



**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

Shrewsbury Health and Wellbeing Hub

**Health and Adult Social Care Overview and Scrutiny
Committee**

11 July 2022

Background

- We are contending with several issues within general practice in Shrewsbury which need our immediate attention.
- Practices are in varying states of condition - most are either no longer fit to deliver modern healthcare services and/or do not have enough space to meet future demand.
- Patient lists are growing, life expectancy rates are increasing, and treatment has progressed to focus on mental health, preventative care and managing long-term conditions.
- We want general practice to continue as the bedrock of the NHS, to deliver continuity and improved access for patients.
- We therefore must acknowledge that change is necessary to ensure general practice in Shrewsbury is fit for the future and the best it can be for our patients.



Briefing documents

The following are published briefing documents and resources that have been shared with our stakeholders:

- [Case for change](#)
- [Case for change summary](#)
- [Frequently asked questions](#)
- [Engagement resource repository for stakeholders](#)
- [Focus group presentation \(Phase 2\)](#)
- [Listening exercise engagement report \(Phase 1\)](#)



Shrewsbury Health and Wellbeing Hub

- Shropshire was chosen as one of six pilot areas in England for a health and wellbeing hub – marking substantial and much-needed national investment.
- The hub would involve the co-location of GP practices alongside other health, social care and voluntary and community services. This is aimed to include diagnostics which would be available for all to utilise not just the members of the GP practices .
- It would enable individual practices to work in a building with other services on site, helping to improve levels of access across services, promoting proactive and coordinated care, enabling multidisciplinary working and innovative approaches.
- The building would be owned by the NHS which will be more cost effective for practices as they won't have to pay high rent and maintenance charges to private landlords.



Programme aims

The main programme aims of the hub are:

- Improving safety and quality: Making sure our services are clinically safe and tackling the backlog of elective procedures.
- Integrating services within the community: Developing local health and care hubs to improve the physical and mental health of people, better manage hospital admissions, and establish new models of care to best serve our communities.
- Tackling ill-health, health inequalities and access to health care.
- Economic regeneration: Contributing to innovation, productivity and good quality work opportunities to improve the health and wellbeing of our population.
- Workforce stability: Making our health and care system a great place to work.



Myth buster

- We are not closing GP practices – they will be relocated to the new hub.
- This is part of a national pilot programme . It is the largest national pilot which marks a substantial and much-needed investment for general practice in the town. There are examples of this model working well throughout the country.
- Services are not reducing; some will be relocated or will be expanded into the hub.
- Plans are in progress and our engagement activity is crucial to involving patients and the public in shaping proposals.
- Our engagement is aimed at understanding what is important to our patients and what is a viable solution to the issues faced.
- All practices involved have asked the CCG to be included in the programme.



The case for change



Finding a viable solution

- Working within the parameters of a challenged health system, as well as realistic workforce capabilities, we think the only viable solution to the issues faced is to develop an integrated health and wellbeing hub.
- We are in the formative stages of proposals; however, we think this is the right course of action for our patients as well as for the future of the practices involved.
- It is also a priority to retain our hard-working clinical and support staff. We need to offer attractive conditions to retain and recruit, as well as a viable option that works best for our current workforce.
- The Shrewsbury Health and Wellbeing Hub is a working hypothesis, and we require the views of our patients and partners to shape the facility around the needs of the community.



Driving forces

Broader driving forces are indicative in the aims of the new ICS:

- Financial and operational pressure: Simply, if action is not taken now more difficult challenges will be faced and some practices will become unsustainable.
- Rising demand: With increasing pressures, targets for planned care not being met and the number of available beds continues to fall - strains on capacity will only get worse.
- Recruitment and retention: Retaining our hard-working, dedicated clinical and support staff is a priority. We need to offer attractive conditions so we can recruit in the future.
- Collaboration: ICSs are a new opportunity to work together to deliver better health and care services for our populations.



