



Summary of key stakeholder responses to Future Fit consultation

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Contents	Page
Introduction	4
Definition of key stakeholder	4
Overview of key stakeholder feedback	4
Main themes from stakeholder feedback	5
Summary of responses by stakeholder	15

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Introduction

The Future Fit public consultation ran from 30 May to 11 September 2018. This document provides information on the formal feedback we received from our key stakeholders on Shropshire and Telford & Wrekin CCGs' proposals to change the hospital services provided at the Royal Shrewsbury and Princess Royal hospitals.

The report aims to feed into the 'conscientious consideration' phase by providing the CCG boards with the following:

- Overview of key stakeholder feedback
- Main themes from feedback
- A document to support a discussion on any potential material issues for consideration and any mitigation required

Following permission from our stakeholders, their full responses could be published within the appendices of the independent Consultation Feedback Report, which has been produced by consultation specialists, Participate Limited.

Definition of key stakeholder

Although everyone who lives in Shropshire, Telford & Wrekin and mid Wales and uses our hospital services could be defined as a 'stakeholder', this document focuses on stakeholder organisations. Any survey, letter, email or fuller response not received from an individual member of the public, but received from an elected representative, a public body, an organisation, including stakeholder member organisations of the Programme Board, are all summarised here. However the report also particularly focuses in more detail on key stakeholder organisations that have been engaged with the Future Fit programme over the last five years. Therefore, this includes, for example, campaign groups who have provided a detailed response and we have engaged with throughout the programme.

Note any substantial responses received from any individual member of the public will be included and summarised in the report prepared by Participate Ltd.

Overview of stakeholder feedback

During the 15-week Future Fit consultation, we received formal feedback from the following 38 stakeholders:

Bishop's Castle Patients Group
Caersws Community Council
Churchstoke Community Council
Great Dawley Town Council
Healthwatch Shropshire
Healthwatch Telford & Wrekin
Hopton Castle Parish Meeting
Hywel Dda University Health Board

Kerry Community Council
Llandrinio & Arddleen Community Council
Llandysilio Community Council
Llanfyllin WI
Ludlow Town Council
Ludlow Under Pressure
Madeley Town Council
Midlands Partnership NHS Foundation Trust
Mochdre with Penstrowed Community Council
Newtown & Llanllwchaiarn Town Council
North Powys Locality Cluster and North Powys Locality GP Network
Oswestry Town Council
Plaid Cymru
Powys Community Health Council
Powys County Council
Powys County Councillor for Forden Ward
Powys Teaching Health Board
Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Royal Wolverhampton NHS Trust
Russell George AM for Montgomeryshire
Shropshire Council
Shropshire Councillors for Ludlow and Clee
Shropshire, Telford and Wrekin Defend Our NHS
Sight Loss Shropshire
Station Drive Surgery Patients Group
Telford & Wrekin Council
The Constituency Labour Parties of Ludlow, Montgomeryshire, North Shropshire, Shrewsbury & Atcham, Telford and the Wrekin
Trefeglwys Community Council
Welsh Ambulance Services NHS Trust
Wye Valley NHS Trust

We received two further letters from Llangurig Community Council and Welshpool Town Council after the closing date of midnight 11 September 2018.

Main themes

The following 14 themes were identified in relation to comments about the proposed model of hospital care and the two options in which this could be delivered:

1. Care closer to home/ services not joined up
2. Finance
3. Information technology
4. Mental health services
5. Patient safety
6. Population need
7. Rurality
8. Staffing/ workforce

9. Travel and transport
10. Emergency care
11. Planned care
12. Women and children's services
13. Stroke services
14. Urgent care

In addition, the following wider themes were identified in relation to the consultation process:

15. Consultation process/ Gunning principles
16. Equalities/ protected characteristics
17. Impact on other providers
18. Alternative proposals
19. No change

This section includes more detail on the feedback related to each theme and proposed actions.

1. Care closer to home/ services not joined up

There were a number of negative comments around Future Fit being 'too limited' in not including community services. Stakeholders state that acute and community services are 'critically interdependent' and care in the community is 'vital to reducing the demand of acute services'.

There are also several comments from stakeholders in mid Wales around how they want to work together with SaTH and the two CCGs to look out how more services could be provided locally. Powys Teaching Health Board (PTHB) want to 'enable people to have some of their care pathway in Powys supported by outreach services, shared care and telemedicine, e.g. pre-op and post-op assessment services, routine minor surgery and endoscopy.' Powys County Council want to see 'a greater flexibility in the provision of services, including a greater emphasis on outreach services into mid Wales'. They also suggest that plans need to be coordinated to provide some planned care services in Newtown. Welshpool Town Council also proposes that more local care and routine treatments could be carried out at Welshpool and Newtown minor injury units.

PTHB also comments that the three new rural health centres in mid Wales should have an impact on the provision of elective care in Powys and questions if this has been modelled by CCGs.

There are also suggestions that the community hospitals, such as Bishop Castle and Ludlow, should offer a range of services, such as minor injuries, diagnostics, a full range of maternity services and step-down for patients not ready to go home. Bishops Castle Patient Group also highlights how additional services could be provided at medical practices such as theirs, including accident & injury services, patient observation & treatment, pre-op and post-op care.

The Welsh Ambulance Service is keen to 'explore with CCGs opportunities to enhance community resilience models to provide timely community based care and reduce hospital

admissions'. This includes exploring Advanced Paramedic Practitioner schemes, enhancing the availability of Community First Responder provision and the roll-out of public access defibrillators.

2. Finance

There are mixed comments around the finances and affordability of the proposed model and the two options. Stakeholders from Telford & Wrekin highlight that, as the cheaper option, Option 2 is more affordable and would allow for additional money to be spent on GPs, nurses and a second cancer centre.

Stakeholders from Wales, on the other hand, state that Option 1 is the most cost effective. Plaid Cymru suggests that if Option 2 is chosen, then extra investment should go to Wrexham and Welshpool Minor Injury Unit to mitigate the impact.

