH
- Currently inpatient Cardiology services are provided at the Royal Shrewsbury Hospital (RSH) on ward 24 and Ward 6 at the Princess Royal Hospital (PRH).
 - At RSH there are 20 beds including 8 Acute Coronary Care Unit (ACCU) beds.
 - At PRH there are 25 beds including 5 ACCU beds.

The cardiac catheterisation lab is based at the Princess Royal site

- For a number of years there have been workforce recruitment issues on both hospital sites, as well as nationally, within Cardiology. Historically the service has had challenges with medical workforce recruitment, however more recently the recruitment of trained cardiac nurses has also been an issue.
- Due to the nurse recruitment issues, the inpatient service has found it challenging to provide the required staffing levels. The department has now reached minimal staffing levels and any episode of sickness is placing great pressures on the service.
- COVID-19 pathways have also placed an additional constraint on the service
- The senior consultants in cardiology and more widely have developed a medium-term plan to strengthen cardiology services which has the full support of all the workforce.

Proposed Change



As an interim measure until HTP is progressed, it is proposed that all Cardiology inpatient services are moved to PRH. The reasons for this are:

- To strengthen the cardiology workforce
- To prevent delays in diagnostic and interventional procedures currently experienced by RSH cardiology inpatients
- To support the COVID-19 pathways
- The temporary move of all inpatient cardiology services to PRH will support the service until the changes and help the team evolve into a single site model. This is an interim measure until HTP progresses. Under the HTP model Cardiology services are co-located with the ED at RSH.
- It is hoped that the earlier move to a one site model will greatly enhance the patients experience of the Cardiology Inpatient Service.
- The outpatient service provided by Cardiology, Cardiorespiratory and Cardiac Rehab at RSH would continue.
- To see the full proposal click here: [Cardiology Inpatient Service - Temporary Service Change -](#)

[SaTH](#)

Reasons for Change

- Currently the majority (70%) of the cardiology service which comprises diagnostic, interventional procedures, Cath lab and outpatient services are located at PRH.
- Inpatients from RSH who require diagnostic or interventional procedures, often have an increased length of stay as they need to be transferred to PRH when a bed becomes available
- On an average 10 patients per week are transferred from RSH for diagnostic/intervention procedures. RSH patients can wait 5-6 days to be transferred and for some more specialist intervention this wait can be longer. This is primarily down to transfer time frames and bed availability. It also means that the cardiology diagnostic facilities are not being fully utilised
- During COVID there are Amber and Green pathways and patients on these pathways must remain separate at all times. This impacts on the effective operation of the Cardiac Day Unit.



Key Themes

From the Stakeholder engagement, key themes were identified from the questions and comments given by our stakeholders and communities, these are:

Key Theme	Comment/Issue	Response
Accessibility and Transport	<ul style="list-style-type: none"> Concerns for those living the further away, and transport to PRH Has the impact on relatives visiting patients who are further away been addressed? What happens when I get discharged from hospital? 	<ul style="list-style-type: none"> Nearly all inpatient admissions are by ambulance. The most serious heart attacks are currently transported directly to Stoke or Wolverhampton For patients admitted to RSH they will be transported by ambulance to PRH It was acknowledged that the current proposal may impact on relatives visiting patients, particularly those who live further away from PRH. However currently there is restricted visiting at both sites due to COVID-19 guidelines. It was acknowledged by the public that the reduced length of stay created by a single site service would be beneficial to patients and relatives. There is also now a bus service between both hospital sites which could also be utilised. When patients are discharged, arrangements will be made with the individual and their carers to ensure they return safely (e.g. via patient transport, relatives etc.) and outpatient follow-up, cardiac rehab etc will continue on both sites

Key Themes (2)