The changing face of general practice

- General practice is the first contact in the healthcare system. GP patient lists are growing: An average of 2,461 in 1948; but closer to 9,000 today.
- Life expectancy is increasing: Long-term conditions are prevalent like diabetes and obesity. Treatment has progressed from single physical appointments to a greater focus on mental health, preventative care and managing long-term conditions.
- GP practice buildings are typically converted from houses and cannot be extended or modernised to meet future demand or accommodate other services.
- 50% are owned by GPs, 35% by private landlords, and 15% are owned by one of the two NHS property companies.
- These buildings cost the NHS approximately £940 million a year and are therefore not the best use of taxpayers' money.



The GP practices involved

- The practice involved and would fully relocate to the hub include: The Beeches Medical Practice, Belvidere Medical Practice, Claremont Bank Surgery, Marden Medical Practice, Marysville Medical Practice and South Hermitage Surgery.
- Radbrook Green and Mytton Oak surgeries will offer extended services.
- Most of the practice buildings are no longer fit to deliver modern healthcare services and/or do not have enough space to meet future demand.
- Running costs (rent and maintenance charges) for buildings run by private landlords have also made some buildings unaffordable.
- We want to allow for more flexibility of the workforce to deliver continuity of care and improved access for patients – particularly those with complex health needs.



Benefits to patients

- More quality services under one roof, with modern facilities: Some services will be able to move out of hospitals and into communities, improving access and efficiency.
- New technologies, research, learning, and ways of working: Joined-up services will improve professional relationships and provide more opportunities for shared learning.
- GPs can focus on delivering care instead of running buildings: Modernisation of the estate will ensure assets and value are retained – as well as a sustainable future.
- Reduced health inequalities and improved clinical outcomes: Rather than just treating illness, the hub would support the health and wellbeing of residents.
- Quicker access to appointments: A more resilient and diverse workforce means more people available to support with specific medical needs.



Our vision for what could change



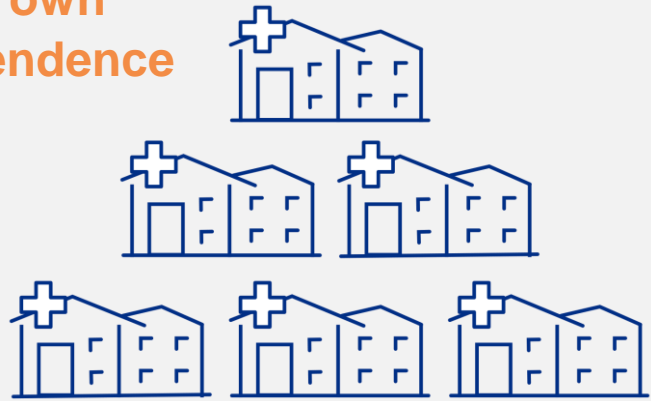
Guiding principles

- Services will be matched to the needs of local patients and residents.
- Additional facilities will increase the number of services provided in the community.
- To retain our clinical and support staff, the hub will offer attractive conditions, is a solution that works best for our current workforce and is sustainable and future-proof.
- Similar models of care have worked well in other parts of the country, as well as abroad – improving quality of care, increasing numbers of appointments, reducing unnecessary referrals, and providing better continuity of care.



Our vision for what would stay the same

The practices will remain as **six separate practices** – all retaining their own **identity and independence**