Some stakeholders are critical over the motives for proposing changes to the hospitals, for example Hopton Castle Parish Council believe that 'financial considerations are the sole criteria being used'. Station Drive Patients Group also make the point that financial modelling is out of date and has not taken into consideration increase in emergency admissions, projection of beds and staff numbers. The Constituency Labour Parties also question Future Fit's viability given that 'the exact structure of funding has not been finalised and the business case relies on reducing SaTH's deficit to £10.1m by 2020-21 when it is forecast to rise this year from £17.4m to £20.5m'

3. Information technology

The use of telehealth and digital healthcare is closely linked with the previous theme and is highlighted by several stakeholders as a priority to progress in order provide more integrated healthcare and more care closer to home. It is also linked to the theme of travel and transport as a way of keeping people out of hospital, saving on travel costs and potential long journeys.

For example, Station Drive Surgery Patients Group state that 'integrated patient records are crucial to the success of Future Fit yet this is not being progressed.'

4. Mental health services

Midlands Partnership NHS Foundation Trust (MPFT) is the only stakeholder to raise the issue of mental health services in their response. They are supportive of Option 1 as they feel it is important that patients at the Redwoods Centre in Shrewsbury have access to emergency care at RSH. They also argue that the transfer of people detained under Section 316 of the Mental Health Act to and from RSH could be more easily facilitated than if emergency care was at Telford.

They are seeking assurance that they will continue to be involved in services changes to ensure that the configuration and service times of RAID teams serve the on-going needs of both sites.

5. Patient safety

A number of comments from various stakeholders have been grouped under the theme of 'patient safety'. This includes both general negative comments and negative comments around both options. For example, The Constituency Labour Parties states that 'the proposals place patients and staff at risk' while Madeley Town Council comments that Option 1 would be 'harmful to the people of South Telford'. On the other hand, stakeholders from Wales, including Plaid Cymru and North Powys Locality Cluster, argue that there would be a risk to patients if the Emergency Department/ Trauma Centre is moved to Telford. Although Powys Teaching Health Board favour Option 1, they raise a concern around the challenges and risks of moving services in general and the impact of worsening services, and particularly referenced women and children's inpatient services and stroke services if they are moved again to Shrewsbury.

6. Population need

Several comments talk about the different populations within Shropshire, Telford & Wrekin and mid Wales and how Option 1 does not meet the needs of different populations. Several issues are raised in relation to population need, including the projected population growth, the numbers of women of child bearing age and older people, rural areas and areas with higher levels of deprivation.

Stakeholders in Telford & Wrekin argue that Option 2 better meets the needs of the population. For example, Telford & Wrekin Council states that: 'Option 2 is more future proofed for the future healthcare needs of the population as communities in the east are set to increase by 10% compared to 3% in the west by 2031. Over 75s will increase by 63% in the east compared to 57% in the west whilst children & women of child bearing age will increase by 8% in east compared to a decrease of 2% in west.'

Healthwatch Telford & Wrekin echo this by stating that 'with a higher number of over 50 year olds in Shropshire and an increasing younger population in Telford, the women and children's centre should be retained in Telford'.

Whilst preferring Option 2, Ludlow Under Pressure acknowledges that 'neither option is ideal as Option 2 will leave western and southern areas seriously deprived.' Shropshire Defend Our NHS state that 'Telford & Wrekin is an area of high social deprivation with poverty a real issue' and that closing an A&E is the wrong model for such a large rural area with an ageing population, many with long term health conditions.

Telford Council echoes this by claiming that over 25% of people in Telford & Wrekin live in 20% of the most deprived areas nationally. They also have higher levels of poor lifestyles, for example smoking and excess weight, plus long term conditions. According to the

council, more children and young people from deprived areas need emergency hospital admissions.

Great Dawley Town Council argues that over half of patients who need planned care live nearer to RSH so Option 2 would be better as planned care would be based at Shrewsbury.

7. Rurality

Rurality is a theme that was highlighted by the campaign groups. Shropshire Defend our NHS claims that rurality is missing from the Future Fit proposals and is poorly understood by health leaders. This is also a claim that has been made by Station Drive Surgery Patient Group which argues that rural populations face unique health issues, e.g. less number of visits to hospital, higher trauma deaths, higher 'dead on arrival' rates.

Shropshire Defend our NHS would welcome evidence of Future Fit being rural proofed by the CCGs as the area is one of the most sparsely populated local authority areas in England and Powys is the most sparsely populated authority in Wales. They argue that a new healthcare system must take into account rurality and ensure the needs of rural communities are met.

Hopton Parish Council wished to highlight that centralising planned care at one hospital rather than investing in rural hubs is not acceptable.

8. Staffing/workforce

Concerns are raised over staffing levels and how patient care can be improved with a reduced workforce. Fears are also raised about the numbers of staff who may leave and the need for a change in culture at SaTH. The absence of any published workforce plans is also a concern.

Healthwatch Telford & Wrekin claims that staffing numbers aren't achievable as staff levels are to decrease by 9% with a 12% increase in workload due to additional hospital beds. The lack of consultant cover is raised by Hwel Dda University Health Board which states that Option 2 would raise concerns over potential lack of availability of consultant cover from Telford for outreach clinics and other activities for hospitals in Powys. PTHB also claims that Option 2 may reduce the ability of Powys GPs to work closely with SaTH consultants and that this could have an adverse impact on GP recruitment.

Station Drive Surgery Patient Group argues that the consolidation of stroke and women and children's services onto one site has shown that this does nothing to improve recruitment and retention of clinical staff. While Newport Town Council favours the focus the model places on specialist services on specialist sites and says that this will encourage stability and retention of the skill bases needed. Royal Wolverhampton NHS Trust recognises the need to consolidate acute care to make the best use of scarce specialist staffing, especially in emergency care.

9. Travel and transport

Travel and transport to both emergency and planned care sites has proved to be a common concern and there are fears that ambulance services will be under greater pressure under the proposals.

Another concern is for older people and their families. Older people are the most likely to have to stay in hospital for long periods and their families would have longer to travel to visit them if planned care was at the Princess Royal Hospital. According to Station Drive Surgery group in Ludlow, in some areas more than 25% of households do not own a car. 12.9% of Station Drive patients say they would be unable to attend a planned care appointment at Princess Royal Hospital.