Key Theme	Comment/Issue	Response
Accessibility of Cardiology Services	<ul style="list-style-type: none"> Is there direct access to Cardiology inpatient services? If all inpatient services are at PRH, what happens if you attend A&E at Shrewsbury? 	<ul style="list-style-type: none"> Individuals who have regular care from Cardiology will have a care plan around accessing services. The majority of patients requiring inpatient cardiology services will be admitted through A&E. It is important that there are strong links between A&E and Cardiology services, to ensure excellent patient care and we will develop the cardiac nurse team to deliver this and “pull” from admission areas when the service changes. Most ambulances will be directed to PRH for potential cardiac issues. At RSH there are trained health professionals who will be able to provide care and treatment to patients with cardiac problems. The Cardiac Team will also provide support and on going to training to colleagues at RSH
Fragility of current services	<ul style="list-style-type: none"> Are current services safe? How soon can these changes happen? 	<ul style="list-style-type: none"> Current staffing levels are fragile at both hospital sites, and are reviewed regularly. The current proposal is to address the fragility of the service, however if staffing levels become unsafe the move to single site would need to be implemented on safety grounds. There is a process which we need to follow, which includes taking our proposal to the HOSC and approval by Trust Board. The plan is for them to be introduced before winter

Key Themes (3)

Key Theme	Comment/Issue	Response
Hospital Transformation Programme	<ul style="list-style-type: none"> • How do these current proposes fit with the Hospital Transformation Plan? • Will the HTP programme for Cardiology still go ahead? • How long will it take for HTP to come into place? 	<ul style="list-style-type: none"> • Under the Hospital Transformation Programme, Cardiology inpatient services will be on the Acute site (RSH) – this proposal allows the single site model and its benefits to be introduced ahead of HTP • The move of all cardiology inpatient services to PRH is a temporary change and once HTP progresses inpatient services will be relocated in a new facility at RSH • Currently HTP plans are progressing and a business case has been submitted. There has been no date identified yet for services to move.
Which cardiology services which would be affected by the change	What cardiology services would be impacted by this proposed service change?	<ul style="list-style-type: none"> • The proposed service change would only affect RSH Cardiology inpatient services • Cardiorespiratory and Cardiac Rehab would continue on both sites

Equality Impact Assessment (EQIA)

- An Equality Impact Assessment was completed by our Operational Team.
- A meeting with the Healthwatches and CHC was held to review the EQIA.
- Additional feedback given in this meeting highlighted the following:
 - Under the new proposal care will be provided in several single sexed areas and side rooms allowing for individual needs to be met. This was highlighted to have a positive impact on those who may feel more comfortable receiving their care in a single room. The example provided by the group was for those individuals who identify as non-binary or transgender.
- The EQIA has been sent out to stakeholders for comment and is available on our website <https://www.sath.nhs.uk/wp-content/uploads/2021/09/H-EQIA-Form-Cardiology-Centralisation-v3.pdf>
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Next Steps

- This service change proposal was presented to the Joint Health Overview and Scrutiny Committee (JHOSC) on 22nd November, the members unanimously supported our proposals and our engagement activities to date within our local communities
- Approval by Trust Board and the CCG Governing Body (*with conditions – see below) has been given and will take place in February 2022
- The Trust will continue to keep our communities informed and engaged, this will include:
 - Communications regarding the service change (local media, social media, through our membership and organisations we link with)
 - Ensure that any patients who are impacted by this change are kept informed
 - Ensure that all staff are kept informed and receive regular updates from the Centre Manager and Clinical leads and a formal management of change process is followed
 - Regular updates on the proposal, move and subsequent consolidated service will be given through the community members update email.
 - *We will review this centralisation after 6 months (at the latest) with patient and public involvement.
 - *There will also be a clinical review after six months
 - *There will be a review no later than 18 months to discuss when the service will relocate to RSH in line with HTP



Renal Dialysis Unit at PRH



Background

- Current Satellite Dialysis Unit located at Princess Royal Hospital (PRH) Telford, Ward 5.
- The current unit at PRH has:
 - 16 dialysis stations
 - Provides 237 dialysis treatments/week
 - Provides treatment to approximately 79 patients.
- Most acute hospital trusts provide Satellite Dialysis Units in a community location as these are often more accessible for patients.
- The current Unit at PRH is struggling to accommodate the increasing number of patients who need dialysis
- The Unit does not lend itself to COVID social distancing requirements. Dialysis stations have had to be removed to improve social distancing during COVID. Due to demand it is likely these stations will need to be reinstated in the near future.