Your GP practice will still be in charge of your records and know your history



Your GP will stay the same



Potential services in the new hub



Community-based services

Paediatric
outpatient
services

Maternity
hub

Musculo-
skeletal

Cardiology

Pulmonary
rehabilitation

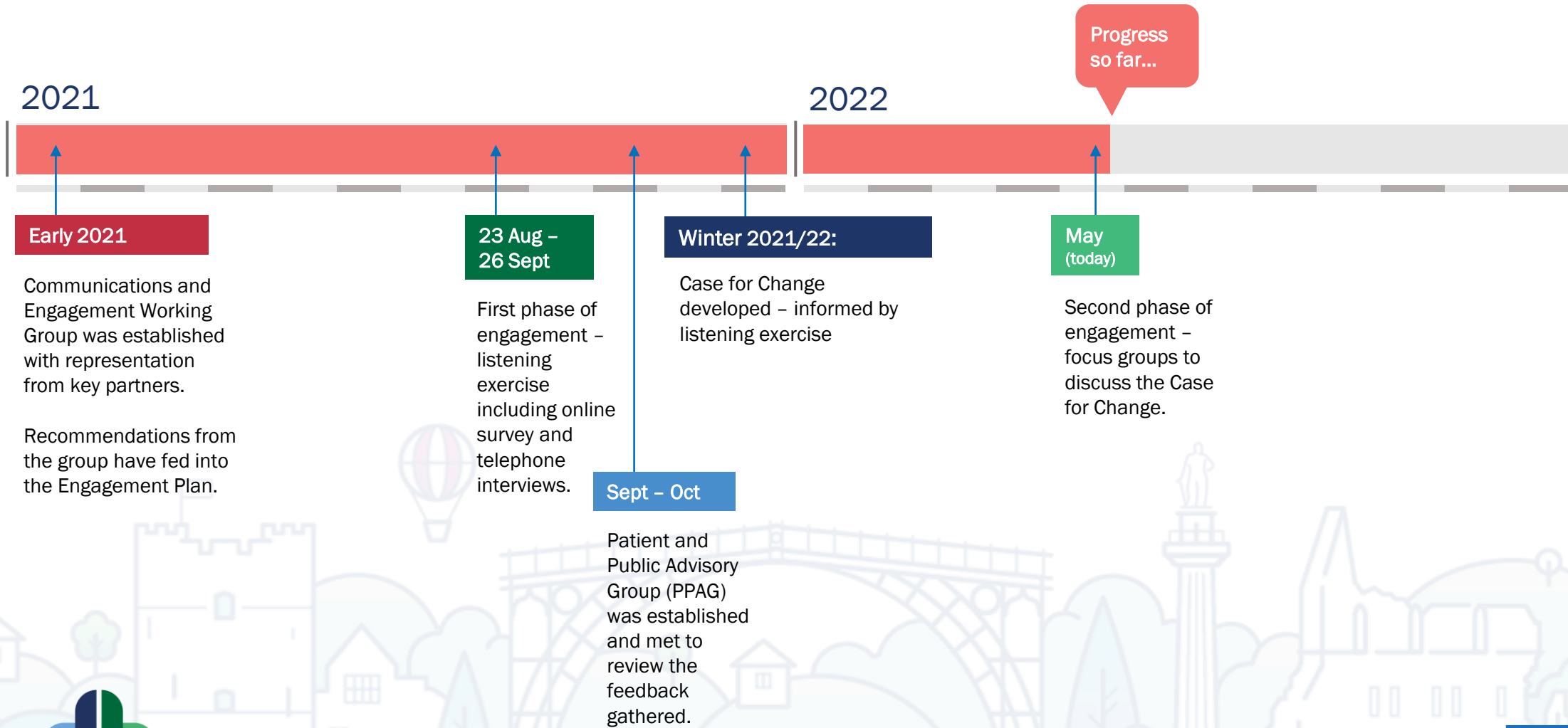
Mobile
diagnostic
vehicle



Engagement and involvement



Engagement timeline so far



Engagement roadmap 2022-24

		2022												2023												2024																								
		Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan																								
Technical	Build	Preferred option OBC												Lease and planning												Tender & Procurement												OBC/FBC completion and approval												Implementation
	Programme	IIA	Options development		IIA	PCBC		IIA												Analysis of outputs		Decision making business case		IIA																										
Comms and Engagement		Develop Case for Change and vision			Engagement with stakeholders			Options appraisal			Consult public												Publish outputs																											
Governance Meetings														AIC	HOSC	PCCC	HASC												HOSC																					