Public transport is particularly an issue for the infirm and disabled. Welshpool Town Council states that accessibility to Telford for planned care needs to be improved as there are no direct buses. The Welsh Ambulance Services NHS Trust says that a key concern is the impact that proposals have on patient travel time to hospital, especially in rural communities. Telford and Wrekin Council state that more public transport journeys would result in at least two changes to get to Princess Royal Hospital compared to Royal Shrewsbury Hospital. Trefeglwys Community Council emphasise the importance of having emergency care available to their community as close as possible. Option 2 would mean an additional 20 to 30 minutes travel time for these patients.

There have been consistent concerns raised around ambulance response times. The move to a single emergency centre argues Shropshire Defend our NHS, would increase average journey times for ambulances responding to calls and transporting patients to emergency care. According to the Welsh Ambulance Services NHS Trust, the impact upon service delivery and operational capacity is dependent on the outcome of the ambulance modelling exercise.

10. Emergency care

The theme of emergency care was highlighted by several stakeholders, often in line with other issues such as travel and transport, rurality, population need and patient safety. Some stakeholders argue against the model of separating out emergency and planned care services, whilst others argue that emergency care services should be located in either Shrewsbury or Telford.

Stakeholders from Telford & Wrekin argue that the Emergency Department should be based in Telford. Great Dawley Town Council argue that if Telford loses its A&E then 'it will be the biggest urban area in England without this.' And Healthwatch Telford & Wrekin state that 'the ED should be co-located with the women and children's centre at PRH'. Telford & Wrekin Council state that 'average travel times are shorter to PRH so the Emergency Care Centre should be based there' and '60% of all emergency care patients live closer to PRH'.

Stakeholders from mid Wales argue that the Emergency Department should be based in Shrewsbury. For example, North Powys Locality Cluster state that 'the location of Emergency Department at PRH would pose an increased clinical risk to our population' and North Powys Locality Cluster says that 'it's important that emergency care is available

to our community as close as possible.’ Newtown and Llanllwchaiarn Town Council echo this by saying that ‘the Emergency Care site should be as near to Newtown as possible’. Powys Teaching Health Board also state that ‘it is vital that emergency care is in Shrewsbury due to travel and transport issues’.

There is some discussion around trauma care and the trauma network. Ludlow Town Council state that ‘trauma care facilities at RSH are already good’ whilst Plaid Cymru state that the ‘Trauma Networks are very clear that patients in mid Wales would be placed at increased risk if the Emergency Department was moved to Telford’.

11. Planned care

Stakeholders raise comments under the theme of planned care which were often in conjunction with other issues such as travel and transport, rurality, population need and impact on other providers.

Telford & Wrekin Council and Dawley Town Council argue that planned care should be based in Shrewsbury as ‘more than half of people having planned operations live nearer to RSH’. Telford & Wrekin Council also argues that Option 1 will be less convenient for the majority of older people as they are the biggest user of planned care and are more likely to have transport difficulties. Great Dawley Town Council echo this by stating that over half of patients who require planned care live closer to RSH.

Madeley Town Council also say that ‘most planned care is required in Shrewsbury’ while Bishop’s Castle Patient Group argue that moving planned care to Telford ‘would be more difficult for people in terms of travel and transport.’

Shropshire Councillors for Ludlow and Cleve suggest that to help people in the southwest of the county access planned care at PRH, the CCG should help subsidise a new bus service.

Powys Community Health Council have concerns around waiting times for Welsh patients for planned care. The Welsh Ambulance Services NHS Trust state that patients travelling in NEPTS would have to travel further to attend a planned care appointment which would have an effect on NEPTS resources. Russell George AM comments that it is vital that some planned care is delivered locally in community hospitals in mid Wales. Powys Teaching Health Board want a commitment to explore different models of planned care that enable people to have some planned services provided as close to home as possible.

Robert Jones and Agnes Hunt Orthopaedic Hospital see Future Fit as an opportunity to transform the provision of musculoskeletal and orthopaedic services across the region.

12. Women and children’s services

There are arguments for retaining the consultant-led Women and Children’s Unit at Princess Royal Hospital, which only opened four years ago at a cost of £28m. Great Dawley Town Council claims that two thirds of admissions to the Women and Children’s Unit are from patients whose closest hospital is Princess Royal Hospital. However, in mid

Wales, there are concerns for women having to travel long distances to access care in labour and postnatally, especially those with limited access to car and other childcare responsibilities.

Llanfyllin WI has expressed their fears around cuts to community based maternity care in Shropshire and the removal of postnatal care & breastfeeding support. They are concerned about low risk women travelling long distances when birthplace survey evidence shows that they would be safer in a local midwifery unit.

13. Stroke services

Station Drive Surgery Patients Group comments that the centralisation of stroke services has not been a success with SaTH ranked 121 out of 135. Shropshire Defend Our NHS also highlights that the consolidation of stroke services has not led to improved clinical outcomes. A separate paper was produced by Shropshire Defend Our NHS with their views on stroke services.

14. Urgent Care

There is strong feeling that the urgent care centres should be run by the NHS. Shropshire Defend our NHS claim that the public have been misled by plans for urgent care centres and the fact that they will have to go out to tender to decide who will run them was only mentioned during the consultation. Bishops Castle Patient Group says that the two centres need to be under NHS leadership. Urgent care should also be provided at Oswestry, according to Oswestry Town Council.

There are also claims that the Urgent Care Centre figures are not accurate. Shropshire Defend our NHS says that the Walk-In Centre at Monkmoor provided proof as only 15-30% of their patients would have been A&E attendances, not 60% as Future Fit predicts.

15. Consultation process/Gunning Principles

There are claims that the Future Fit consultation has not met requirements of Gunning Principles and therefore is invalid. Station Drive Surgery Patient Group comments that the public have never been consulted on removing rural features of the original clinical model. They also claim that Shropshire residents should have received a door drop like Telford residents and doubt that all comments can be considered within six weeks. If, due to GDPR, individual comments cannot be reviewed by professionals, they argue that responses cannot be conscientiously taken into account.