Proposal

- We are currently looking at options of how we can provide a renal dialysis unit in Telford.
- Funding has been identified and we want to continue to seek early public views on the proposal.
- Our preferred option, after consideration of other locations, would be to relocate the current PRH Dialysis Unit to nearby Hollinswood House, Stafford Park 1, Telford along with a planned Community Diagnostic Hub. The capital cost for this would be approximately £4.5million.

Proposal (2)

- Providing renal dialysis at Hollinswood House would enable us to provide the service in a modern, purpose built, spacious Renal Unit. Hollinswood House is less than a 10 minute drive from PRH with excellent road links.
- The new unit would future-proof the provision of dialysis to meet patient needs for the next 10 years in Telford (based on current modelling) as there is room for expansion built into the development.
- The new unit would initially provide:
 - 20 stations
 - Provide treatment to 92 patients a week
 - This would increase to 28 stations by year 5 and 31 stations (124 patients/week) by year 10

Proposal (3)

- The majority of patients who currently receive dialysis treatment at PRH would receive their dialysis at the new unit.
- Our RSH dialysis unit is designed to cater for our patients with more complex medical needs. For a small number of patients with complex health needs (who currently dialyse at PRH), their dialysis treatment would move to RSH.
- For a small number of our RSH patients who do not have complex health needs, their dialysis treatment may need to be moved to the new unit, at Telford. This would affect around 8 patients.
- There are no changes planned for the RSH or Ludlow Dialysis Units.



Reasons for change



- Provide spacious, fit for purpose Dialysis Unit that meets modern building standards.
- Provide much needed additional dialysis capacity for the future.
- Hollinswood House, the proposed location is less than a 10 minute drive from PRH.
- Aligns with the Hospital Transformation Programme.
- The current PRH dialysis unit would be converted into an additional inpatient ward at PRH, providing additional inpatient capacity (particularly during winter)

Medical Cover

In line with satellite units nationally, our Ludlow Unit and indeed PRH now, there will not always be a doctor on site every day but there will be doctor presence. In addition to this we would plan to incorporate consulting rooms within the design of the building to allow our Consultants to run a small number of clinics from this location.

We are also looking at providing additional training for some of our nurses and this would upskill them to become nurse prescribers.

If a patient became unwell and required urgent medical care within a hospital setting they would be transferred by 999 ambulance to PRH or RSH depending on their clinical need.



Key Themes

From the Stakeholder engagement, key themes were identified from the questions and comments given by our stakeholders and communities, these are:

Key Theme	Comment/Issue	Response
Accessibility and Transport	<ul style="list-style-type: none">• Is the new unit wheelchair accessible?• Can you get to the unit via public transport?• Will there be an impact on patient transport services?• Concerns around sleeping policemen (speed bumps) in the parking areas of Hollinswood House	<ul style="list-style-type: none">• The building will conform to current building regulations and will be wheelchair accessible throughout.• There are bus stops at the railway station and on Telford Way (A5) heading towards Telford town centre. There are bus stops very close to the Unit (few minutes' walk) and the main bus station is 0.7 miles away.• There will be no impact on patient who currently come to the unit via patient transport. We working with the current non-emergency patient transport services (E-Zec Medical Transport and they are aware of and involved in our planning)• There are sleeping policemen in the parking area and these will remain (as they have been installed by the landlord for safety reasons). We will ensure that patient transport are aware of these and take appropriate precautions.

