

Name, Date and Time	Submitted questions	Summary Response
<b>23/5/2022 – 10:53hr</b> <b>Gill George</b>	<b>GP access in Shrewsbury</b> Bus services in Shropshire face significant cuts, with reduced frequency of many routes and the complete loss of others. How will the ICS ensure access to centralised GP services based in Meole Brace? Is there not a predictable detrimental impact on older people in particular, and also on young people, people with disabilities (including learning disabilities), people with long-term conditions, and of course, people who face socioeconomic disadvantage (e.g. poverty or social isolation)? Are the plans consistent with NHSE guidance on reducing inequalities in access to general practice services ('Improving access for all')? What are the modelled cost savings associated with the proposal?	<p>Transport to and from the proposed Shrewsbury Health and Wellbeing Hub is a key consideration for the Programme Team. They will ensure that a travel and access analysis is part of an integrated impact assessment which we will undertake as soon as we confirm the location for the hub.</p> <p>An integrated impact assessment will look at the impact that the change or relocation of service could have on patients at the practices involved, and with the help and input from patients will seek to identify ways to minimise any negative impacts as much as possible. We cannot undertake a full integrated impact assessment until we have agreed and secured a site for the hub.</p> <p>The programme is working with the Council to ensure that there is a specific bus route that stops next to the new Hub. There are also Section 106 monies from the wider SUE South development to support a new bus route.</p> <p>The modelled cost savings will be developed as part of the business case.</p> <p><u>Response provided by:</u>            Claire Parker, Director of Partnerships            Gareth Robinson, ICB Director of Delivery &amp; Transformation</p>
<b>23/5/2022 – 10:53hr</b> <b>Gill George</b>	<b>Ambulance Response Times</b> A recent FOI request by the Liberal Democrats showed that WMAS is a complete outlier in its closure of community ambulance stations, and that other ambulance trusts have maintained their commitment to local ambulance stations to serve local areas. Is the ICS confident that the closure of seven community ambulance stations and two 'standby points' in rural Shropshire has been in the interests of our rural communities? What is your evidence for this?	<p>STW CCG has reviewed the decision of WMAS to close some of its ambulance stations to gain assurance that the decision making has been evidence based and robust</p> <p>To build on the detailed responses to the public questions asked in relation to a range of ambulance matters in March 2022 we would advise that WMAS have provided the following comment:</p> <p>"There is a common misconception that where an ambulance starts or finishes a shift will have a substantial impact on the area that it is based in. However, as soon as an ambulance is available it will be sent to the nearest case so that we can minimise the time a patient waits to be seen."</p> <p>In tracking ambulance performance, the CCG has yet to find any evidence that the closure of the ambulance stations has had a negative impact upon response times.</p>

	<p>Shropshire CCG took the view in 2014 that it would not expect national response time targets to apply in rural Shropshire. Is this the current position of the ICB? What steps is the ICB taking to resolve critical issues around handover time, including bed capacity and availability of social care? Does the ICB still intend the closure of community hospital beds? How will the ICB ensure equitable ambulance provision for Shropshire's rural communities on a long-term basis?</p>	<p>Seasonal demand pressures increase response times as activity increases combined with pressures at the receiving hospitals. The ambulances across Shropshire Telford and Wrekin are fully utilised, therefore only return to base locations at the start and finish of their shifts.</p> <p>For further details regarding the decision-making process in relation to the closure of ambulance stations, we suggest your question is directed to WMAS - <a href="https://www.wmas.nhs.uk">Contact us – West Midlands Ambulance Service University NHS Foundation Trust (wmas.nhs.uk)</a></p> <p>The current regional commissioning arrangements for ambulance provision will continue under the ICB as they have done for the CCG.</p> <p>Whilst it remains the case that if you live in a rural area you will not get the same level of provision as if you live in an urban area, the ICB would add that smaller areas such as Shropshire, Telford and Wrekin benefit from a collective approach to commissioning services such as these which would otherwise be unaffordable if commissioned in isolation. It would remain the case that whatever the level of ambulance resource rurality and accessibility will impact on response times</p> <p>However, the ICB will work closely with the regional commissioners and WMAS to improve response times wherever possible within this context. Ambulance handover times are part of a cycle of activity which relies on good flow within the hospital and the ability to discharge patients' home and into community settings. If any parts of the cycle are under pressure it has a knock-on effect on other parts.</p> <p>The ICB will continue to support the implementation of a range of measures to mitigate these issues including funding additional capacity in primary care, purchasing additional Domiciliary Care packages and community beds, securing additional staff and focusing the staff we have on areas of highest pressure, enhancing our 2 hour community response service and increasing direct access to specialties in the Acute Trust therefore avoiding A&amp;E. We have initiated a Single Point of Access for clinical referrers which provides alternatives to conveyances to A&amp;E and has enabled ambulances to be released back into the community to respond to calls more quickly. This list is not exhaustive but gives a snapshot of the steps the CCG has been taking. We are beginning to see some performance improvements as a result of this work and will continue to utilise our system focused collaborative approach to addressing issues along the Urgent</p>
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<p><b>23/5/2022 – 10:53hr</b> <b>Gill George</b></p>	<p><b>Needs of Young People (Questions passed to me by a local parent)</b> Why there is no treatment after diagnosis for neurodiverse children? There is a specialist team in Staffordshire, nothing here. Why there are no mental health inpatient beds for young people, 16-18, in Shropshire (despite NICE guidance)?</p>	<p>Neurodiversity commonly refers to conditions such as Autism, ADHD &amp; Learning Difficulties, it is important to differentiate between neurodiversity and mental health as they are separate challenges for children; although not the same it is the case that the prevalence of mental health issues amongst those with neurodiversity issues is higher than the population in general.</p> <p>In Shropshire, investment by the NHS in neurodiversity services can be summarised as follows:</p> <ul style="list-style-type: none"> <li>• ADHD – assessment and treatment available</li> <li>• Autism – assessment service</li> <li>• Learning Difficulties – assessment, therapeutic interventions and group sessions for children and parents.</li> <li>• Healios is an NHS funded on-line service offering advice and psychological therapies, in particular for Autism and ADHD.</li> <li>• There is also a growing programme of Mental Health Support Teams in Schools,</li> </ul> <p>In addition, in charities sector, groups such as Autism West Midlands, National Autistic Society &amp; the Curly Hair Project offer advice and support to children with autism. Support is also available through the Autism Hub in Telford and through the Parent Support Groups in Shropshire (PACCs) and Telford (PODS).</p> <p>The local authority is also involved, as many children with neurodiversity will hold Education, Health &amp; Care Plans and so will be getting additional support in the classroom.</p>

		<p>We are currently looking at the best way to provide services but recognise that without additional investment there remains a significant gap.</p> <p><u>Response provided by:</u> Claire Parker, Director of Partnerships Gareth Robinson, ICB Director of Delivery &amp; Transformation</p>
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