Healthwatch Shropshire would welcome a decision as early as possible as it affects other decision making and recruitment to hospitals.

16. Equalities/protected characteristics

There were concerns around people whose first language is Welsh, especially if they have a cognitive or sensory impairment. According to Powys Teaching Health Board, the impact on equality protected characteristics would be significantly worse under option 2 as acutely unwell people would have much reduced access to loved ones and family.

Telford and Wrekin Council emphasises that there are higher levels of BME communities in Telford. Sight Loss Shropshire wish to see the progress on improving services for people with sight loss continue and not suffer as a result of any relocation of hospital services.

17. Impact on other providers

Various comments were received from local health providers as they outline the specific impact that any changes to the hospital services at RSH and PRH would have on them and their patients.

According to Hywel Dda University Health Board (HDdUHB), the principles of Future Fit are consistent with their Transforming Clinical Services consultation. The Board argues that Option 1 would strengthen well established clinical networks and pathways between Bronllys General Hospital and Royal Shrewsbury Hospital. Yet Option 2 would mean undoing all the positive work between Bronllys and Royal Shrewsbury Hospital and creating new networks & clinical relationships.

Ludlow Town Council emphasises that flexibility within health systems is needed for people to use neighbouring hospitals. There is also a need, according to Powys Health Teaching Board, to take into considerations outcomes of other consultations around Bronllys Hospital and the trauma network.

Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) claims that the location of the Emergency Department could have an impact on the number of RJAH surgeons needed to support delivery of orthopaedic trauma rotas at SaTH. The hospital also sees the proposed changes as an opportunity to transform the provision of MSK and orthopaedic services across the region by consolidating orthopaedic inpatient elective care (including surgical pathway, pre-assessment, admission, surgery and post-surgical inpatient care). This would ensure standardised MSK and surgical orthopaedic pathways.

The Royal Wolverhampton NHS Trust is keen to explore the potential impact of any short-term decisions around configuration of emergency and maternity services and the implications on longer term patient pathways and flows.

There is a need, argues Welsh Ambulance Services NHS Trust (WAST), to understand the impact the proposed model and patient flows will have on where they strategically locate and deploy their emergency medical services (EMS). EMS resources may spend longer out of their deployment area taking patients to hospital and WAST will need to backfill this resource, particularly in more rural areas that are covered by a single EMS resource. The Trust would also like confirmation regarding future arrangements for patients to be repatriated back to Wales following a stay in hospital and that current arrangements with WMAS will be maintained.

18. Alternative Proposals

Shropshire Defend our NHS argue for a whole system approach considering acute and community services together, and Station Drive Surgery Patients Group also highlight the potential of collaboration with adjacent trusts in line with the Royal College of Physicians' Future Hospital Programme, giving the example of the Black Country Alliance.

19. No change

The desire to keep the status quo has been highlighted by Councillors, Town Councils, the Labour Party and Shropshire Defend our NHS. Neither option according to The Constituency Labour Parties of Ludlow, Montgomeryshire, North Shropshire, Shrewsbury & Atcham, Telford and the Wrekin offers a sustainable future for our health services nor meets the diverse needs of our communities.

Shropshire Defend our NHS supports keeping both hospitals with two A&Es offering acute and planned care. Both Madeley and Oswestry Town Councils express their desire that both A&Es are retained.

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Summary of responses by stakeholder

This section provides a summary of each stakeholder response.

Bishops Castle Patient Group

Option preferred: Not stated

Comments:

- Need to provide additional services at Bishop's Castle Medical Practice (BCMP), including accident & injury services, patient observation & treatment & pre-op & post-op
- Moving planned care to Telford would be more difficult for people in terms of transport
- BCMP has lowest patient usage rate of current A&E services. This is partly due to excellent local minor injury services & long travel times
- BC Community Hospital should continue to offer step down for patients not ready to go home - a community service with beds with direct GP access to hospital
- Contract with WMAS needs to be overhauled to improve response times for southwest Shropshire & reinstate Community First Responder service
- Two urgent care centres need to be under single NHS leadership

Caersws Community Council

Option preferred: Option 1

Comments:

- Option 1 most cost effective
- Option 1 means fewer people would have to change the hospital they use
- Option 1 means fewer people would have to travel further for emergency care
- Option 2 means over an hour from major hospital

Churchstoke Community Council

Option preferred: Option 1

Comments:

- Shortest distance is vital factor in emergency, trauma and critical situations as it reduces travel time from incident to centre but also reduces ambulance 'tie-down' time
- Emergency Care site should be as near to Churchstoke/ mid Wales/ south Shropshire as possible because of reason above
- Women and children's consultant-led inpatient services should be as near to Churchstoke/ mid Wales/ south Shropshire as possible because of reason above
- Distance to planned care deals more with convenience/ inconvenience which can be planned for in advance
- Adequate car parking is needed on both hospital sites

The Constituency Labour Parties of Ludlow, Montgomeryshire, North Shropshire, Shrewsbury & Atcham, Telford and the Wrekin

Option preferred: Neither

Comments:

- Neither option offers a sustainable future for our health services nor meets the diverse needs of our communities
- We need a long term vision for our local health and social care and investment to go with it
- Future Fit is a short-term cost cutting exercise
- It will leave us with one A&E for whole of Shropshire and mid Wales whilst reducing other key services and make it harder for people to access
- It will lead to expensive new buildings with 40 fewer medical beds, 330 fewer nurses and no previously promised investment into community NHS services, public health programmes and social care provision
- PRH will lose A&E and new £28 million W&C centre
- Ambulance will be placed under greater pressure and patients will have to travel further for treatment
- Proposals place patients and staff at risk
- We question Future Fit's viability given that exact structure of funding has not been finalised and the business case relies on reducing SaTH's deficit to £10.1m by 2020-21 when it is forecast to rise this year from £17.4m to £20.5m

Councillor Linda Corfield, Powys County Council

Option preferred: Option 1

Comments:

- Option 1 essential to serve mid Wales and border region as residents rely on RSH as nearest DGH.
- Emergency transport by road could only be achieved within 'golden hour' if ED in Shrewsbury

Russell George AM for Montgomeryshire

Option preferred: Option 1

Comments:

- Concerns over travel times under both options. Option 2 would mean 100-mile round trip to visit relatives in emergency care in Telford
- Huge concern from ambulance staff who, under Option 2 would need to travel to Telford
- Concerns over day case surgery/ routine planned surgery and endoscopy moving to Telford therefore essential that some planned care is delivered locally in our community hospitals. Would be keen to work the SaTH & PTHB on this

- Concerns over parking facilities and public transport to both hospitals. Keen for UK and Welsh Government to work together to address inequity around older person's bus passes as creates barrier to accessing cross border healthcare

Great Dawley Town Council

Option preferred: Option 2

Comments:

- If Telford loses its 24/7 full A&E it will be the biggest urban area in England without this
- Option 2 will give the local NHS an extra £3.3m each year to spend on more GPs and nurses
- Option 2 means we retain the consultant led Women and Children Unit at PRH which opened 4 years ago at a cost of £28m
- Option 2 means two thirds of admissions to the Women and Children Unit are from patients whose closest hospital is PRH
- Option 2 means planned care at the RSH with over half of patients who require planned care closest hospital being the RSH

Healthwatch Shropshire

Option preferred: Not Stated

Comments:

- Common concern is travel and transport and accessing both emergency and planned care
- People prefer option 1 or 2 depending on their location and personal circumstances
- We would welcome a decision as early as possible as it affects other decision making and recruitment to hospitals

Healthwatch Telford & Wrekin

Option preferred: Option 2

Comments:

- Any solution must be based on projected population growth
- Higher number of over 50 year olds in Shropshire and increasing younger population in Telford means the women and children's centre should be retained in Telford
- Emergency Department should be co-located with W&C centre at PRH
- Availability of EMRTS in Powys removes the need to use A&E in Shropshire
- Staffing numbers aren't achievable - staff levels are to decrease by 9% with 12% increase in workload due to additional hospital beds
- Care in the community is vital to reducing demand on acute services

Hopton Castle Parish Council

Option preferred: Neither

Comments:

- Both options involve increased travel times for people in an area poorly served by public transport. This will lead to people calling an ambulance to access urgent care
- Centralising planned care at one hospital rather than investing in rural hubs is not acceptable
- Unbelievable that WMAS have not been involved in developing proposals and only now involved in travel & transport group
- Financial considerations are sole criteria being used

Hywel Dda University Health Board

Option preferred: Option 1

Comments:

- Future Fit principles are consistent with principles of HDdUHB Transforming Clinical Services consultation
- Option 1 would strengthen well established clinical networks and pathways between Bronglais General Hospital and RSH
- Option 1 means Bronglais patients who need complex treatment would not incur unnecessary travel
- Option 2 would mean undoing all the positive work between Bronglais and RSH and creating new networks and clinical relationships
- Option 2 would have an additional impact on Bronglais hospital as more patients would come here rather than Telford due to distance
- Option 2 would raise concerns over potential lack of availability of consultant cover from Telford for outreach clinics and other activities for hospitals in Powys

Kerry Community Council

Option preferred: Option 1

Comments:

- Concerns around travel times, given rural nature of area.
- There are few cross-border routes available and this is made worse with adverse weather, an accident close to the border or if A5/ M54 is closed
- Concern that under both options, it will mean that more care for more residents will be provided further away
- Some residents already face a 100 mile round trip to visit the women and children's centre in Telford

- Regular contact with family and friends can be vital in aiding recovery, especially for people with cognitive and sensory impairment, elderly people and those for whom Welsh is their first language
- Telford has many alternative hospital facilities which are closer than our nearest hospital in Shrewsbury, e.g. Wolverhampton, Walsall, Dudley, Stafford, Sandwell, Stoke and Birmingham
- Option 1 maintains access to life and limb-saving care without adding further travel
- Benefits to women and children's services and stroke services returning to Shrewsbury
- Urge CCGs, SaTH, PTHB and Welsh Government to work together to
 - identify opportunities for closer planned care, e.g. telehealthcare in GPs
 - tackle discrimination faced by older people re bus passes at the border
 - maintain and strengthen services in Gobowen
- Concerns around Welsh language impact
- Concerns around deprivation as parts of Newtown are amongst highest levels in mid Wales
- Concerns around impact on equality characteristics, particularly those with children with long term and life limiting conditions
- Option 2 would have an adverse impact on pathways and continuity of care of acutely unwell patients
- Option 2 would have negative impact on planned care and local recruitment as many consultants who visit local hospitals in Powys and provide outreach clinics are local
- Option 2 would have negative impact on pathways and continuity of care for orthopaedic patients

Llandrinio & Arddleen Community Council

Option preferred: Option 1

Comments:

- Option 1 would best meet the needs of their communities
- This will still be a 40 minute journey for some but would be better than having to travel another 40 minutes to Telford
- Planned care would be suitable at Telford as this wouldn't be for urgent care and the length of journey time would not be so critical

Llandysilio Community Council

Option preferred: Option 1

Comments:

- Wish the options included a hospital in mid Wales

- Grave concerns around limited public transport to both RSH and PRH
- Few volunteer driver schemes in the area
- Money needs to be set aside by central Government for improving transport links in Powys as such a rural area

Llanfyllin WI

Option preferred: Option 1

Comments:

- ED and W&C centre should be in Shrewsbury to make travelling in an emergency reasonable, especially for women and children
- Concerned re cuts to community based maternity care in Shropshire and removal of postnatal care and breastfeeding support
- Concerned for women having to travel long distances to access care in labour and postnatally, especially have limited access to car and other childcare responsibilities
- Research shows it's not safe for new-borns to be travelling long distances in car seat
- Concerned over low risk women travelling long distances when Birthplace survey evidence shows they would be safer and cheaper for NHS in local midwifery unit

Llangurig Community Council (late response)

Option preferred: Option 1

Comments:

- Option 1 is most cost effective choice
- Option 1 will result in fewer people changing which hospital they currently use and fewer having to travel further for emergency care
- Rural community that has to travel a long way to get to a major hospital

Ludlow Town Council

Option preferred: Option 1

Comments:

- Trauma care facilities at RSH are already good
- Transport and travel distances are concerns for people in Ludlow
- Need adequate public transport links & community ambulance facilities for planned care to be successful at PRH
- Flexibility within health system is needed for people to use neighbouring hospitals
- Future Fit is driven by saving money rather than addressing the needs of residents in Shropshire
- CCGs, Shropcom & SaTH offer a fragmented structure with no efficient way of delivering healthcare services

- Ludlow needs a local hospital to support local community, with minor injuries, diagnostics and full range of maternity services
- Need proactive care in the community, such as iCares system in Sandwell

Ludlow Under Pressure

Option preferred: Option 1

Comments:

- Future Fit does not put the needs of people at the top
- Future Fit is too limited in its scope and doesn't include role of other health services, e.g. Hereford, mental health or social care
- Concern around disappearance of support for alcohol & drug addiction
- Concern around travel times
- Limited funding should be challenged and costs of borrowing explored
- Neither option is ideal as Option 2 will leave western & southern areas seriously deprived

Madeley Town Council

Option preferred: Option 2

Comments:

- Travel to hospital sites can be difficult and costly for people without transport
- Decision to locate the women and children's centre at Telford was for clinical reasons, as Telford has younger population
- 2/3 of all children and pregnant women admitted to hospital live nearer to PRH
- Option 1 would be harmful to people of South Telford
- Option 1 would downgrade PRH
- Option 2 more financially viable
- Most planned care is required in Shrewsbury
- Option C2 would be best for Telford with women and children's remaining at PRH
- Both sites should retain emergency services

Midlands Partnership NHS Foundation Trust

Option preferred: Option 1

Comments:

- Supportive of Option 1 as Redwoods Centre is in Shrewsbury and so important patients have access to emergency care
- Provide 2 RAID teams into SaTH - 24/7 at RSH and 8am - 10pm at PRH
- Transfer of people detained under Section 316 Mental Health Act to and from RSH could be more easily facilitated than if emergency care was at Telford

- Important to continue to be involved with changes in services so we can ensure configuration and operating times of RAID teams meets the needs of the services based at PRH and RSH
- Changes in community services needed to support changes in acute trusts and to reduce hospital admissions

Mochdre with Penstrowed Community Council

Option preferred: Option 1

No Comments

Newtown & Llanllwchaiarn Town Council

Option preferred: Option 1

Comments:

- Council favours the focus the model places on specialist services on specialist sites and that this will encourage stability and retention of the skill bases needed
- Shortest distance is vital factor in emergency, trauma and critical situations as it reduces travel time from incident to centre but also reduces ambulance 'tie-down' time
- Emergency Care site should be as near to Newtown as possible because of reason above
- Women and children's consultant-led inpatient services should be as near to Newtown as possible because of reason above
- Distance to planned care deals more with convenience/ inconvenience which can be planned for in advance

North Powys Locality Cluster

Option preferred: Option 1

Comments:

- Location of ED at PRH would pose an increased clinical risk to our population

Oswestry Town Council

Option preferred: Not stated

Comments:

- Formally object to proposals. Two A&Es should be retained in the county
- Support provision of urgent care centre in Oswestry
- Concerned about loss of staff (which has yet to be quantified)

Plaid Cymru - Party of Wales

Option preferred: Option 1

Comments:

- Trauma Networks are very clear that patients in mid Wales would be placed at increased risk if ED was moved to Telford
- ED needs to be at Shrewsbury so it remains a Trauma Centre
- Making Telford an emergency hospital would cause difficulties for patients from mid Wales travelling for treatment and for families and friends visiting patients
- What discussions has the Trust had with Welsh Government and health boards in Wales to support community transport links from Newtown to Shrewsbury to ease accessibility?
- Plaid Cymru wants to see a 24 hour ambulance station based in Llanidloes and development of new integrated hospital in Newtown
- we are calling for enhanced transport links with Wrexham and access to Wrexham Maelor Hospital as and when needed
- If Option 2 is chosen, extra investment should go to Wrexham and Welshpool MIU to mitigate the impact and attract more services to the hospitals

Powys Community Health Council

Option preferred: Option 1

Comments:

- Concerns around impact on patients and relatives/ carers having to travel, especially older people who don't have own transport
- Concerns around lack of public transport
- Desire for more services provided in Powys
- Concerns around appointment times in Telford for people travelling from Powys and could some appointments be carried out closer to home, e.g. outpatient appointments and simple procedures
- Radiotherapy should be provided locally
- Concerns around waiting times for Welsh patients for planned care
- Car parking availability and cost is an issue at both hospitals
- Need better links with local transport such as Dial A Ride and voluntary orgs

Powys County Council

Option preferred: Option 1

Comments:

- Essential to ensure services are accessible to population of Powys
- Strongly support Option 1, however do acknowledge this brings challenges to informal carers and next of kin visiting patients at Telford

- Any new development must be culturally appropriate to people of Powys with all signage and public information in Welsh and English and language awareness training to staff
- Want greater flexibility in the provision of services, including greater emphasis on outreach services into mid Wales and use of digital care solutions. E.g. pre and post-op assessment services
- Plans need to be coordinated with Powys Council and PTHB plans for some planned care to be based in Newtown

Powys Teaching Health Board

Option preferred: Option 1

Comments:

- Need to take into considerations outcomes of other consultations around Bronglais Hospital and trauma network
- Vital that emergency care is in Shrewsbury due to travel and transport issues
- Concerns around additional travel time and transport. Will urge UK and Welsh Governments to ensure that the border is not a barrier for older people's travel
- Additional travel time means either emergency or planned care moving to more than an hour away from majority of Powys communities
- Want a commitment to enhance consultant outreach clinics in Powys
- Want a commitment to explore use of digital care solutions to improve access
- Want a commitment to explore different models of planned care that enable people to have some of their care pathway in Powys supported by outreach services, shared care and telemedicine, e.g. pre-op and post-op assessment services should be delivered as close to home as possible and access consultation via telemedicine base in north Powys. Also routine minor surgery and endoscopy
- More complex surgery which often has longer length of stay has to be at emergency site
- Concerns around distance travelled for family visiting patients in Telford
- Improve appointment scheduling to recognise travel and transport time from mid Wales
- Commitment to work with WAS on non-emergency patient transport and Powys Council and local community transport providers to strengthen travel and transport for planned care
- Concerns around people whose first language is Welsh, especially if they have a cognitive or sensory impairment
- Concerns around challenges at women and children's inpatient services and stroke services worsening if moved again to Shrewsbury
- Option 2 could mean consultants are based further east and be less likely to be available for outreach appointments and clinics in mid Wales
- Option 2 may reduce ability of Powys GPs to work closely with SATH consultants and could have adverse impact on GP recruitment
- Impact on equality protected characteristics would be significantly worse under option 2 as acutely unwell people would have much reduced access to loved ones and family