Key Themes (2)

Key Theme	Comment/Issue	Response
Clinical care	<ul style="list-style-type: none"> Concerns around the access to medical staff if the unit was to be off-site What happens if a patient becomes unwell whilst on the unit? How will you ensure good communication between the hospital and the satellite unit? 	<ul style="list-style-type: none"> PRH is a satellite unit and nationally these units are nurse led (this is the current model at PRH and Ludlow). There will not always be a doctor on site but there will always be doctor presence (nursing staff are able to contact medical staff at our hospitals) There are consultation facilities being built into the Unit and it is planned that it will be co-located with the Community Diagnostic Hub with other clinicians on-site As part of our consultant's job planning we are looking to implement regular "ward rounds" on the renal dialysis unit. In addition we are planning to recruit new consultants to the renal team. The model of dialysis delivered on a satellite site is widely used across the country and led by highly skilled nurses. We are also looking at providing additional training for some of our nurses and this would upskill them to also become nurse prescribers. Are nursing staff are trained to provide care to patients, and those requiring to be transfer to the acute site during their treatment will be prioritised by the emergency ambulance service. The current process is that if a patient is transferred between sites, the nurses do a handover and ensure that all the patient information is passed across. Patient details are held in an electronic record in addition to the physical notes, and if there are any issues, information can be taken from there.

Key Themes (3)

Key Theme	Comment/Issue	Response
Clinical Care	<ul style="list-style-type: none"> A lot of patients have more than one condition, is there the opportunity for patients to be seen by more than one speciality if the renal unit is located in the diagnostic hub? Medications are currently prescribed on the unit whilst on dialysis and usually collected within a couple of hours. What would happen on the new unit? 	<ul style="list-style-type: none"> This will be something that we will look at during the planning phase is the service change goes ahead. As part of this process we will look to have patient and carer input. Medications such as anti-coagulation, intravenous iron and other drugs used during dialysis will continue to be delivered by pharmacy and will be available on the unit. If there are changes to the drugs prescribed by GP, we will continue to advise the patient's surgery as we do now, and the patient will be able to pick these prescriptions up from their local pharmacy
Which patients will impacted by the change?	<ul style="list-style-type: none"> Will this move impact on Powys patients? What happens if a Shrewsbury patient refuses to transfer to the new unit? 	<ul style="list-style-type: none"> No. Currently only high risk patients from Powys are treated at RSH. Most Powys patients receive dialysis locally. There are a number of patients who have a Telford postcode who are currently attending RSH. We will be having individuals conversations with these patients first to see if they would like to transfer closer to home

Key Themes

Key Theme	Comment/Issue	Response
Facilities at the new unit	<ul style="list-style-type: none"> • Will issues relating to the Trust's carbon footprint be taken into account in the new building? • Will patients be visible to staff when on dialysis on the new unit (e.g. will there be a good line of sight) in the same way that they are now? • Will patients still have their sandwiches and drinks? • Will TV's be available for patients on the new site? • Will the new facility provide both beds and chairs for patients while they are having dialysis? 	<ul style="list-style-type: none"> • The NHS works to the latest building standards and given that the NHS as a whole is committed to becoming carbon neutral, the building will be refurbished to meet the required Building standards and the achievement of at least a "Good" classification of the refurbishment works. • Staff having good visibility of all patients on the unit is really important, and the layout of the new unit ensures that all patients on dialysis can be seen by the staff, including the position of nurses' stations. • Yes, the provision of refreshments for patients will continue. • We plan to install patient entertainment systems including televisions in the new unit. • We haven't gone into any detail about the beds/chairs in the planning yet and are currently having discussions about new lifts for the building. We understand that the issue of comfort for patients is very important while they receive dialysis and we have raised this with the design team.

Next Steps

- This proposed service change to be presented to the Joint Health Overview and Scrutiny Committee (JHOSC) on 27th January 2022. Once the JHOSC are satisfied with our proposals and engagement the service change will be submitted to Trust Board for approval.
- If the service change is approved the Trust will continue to keep our communities informed and engaged, this will include:
 - Communications regarding the service change (local media, social media, through our membership and organisations we link with)
 - Arrange to meet with the Shropshire Kidney Patient Association to discuss their concerns regarding renal services
 - To develop a focus group for patients and carers to look at the design of the new building.
 - Ensure that any patients who are impacted by this change are kept informed through the renal dialysis service at both sites
 - Ensure that all staff are kept informed and receive regular updates from the Centre Manager and Clinical leads and a formal management of change process is followed
 - Regular updates on the proposal, move and subsequent consolidated service will be given through the community members update email.
 - If the service move was to go ahead we would review this after 6 months (at the latest) with patient and public involvement.