Phase one engagement – listening exercise

- Our first phase of engagement took place in August/September 2021.
- Out of 1,287 responses, key themes that patients expressed for the hub were:
 - Easy to book appointments - convenient opening times, short waiting times, face to face options;
 - High quality of care - clinical expertise, friendly staff, additional health and care services;
 - Good access - close to home/work/study, easy to get to, good parking and transport links.
- Favoured services included; phlebotomy; diagnostics, access to rehabilitation and treatment; community diagnostics and imaging; pharmacy services and other primary care services.



Stakeholder reference group

- A stakeholder reference group will be established shortly and will help to develop and determine the evaluation criteria agreed within the focus groups.
- The reference group will also act as a steering group for communications and engagement activity.
- Representation will include Healthwatch Shropshire, PPGs, the local authority, elected members, practice representatives, plus key voluntary sector organisations representing equality groups and those most likely to be impacted by plans.
- Dedicated focus group sessions are also being arranged with council members.



Addressing inequality

To ensure we are considering patients and members of the public who will be most impacted:

- An Equality Impact Assessment (EQIA) has been completed to assess any potential disproportionate impact as well as suggested mitigations to minimise impact on patients.
- It will be further developed as part of an Integrated Impact Assessment (IIA) when the proposed location, as well as travel times and details of the services proposed, are confirmed.
- Key voluntary and charity organisations across the area have been contacted, as well as equality groups, to ensure we connect with as many hard-to-reach groups as possible.



Current activity – phase two engagement

- Six focus groups were held in May 2022 – four online and two face-to-face with 48 attendees across the sessions.
- Participants were asked to discuss their experiences of general practice, what they thought about the aims and benefits of the hub, what services they would like to see in the hub, and whether there was anything else the Programme Team should be considering.
- The essential criteria was shared with participants which will be used to evaluate the possible scenarios for the hub.
- A proposed list of desirable criteria was also shared for discussion. This was compiled using feedback from the 2021 listening exercise and will be further developed by the stakeholder reference group to score the possible scenarios.



Essential and desirable criteria

1st step: essential criteria

- Improving access and patient choice
- Deliverability
- Workforce
- Affordability (high level)