Robert Jones and Agnes Hunt Orthopaedic Hospital

Option preferred: Option 1

Comments:

- Location of ED could have an impact on number of RJAH surgeons needed to support delivery of orthopaedic trauma rotas at SaTH
- Current proposal would see continued fragmentation of MSK and orthopaedic care across Shropshire, Telford & Wrekin as it is split over a number of locations
- This is an opportunity to transform the provision of MSK and orthopaedic services across the region by consolidating orthopaedic inpatient elective care (including surgical pathway, pre-assessment, admission, surgery and post-surgical inpatient care. This would ensure standardised MSK and surgical orthopaedic pathways.
- Working closely we can ensure continued attractive recruitment of surgeons, AHPs, nurses and specialist staff in MSK and orthopaedic care
- The demand for elective orthopaedic services is increasing
- Key drivers for change in MSK and orthopaedic care around ageing population, variation in clinical pathways, workforce and new technologies align with Future Fit

Royal Wolverhampton NHS Trust

Option preferred: Option 1

Comments:

- Trust recognises need to consolidate acute care to make best use of scarce specialist staffing, especially in emergency care
- Original modelling from SaTH demonstrated no material impact on neighbouring providers, however keen to explore potential impact of any short-term decisions around configuration of emergency and maternity services and implications on longer term patient pathways and flows
- RWT needs to be fully involved and consulted through the programme, along with WMAS, to understand whether it is likely that significantly more or fewer adults or children will attend RWT as a result of changes. RWT keen to discuss outcomes and impacts following conclusion of ambulance capacity modelling work

Shropshire Council

Option preferred: Not stated

Comments:

- People living in rural communities will experience long journeys under either option
- Safe & clinically effective treatment services need to be in county
- Appropriate mitigation arrangements need to be made for communities who are disadvantaged under either option
- Care closer to home programme is key to ensuring safe and sustainable health services and this should include greater use of telehealth to reduce need for people to travel to hospital.

Shropshire Councillors for Ludlow & Cleve

Option preferred: Option 1

Comments:

- NHS does not have enough resources
- No mention of community provision proposals
- Centralising services places unacceptable burden on rural communities who have to travel long distances
- CCG should help subsidise a new bus service from southwest of county for people to access planned care at PRH

Shropshire, Telford & Wrekin Defend our NHS

Option preferred: Neither

Comments:

- Future Fit is a cuts project, intended to cut costs for SaTH and local health economy
- Future Fit is entirely about secondary care and includes nothing about community NHS services or prevention
- Our alternative model is more closely aligned with local population need and with the emerging priorities of a rapidly changing NHS
- The consultation documents give no financial information at all
- The financial modelling in the PCBC is out of date and inaccurate as it bears little relationship to what is happening in our local NHS
- £312 million does not exist within local health system
- The cuts required by Future Fit will be much greater than anticipated and are unaffordable in context of current financial crisis in local health economy
- PTHB's three new rural health centres should have an impact on the provision of elective care in Powys - has this been modelled by CCGs?
- If there is reasonable evidence that risks to affordability are greater than in PCBC analysis suggests then project should be halted
- There is no money left to spend on transformation of community services
- Future Fit is not a whole system approach - acute and community services are critically interdependent so should be considered together
- KPMG highlights that failure to deliver effective and sustainable community services for urgent and non-urgent care will impact on viability of Future Fit
- No current workforce plans published
- No explanation of how reduced number of staff will be able to care for patients in an increased number of beds
- The predicted activity modelling of emergency admissions is unrealistic
- UCC figures are not accurate. Walk In Centre at Monkmoor is proof as only 15-30% of patients are A&E attendances not 60% as Future Fit predicts
- Diverting 60% of patients from ED to UCC would be a risk to patients. This has been shown in other UCCs, e.g. Stoke and Ilford

- The public have been misled as plans for UTCs and the fact that they will have to go out to tender to decide who will run them only mentioned during the consultation
- There is no evidence that recommendations from the second Clinical Senate Review have been completed
- Closing an A&E is the wrong model for a large area and a largely rural area
- If A&E closes in Telford, it would be the largest town in the country without its own A&E
- Studies show a strong correlation between transport distance and mortality rates for heart attacks and stroke
- Public transport is expensive, patchy and non-existent in some areas, e.g. it is not possible to travel to RSH by public transport on a Sunday, even from Shrewsbury town centre
- Evidence shows that distance reduces access and adversely affects health outcomes, e.g. systematic review, BMJ Oct 2016
- Evidence shows that for stroke care, the disbenefits of slightly longer journeys to reach emergency care are outweighed by the benefits of care in a specialist stroke care unit
- Reality is that SaTH performs badly on key indicators for stroke care - 7th worst performing stroke unit nationally for median time to head scan
- Consolidation of stroke services in 2013 has not led to improved clinical outcomes
- Consolidation of stroke services in 2013 has not resolved staffing difficulties
- Move to single emergency centre would increase average journey times for ambulances responding to calls and transporting patients to emergency care.
- Work of travel and transport group is either incomplete or withheld from public
- There will be a need for more ambulances as fewer will be available to respond to 999 calls
- Focus should be more on providing integrated care, such as in Dorset and Yeovil where three NHS trusts work together in a systematic way
- Our ageing population, many with long term health conditions, need high quality, seamless care across preventative, acute and community NHS services and social care
- Future Fit is not in line with Five Year Forward View.
- Separation of consultation on acute sector changes and consultation on community NHS changes makes it impossible for public to gain an overall picture of future NHS care
- Capital investment available for acute hospital buildings would be much better spent across the system as a whole - upgrading community hospital facilities, and on flexible modern health centres in areas not covered by community hospitals
- SaTH should explore wider collaborative models, either as part of multi-service network or part of a wider hospital group (like Dorset & Yeovil)
- Shropshire is one of the most sparsely populated local authority areas in England and Powys is most sparsely populated authority in Wales so a new healthcare system must take into account rurality and ensure needs of rural communities are met
- Royal College of Emergency Medicine has cautioned against closing A&Es in rural areas, arguing that benefit is outweighed by longer journey times
- Rurality is missing from Future Fit proposals and is poorly understood by health leaders
- We would welcome evidence of Future Fit being rural proofed by CCGs

