



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



**Shropshire, Telford  
and Wrekin**

# **Shrewsbury Health and Wellbeing Hub**

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# 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.



# 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.
- 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 a pilot programme 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 project.



# 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 number 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

2021

Early 2021

Communications and Engagement Working Group was established with representation from key partners.

Recommendations from the group have fed into the Engagement Plan.

23 Aug –  
26 Sept

First phase of engagement – listening exercise including online survey and telephone interviews.

Sept – Oct

Patient and Public Advisory Group (PPAG) was established and met to review the feedback gathered.

Winter 2021/22:

Case for Change developed – informed by listening exercise

2022

May

Second phase of engagement – focus groups to discuss the Case for Change.

Progress so far...



# 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 include; phlebotomy; diagnostics, access to rehabilitation and treatment; community diagnostics and imaging; pharmacy services and other primary care services.





# Stakeholder reference group

- The 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 will also be arranged with council members – details of which will be shared shortly.



# Addressing inequality

To ensure we are considering patients and member 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 six 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 also 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

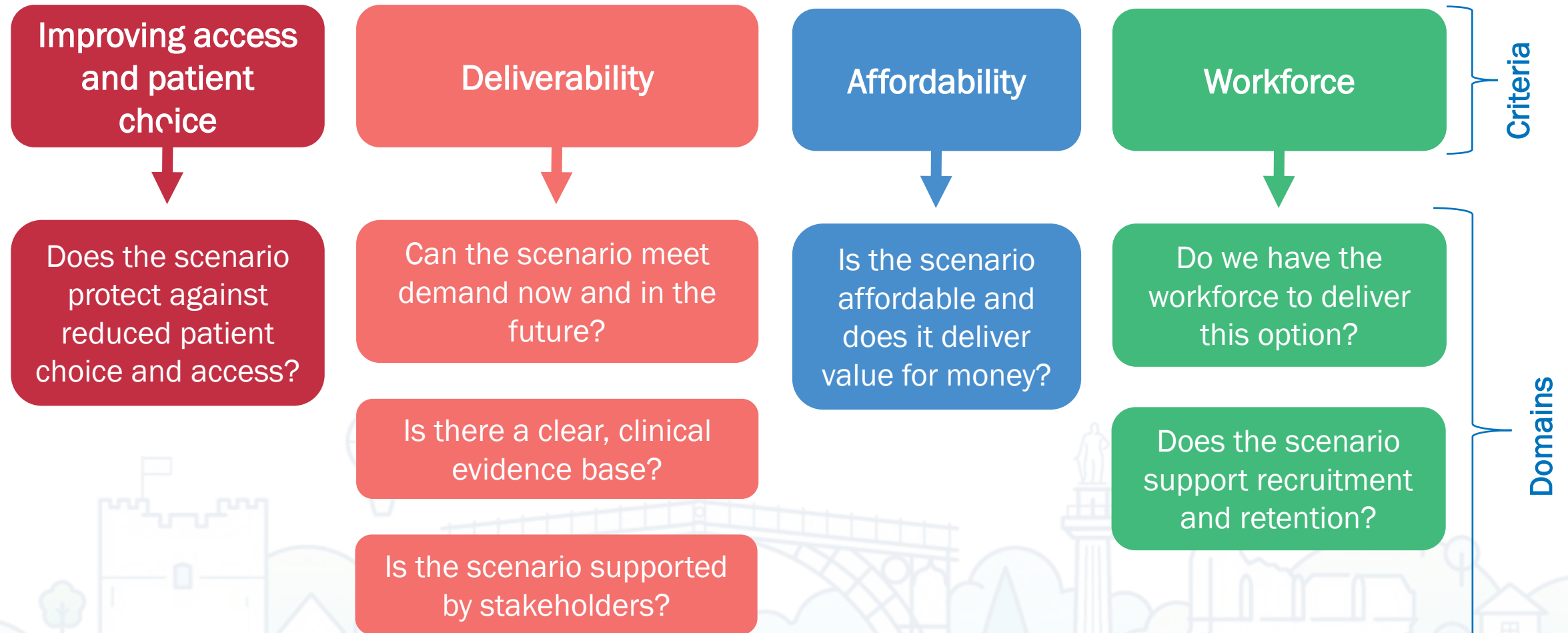
The reference group will  
weight the desirable  
criteria and then score  
the medium list using  
the desirable criteria