Applied by the
Programme Team

2nd step: desirable criteria

- Accessibility
- Quality of care
- Meets local needs

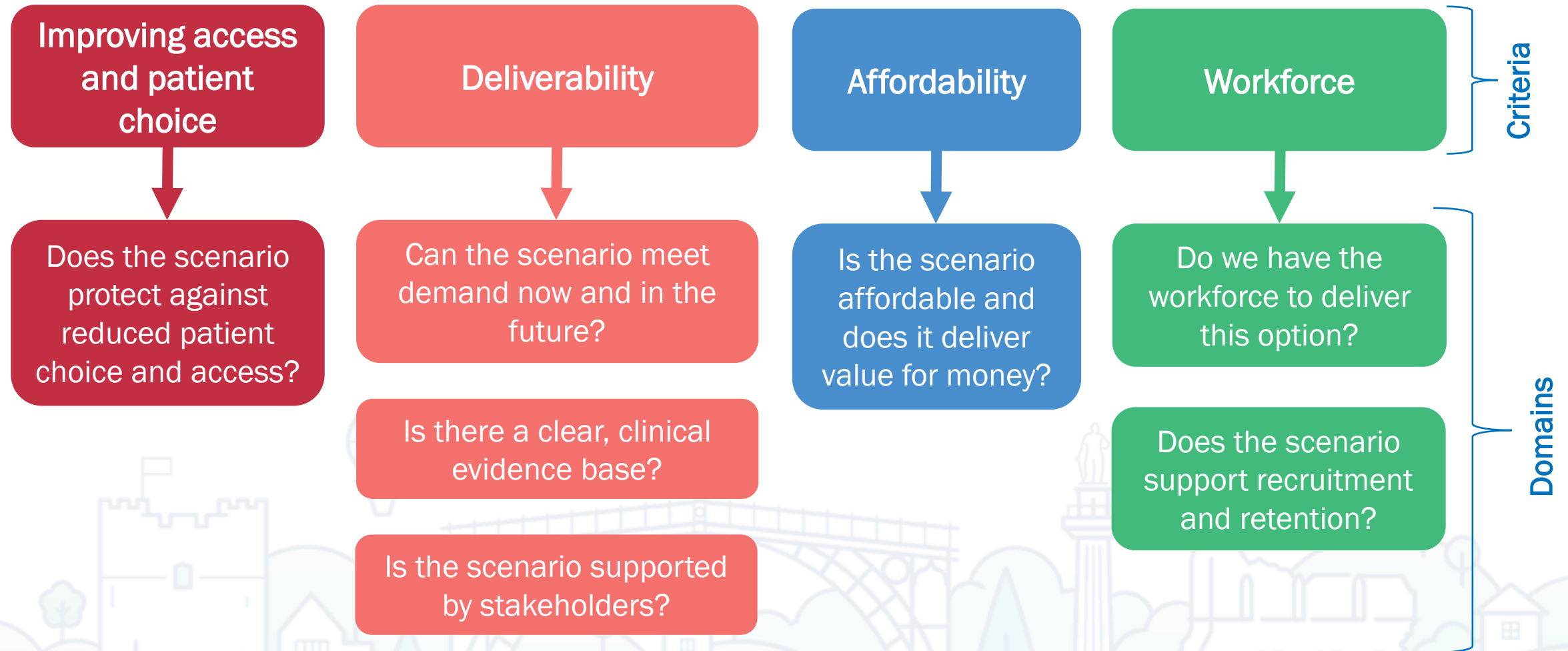
The reference group will
weight the desirable
criteria and then score
the medium list using
the desirable criteria

