**Prof. Rod Thomson FRCN FFPH, Retiring Director of Public Health for Shropshire**

**Notes from talk to SPPG and guests 10.4.19**

Rod was just retiring after 40 years of NHS service, including working with Shropshire on public health since 2013.

Local context

Shropshire is one of the healthiest local authority areas in the country. Life expectancy is good, and is ‘green rated’ on the vast majority of the Government’s 32 public health targets. People live longer here, but levels of chronic disease are higher – though this is more about the demographics, average age rather than higher incidence of illness. However funding per head is less than in urban locations.

Current developments

The ‘Future Fit’ consultation had ended, likely to go ahead as recommended subject to Sec of State approval, needed as Telford Council likely to be objecting. Key challenge had been trying to ensure full staffing of two ‘full service’ A&Es. Recommendations that you need 10 consultants per A&E unit, but the Shrewsbury and Telford hospitals had been struggling to recruit 10 between the two units. This meant inherent instability which also made it hard to recruit. Forward planning had begun despite the likely Telford challenge – awareness that it’s imperative that ‘Care in the Community’ goes alongside hospital redevelopment in order to reduce A&E demand.

STPs (Sustainability and Transformation Partnerships) had been created to bring together key players across health tiers (Primary, Secondary, Tertiary). 44 (?) of these across UK, in Shropshire the STP is co-terminus with county but this is unusual and indeed one of the smallest. With funding pressure (DfH looking for 20% reduction in STP costs) Shropshire likely to ‘merge’ with a neighbouring county or two, however lack of legislation time due to Brexit likely to mean any such merger would only be on a ‘shadow’ basis for a year or two.

‘Primary Care Networks’ [PCN] were now expected by NHSE to build local collaboration, accessing local primary specialisms (specialist nurses/GPs) to take pressure off hospitals. GP Practices were expected to look at collaboration opportunities across patient areas serving c 30-50,000 populations (meaning c 6-10 Networks across Shropshire). While the requirement was top-down, PCN design would need to be bottom up to reflect local context. This was in parallel to more collaboration re back-office functions; recent changes in primary care meant many GP Practices now run as small businesses (though now some trend away from that, with salaried doctors not involved as partners, and use of locums) which need to tap into tech/admin support on a group basis.

PCNs echoed the Australian system, to place more emphasis on being referred to nearby GP Practice for GP/nurses specialism, or on the host GP Practice inviting in specialist GP/nurses. There could be some extra funding for this, but 30% of extra costs expected to be self-generated. Particularly in rural areas transport is a major difficulty which is to be addressed by active consultation with a patient regarding preferred venue and time for an appointment and expectation that increasingly the ‘professionals’ will hold some clinics in the community. Telehealth is seen as a key way forward, once doctors feel positive about this new medium (and tech issues such as rural broadband are addressed).

Social prescribing was also an important current emphasis – eg Walking for Health, gardening groups - activities helping people physically, mentally, socially. This was proven to deliver a sustainable difference – benefiting patients’ quality of life, and reducing demand on primary care. This could attract 100% new funding from NHSE (though with some geographical restrictions) and this could benefit voluntary sector too

Mental health care also now a key priority, with an aim for parity with physical health provision. Much mental health provision underperforming currently, with very long referral delays eg for adolescents and indeed adults too. The IAPT national initiative had been rolled out but wasn’t been hitting targets, so CCG was exploring alternative to provide more consistent services in eg adult counselling. The funding provided for MP counsellors is to be withdrawn and used centrally for projects.

Patient focus

Concern was expressed about the old model of consultants routinely inviting patients in for check-ups rather than assessment of alternatives eg phone or skype consultation, or indeed in many cases no follow up at all. Especially relevant in Shropshire context - bad public transport, older people less able to travel, long waits in waiting rooms. System of offering appointments wasn’t patient focused and often failed to offer local alternatives (eg Mayfair, HWB). Need to take into account patient location when offering appointments…doesn’t happen.

Keen to encourage more thought about practical patient issues eg travel cost, care help, time of day which were often key to patient attendance. But telehealth not yet part of clinician training – in US however, Haiti example of live teleconsulting with mainland US doctors.

Final points

* Rod’s successor - Rachel Robinson, 23.4.19 start, now deputy director of health in Warwickshire (so knows rural)
* PPGs should consider more local liaison as PCNs firm up
* PPGs could raise issues more with Health and Wellbeing Board, and with Health and Oversight Scrutiny Committee – public meetings which PPG can attend; written questions can be submitted
* New STP Chair trying to get NHSE to move to global Shropshire-wide budget to reduce need for org-by-org funding deals with NHSE and resulting local competition for funds; Shropshire CEOs now signed up to this.

Professor Rod Thomson, is the Director of Public Health for Shropshire Council, Rod  has over 30 years’ experience in acute and health community care, in particular public health and management.  Rod’s clinical background is nursing and he has worked in both Scotland and England. He is a member of the European Commission’s Expert Advisory Panel on Public Health.  His academic and research work has taken him as far afield as Canada, Cuba, Japan, South Africa and the United States.  He is also a visiting professor at Staffordshire University, Chester University and Liverpool John Moores University’s Centre for Public Health and is a Foundation Trust Governor at Alder Hey – the Royal Liverpool Children’s Hospital.
 Rod was awarded the Royal College of Nursing’s highest award, a Fellowship in 2002 for his exceptional contribution to the art and science of nursing. Rod is currently the Royal College of Nursing’s Deputy President’