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

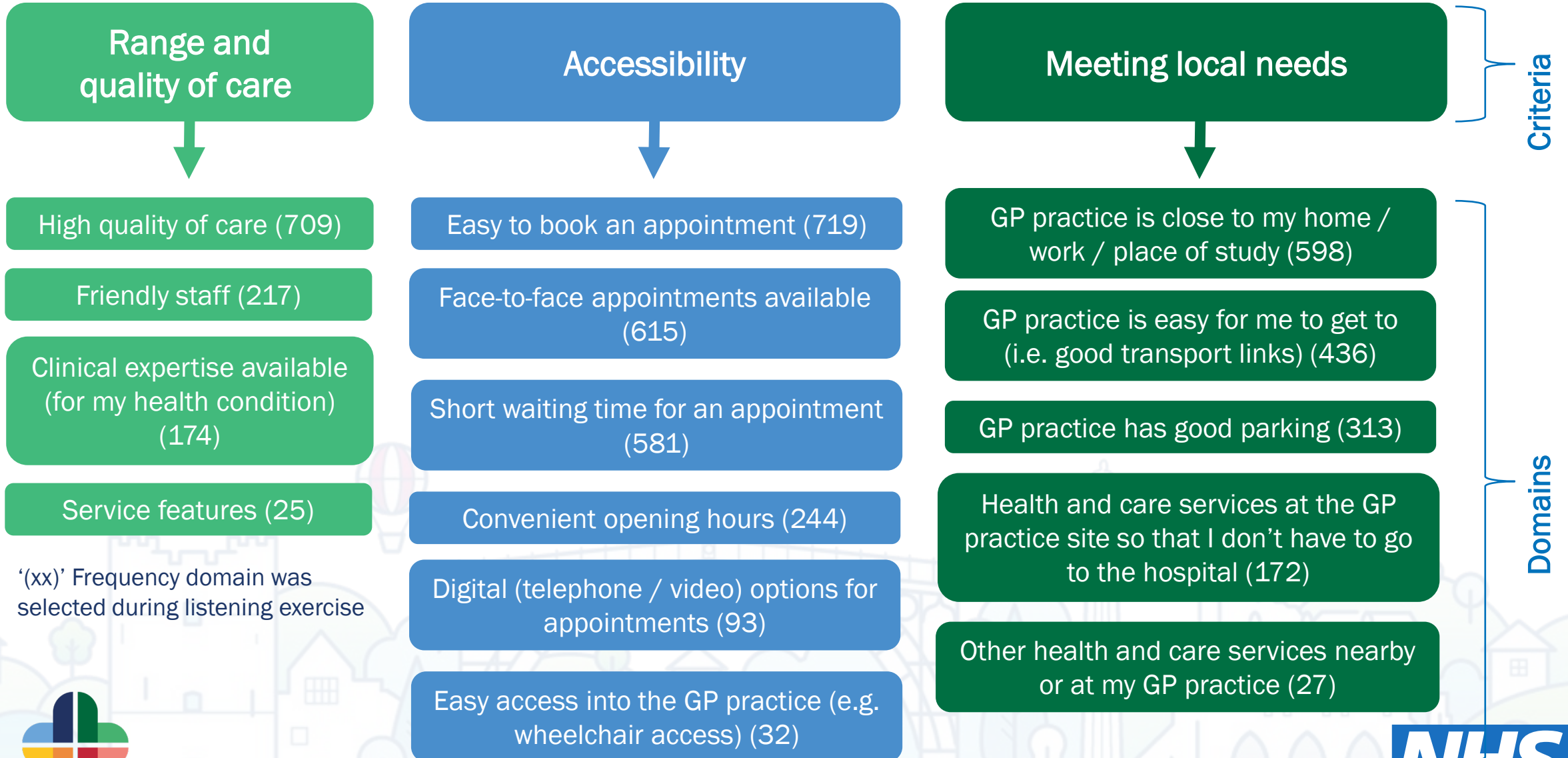
All scenarios  
presented to NHS  
England must be  
financially viable



# 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 included:

- Travel impact being a major issue – public transport and traffic issues 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 the 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. The group will be tasked with determining the weighting for each desirable criterion and feeding back on communications and engagement activity.
- A one-pager/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 development of possible scenarios, they 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) once the location is confirmed, travel times to the hub are determined, and other details of the services are agreed.
- 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 public 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**