

Clinical and Financial Sustainability

February 2017

Our clinical challenge

Local/national challenges

- Increasing and ageing population
- Increasing patients with complex health needs- long term conditions
- Government cuts on social care, impacting on patients being able to maintain independence
- Shropshire's geography and rurality

Workforce challenges

Levels of staffing in hospitals

Ageing/diminished GP population (not enough medical students choosing primary care)

Demand on services leads to workforce leaving

Our clinical aims

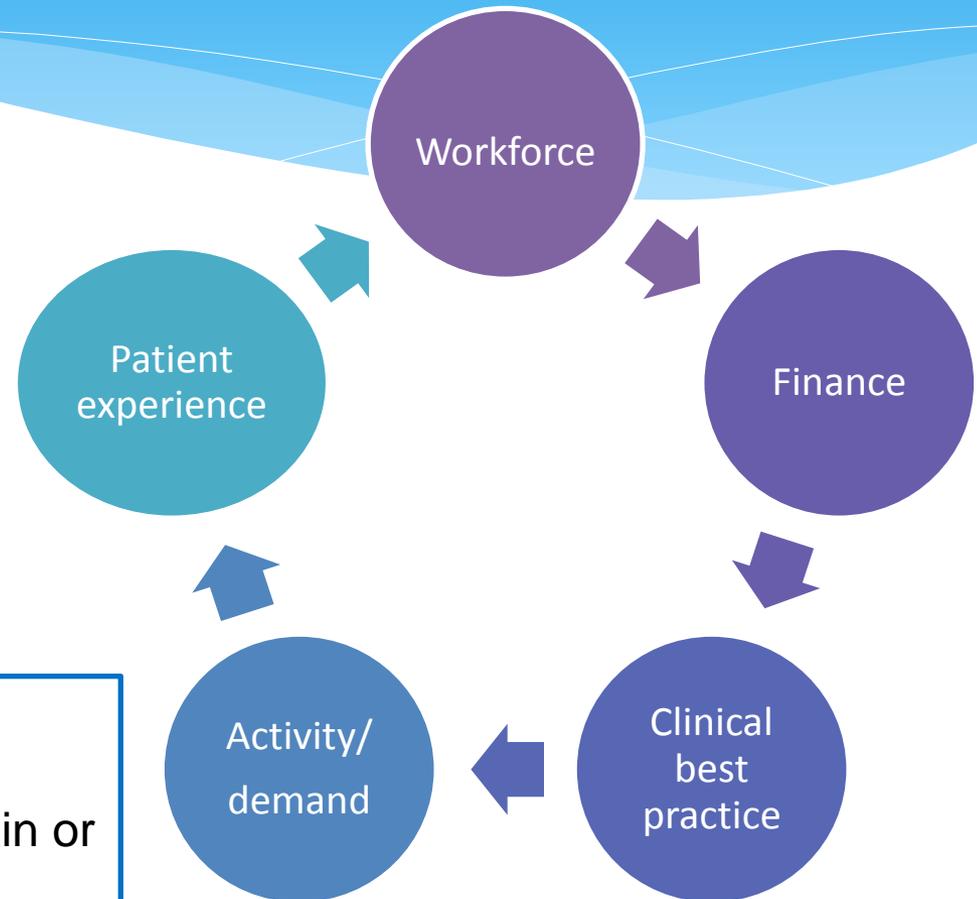
- * Safe, high quality care for all, accessible at the point they need it
- * New ways of working
- * Emphasis should be on outcome, not process

How will we decide?

- **Good housekeeping to review our spending**
- **We need to consider new ways of working**
- **We will review all of our services**
- **A lead clinician and manager will review every project**
- **Our data, patients and clinicians show there are some services we should consider first**

Our options for each priority:

- Stay the same
- Change the service and maintain or improve outcomes
- Reduce duplication
- Stop delivering non-essential services



Our priorities

- Our data shows we spend more on these services
- Our clinical feedback suggests improvements can be made:
 - Planned care (procedures where there is little or no health benefit to the patient)
 - Orthopaedic pathway review
 - Complex Care
 - Community services review including Midwifery-Led Maternity Units
 - Clinical variation in emergency admissions and prescribing

Case study

- We spend £54m a year on the elective orthopaedic pathway, which is massively higher than other comparable CCGs.
- We want to explore other alternatives to surgery such as physiotherapy
- This delivers better care for patients and saves money
- Patients who need surgery will still receive it

Maternity services

- £1m extra needed to run Midwifery Led Units (MLUs)
- Staffing issues have led to temporary closures
- **We have set aside an extra £1m** for future years so the Trust can continue to provide this service
- In the meantime, we want to review the service:
 - Are MLUs the best way of delivering maternity care locally?
 - Are there alternative ways that would give better outcomes for patients?
 - How can we build maternity services that are sustainable and reliable?
 - How do we support staff to maintain their skills and deliver the best care for patients?



We will be engaging with patients, clinicians and partners to develop the right maternity services for local people

If this review demonstrates midwifery led units are needed, we will continue to fund them

Getting our house in order

- It is good housekeeping to be reviewing our spending
- We cannot continue to spend other CCGs' money
- Clinicians and managers will work together to consider how we can make a difference to:
 - Support the clinical workforce
 - Deliver better outcomes for patients
 - Reduce duplication and waste.
- We have started this public conversation early, so there are no surprises. We now need to work on the detail



For each of our priorities we will engage with the public, clinicians and partners