Finance:
A separate
process, applied
later in the
development of
scenarios

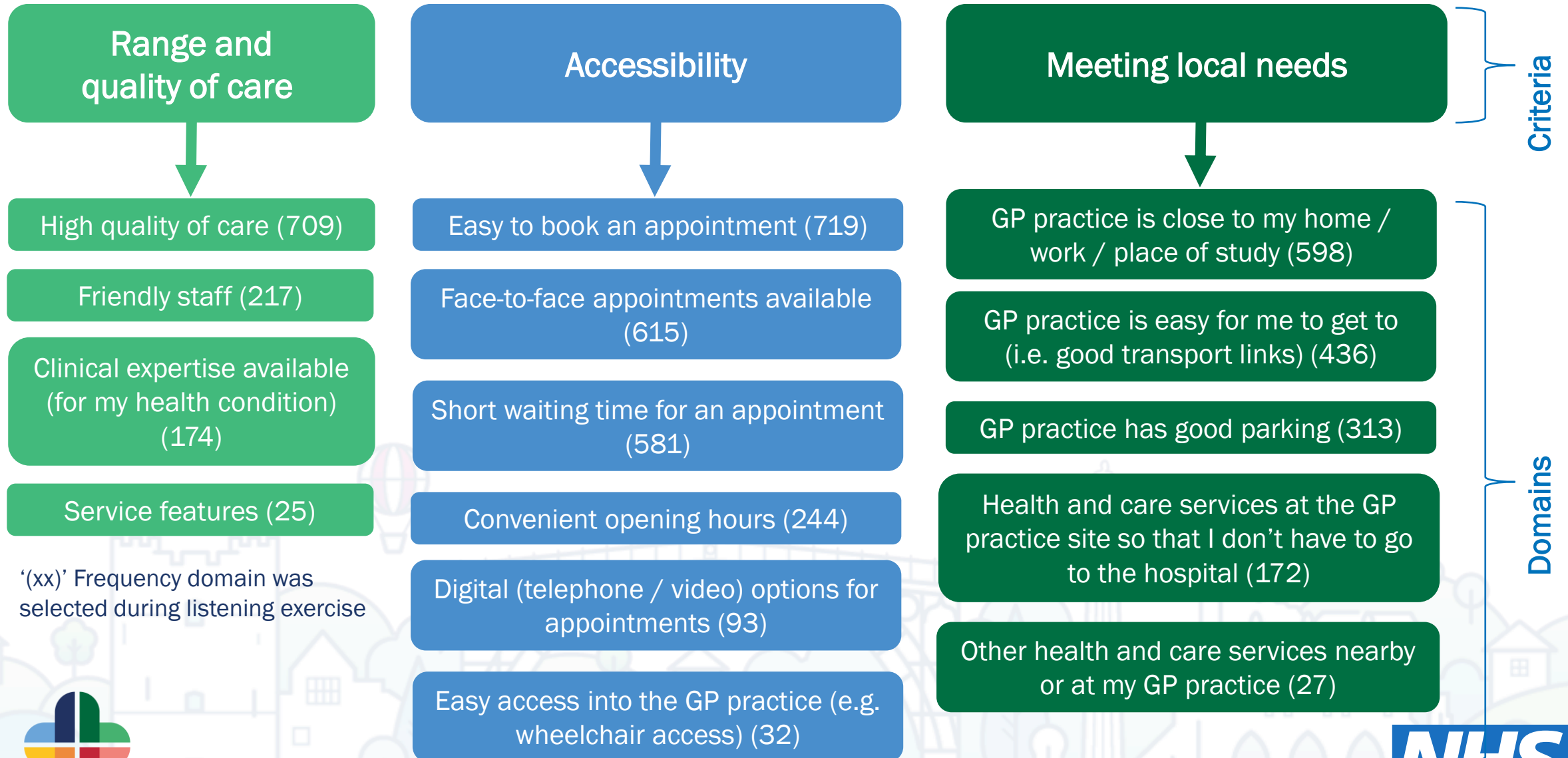
All scenarios
presented to NHS
England must be
financially viable



Essential criteria and their domains



Desirable criteria and their domains



'(xx)' Frequency domain was selected during listening exercise



Focus group outcomes

Key themes identified from the focus groups include:

- Travel impact is a major issue – public transport and traffic issues are currently a problem in the Meole Brace area, plus this could cause difficulties for older people, those in rural areas, and those with disabilities.
- Many people said they couldn't argue with the case for change as more joined-up thinking makes sense and change needs to happen.
- Fear/uncertainty is felt by many people and reassurance is needed on the benefits of the hub and what services will be provided.
- Residents expressed concern over losing their relationship with their GP, the continuity of care and receiving an impersonal experience.



Concluding phase 2

- To conclude our second phase of engagement, additional focus groups targeted at harder to reach audiences as well as local councillors are currently in progress.
- A stakeholder reference group will be established to help determine the weighting for each desirable criteria agreed within the focus groups.
- An initial meeting for the reference group will be set up once feedback from the focus group sessions has been finalised.
- A leaflet for practices will be developed to aid patient engagement and to outline why practices have decided to be a part of the programme - these include rent/maintenance/space/extra services.



Next steps

- After the development of possible scenarios, these will be evaluated by the desirable criteria – the scoring of which will be undertaken by the reference group.
- Our Equality Impact Assessment (EQIA) will be further developed as part of an Integrated Impact Assessment (IIA).
- A comprehensive report of findings will be produced following this phase of engagement and feedback will be compiled. This will then feed into the work of the Programme Team to shape plans and will be shared publicly.
- A consultation will be held in due course and is likely to run for 8 to 12 weeks between October and December 2022 (approximately).





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Thank you