The Shrewsbury and Telford Hospital NHS Trust

Women & Children's HTP Focus Group

Held on Monday 2nd September 2024
10:00 – 12:00hrs via MS Teams

QUESTIONS/ANSWERS

	Women & Children's Focus Group **Team responding to public questions:** Hannah Morris – **(HM) Head of Public Participation** Lydia Hughes – **(LH) HTP Communications & Engagement Manager** Aaron Hyslop – **(AH) HTP Engagement Facilitator** Tom Jones – **(TJ) HTP Implementation Lead** Dianne Lloyd – **(DL) HTP Lead for Clinical Support Services** Dr Ilesanmi Olusegun – **(IO) Consultant Obstetrician Gynaecologist for W&C** Ed Rysdale – **(ER) Emergency Medicine Consultant and Clinical Lead for HTP** Gantasala Sapthagiri – **(GS) Clinical Director for Paediatrics** Andrew Sizer – **(AS) Consultant Gynaecologist, Medical Director for W&C** Rachel Webster - **(RW) HTP Nursing, Midwifery and AHP Lead** Kim Williams – **(KW) Interim Director of Midwifery** **Q&A's FOLLOWING PRESENTATION** **Q: Will the Urgent Treatment Centre at PRH have the capacity to do bloods and take X-rays?** **A: (ER) –** Yes. There will be diagnostics alongside including pathology, CT and X-ray. **Q: On the NHS website the definition of an Urgent Treatment Centre (UTC) is not the same as what you're proposing. Have you got permission to do that?** **A: (ER) –** Yes. In the NHS definition it's not entirely clear. There are Level 1,2 or 3 Emergency Departments and also Urgent Treatment Centres. We're providing more than a standard UTC, but less than a level 1 Emergency Department because there won't be all the backups. **Q: In the NHS definition a UTC is GP-led, but the PRH UTC will not be GP- led. Who will lead it?** **A: (ER) -** This is down to how it is commissioned and how it's working. We don't know who will lead, this will be developed over the next two to three years in terms of commissioning as to whether it is led by the GPs and then supported by the Trust's Emergency Medicine team or whether it's led by the Trust's Emergency Medicine team with GP support. From my point of view the leadership is important, but what is vital

	is to get the right conditions 24/7, so the patients who come in get the right care at the right time. **Q: I am concerned that you haven't figured out the skill mix, and who's going to be doing what. There was a rumour there was going to be a consultant A&E person on-site during office hours?** **A: (ER) -** There will be an Emergency Medicine Consultant working there in office hours. The consultant is there for support, training and governance rather than being a key clinical person. There will be a tele link across to RSH where the seniors will be, which we don't have currently. **Q: Would it not be possible to introduce tele links between the two sites asap and therefore get the experience of using telemedicine rather than starting it?** **A: (ER) -** Quite possibly, but one of the difficulties we have now is space. You need to have a dedicated telemedicine room. Certainly, at the PRH site, we don't have the capacity to do that in terms of space at present. At RSH we can't do it at the moment, but there will be a telemedicine room in the new design. PRH is an issue because it's still fully functioning with all the medical admissions who are waiting for beds on wards, which are not available as we are waiting for patients to be discharged. This creates ED space problems on both sites which is the main reason we can't provide tele-medicine across the sites at the moment. I agree that it's a good thing to do as soon as we can, and I'll bring it up with Rebecca Race the Emergency Medicine Clinical Director. **Q: Can you consider doing telemedicine to the minor injury units because that would create some work off you anyway?** **A: (ER) -** I can't answer for Shropshire Community Health who run the minor injury units. There are advantages of doing that if we have staff to do it, again it's about space and time. **Q: Would children with a disability who have open access currently be able to use PRH or would they be travelling to RSH?** **A: (ER) -** It depends on what they have open access for. If they have open access to be seen on the Children's Assessment Unit (CAU) by the paediatricians, they'll need to go to RSH. If you have open access to the (CAU) at the moment you have to go to PRH, regardless of where you live. If it's open access and it can be dealt with within the Urgent Treatment Centre, then yes, you will still be able to go to PRH in the new model. If it's open access to see the paediatricians, that will be at the RSH site. **A: (GS) –** There will not be any acute children's services or emergency cover at PRH, it will all be in RSH. Any kind of emergencies, open access etc will be provided at RSH. **Comment from member of public**: I went round the RSH site with somebody the other day and there is a huge number of new dropped kerbs available around the site to increase the wheelchair accessibility. The person that we were doing the walk around with was very impressed. There are some issues still around the camber on footpaths and the gradient on a couple of the dropped curves as you reach the road. The feedback we got on that day was very positive and the hospital appears to be doing everything they possibly can to make the site more accessible.

	Q: How many transfers will there be from PRH to RSH? **A: (ER) -** Not 100% sure at the moment and the reason we don't know is because we're initially still modelling this and although we've got some projections, this will change depending on what's happening with 'HOT' clinics (a consultant-led clinic which provides rapid access to avoid admissions). Also, we will be strengthening the Same Day Emergency Care (SDEC) service at PRH, which should reduce the amount of people who need to come into hospital, therefore that will reduce the number of transfers for adults. With children it depends on how people use 111 first, because it can get people to the right place first time, which will also reduce the numbers of transfers. **Action: Member of the public to send Ed Rysdale his predicted figures for transfer from PRH to RSH to look at. Ed Rysdale will respond directly to the member of the public regarding the request** **Q: Will the system that we have now where the Midwifery-led Unit transfers women to the Consultant Unit (currently PRH) when clinically required continue in the new model, but with the transfer being to the Consultant Unit at Shrewsbury?** **A: (KW) -** Yes, we will be continuing the same processes. The transfer arrangements that we have for families birthing at home in the community or in the Midwife-led Unit will be the same (to the consultant unit, which will be at RSH in the HTP model) with a transfer by ambulance for women in labour. We already offer this service; it will be the same as having a homebirth, so we will follow the same processes. If anybody needs transferring to the consultant led unit, we will follow the same processes that we follow now but transferring to RSH, rather than PRH.