- The omissions of the community elements of Future Fit have never been explained to the public
- Telford & Wrekin is an area of high social deprivation with poverty a real issue
- Rural poverty is a real issue in Shropshire and is exacerbated by isolation and poor access to services
- Rates of disability and long term illness are above national average in both areas
- Shropshire CCG has tightened its guidelines on eligibility for non-emergency patient transport
- Patients need local provision of healthcare that they can actually get to
- Progressing telehealth should be a priority. It should be extended to cover links between acute hospital sites and community hospitals and GP surgeries and between stand-alone UCC and ED
- A single patient record is an essential piece of work in order to deliver joined-up care, however there is no meaningful progress after 4 years
- No clinically valid reason why whole of funding should be spent on new acute hospital buildings. We should be developing the wider NHS estate and infrastructure to create more integrated care and improved access to care
- Staff will not stay at SaTH without a change in culture and development of different vision of patient care
- Our model is for an integrated health and care system and for accessible care
- We support keeping both hospitals with two A&Es offering acute and planned care
- UCCs should be run by NHS and integrated with emergency care provision

Sight Loss Shropshire

Option preferred: Not stated

Comments:

- Important that any changes do not have a detrimental effect on recent improvements to eye clinic services
- Progress on improving services for people with sight loss should continue and not suffer as a result of any relocation of hospital services

Station Drive Surgery Patients Group, Ludlow

Option preferred: Neither

Comments:

- No consideration of community services, e.g. at Ludlow Hospital
- Issue of rural proofing is missing from consultation
- Rural populations face unique health issues, e.g. less number of visits to hospital, higher trauma deaths, higher 'dead on arrival' rates
- Original future fit idea of having UCCs strategically placed across Shropshire and Telford & Wrekin is right
- Future Fit model doesn't meet the needs of the different populations in Shropshire and Telford

- Original future fit model of having Local Planned Care Centres co-located with UCCs is right
- Higher than average proportions of patients in South Shropshire suffer long term health conditions
- Royal College of Emergency Medicine says that 'it is more sensible to plan for increased ED demand based on further population growth'
- STP focus on prevention & lifestyle is ambitious with no explanation on how this will be achieved and where resources will come from. It has not worked in other areas, e.g. Stoke
- The plan is to close existing community services to pay for new services - this is taking community NHS care away from people who depend on it
- Cuts in community provision have unintended consequences for acute services, i.e. cuts to ShropDoc has led to increase in calls to 111 out of hours that resulted in ambulance being called out
- Beds at community hospitals should be retained and reopened
- Cuts in funding to Shropcom should be reversed to allow them to reverse reduction in nursing staff and reinstate bases at UCCs. Telephone access to Shropdoc should be reinstated
- Consultation does not factor in people who don't own a car having to access non-emergency services which is mainly older people
- Impact assessment notes that 15% of Shropshire residents would be unable to access PRH by public transport
- Appointment times do not coincide with public transport timetables
- 12.9% of Station Drive patients say they would be unable to attend a planned care appointment at PRH
- In some areas more than 25% of households do not own a car
- Alternatives to public transport are not routinely available
- Shropshire CCG has tightened its guidelines on eligibility for non-emergency patient transport
- Centralisation of services with inadequate transport and longer journey times leads to increase in missed appointments
- BMC Public Health study on neonatal mortality concluded that outcomes worsen with reduction of access
- Impact Assessment suggests that local authorities are not considering subsidising more local bus services
- Centralisation of ED functions can be of benefit for some conditions, e.g. stroke, but then only if the transport times are not excessive
- Centralisation of stroke service at PRH has not been a success with SaTH ranked 121st out of 135 for standard mortality ratio (SMR)
- For other conditions, e.g. choking, poisoning, the key issue is speed not specialism, as shown in studies in Japan and at York University on Sweden
- Future Fit requires extra ambulance resource for extended journey times and transferring sick patients between sites. WMAS has said there is currently no spare capacity
- Evidence shows that closing emergency departments doesn't lead to better outcomes and may lead to increased mortality
- Public have not been given information about travel and transport work as promised by the end of the consultation period

- The consolidation of stroke and women and children's services onto one site has shown that this does nothing to improve recruitment and retention of clinical staff
- Alternative to Future Fit should be to implement a far more collaborative model in line with Royal College of Physician's Future Hospital Programme, e.g. Black Country Alliance - acute hospitals working together to maintain specialist services, strengthen recruitment and cut costs. This should be done with Wye Valley and Worcestershire
- Financial modelling has not been revisited for almost a year and not taken into consideration increase in emergency admissions, projection of beds and staff numbers
- Concerns around the proposal to reduce medical beds from 395 to 354 as these are the beds in most demand during winter pressures
- Cutting staff numbers goes against RCN guidance
- The split projected by Future Fit between UCCs and ED is over-optimistic - a study by Cowling et al found that 17% of patients streamed as being appropriate for UCC subsequently required transfer to full A&E
- Integrated patient records are critical to success of Future Fit yet this is not being progressed
- Proposals for financing £312 capital loans are unknown and there has been no public discussion around what assets will be transferred & staffing/ financial implications
- All assumptions and associated evidence should be stated when financial and capacity models are revaluated.
- Future Fit consultation has not met requirements of Gunning Principles therefore is invalid
- Public have never been consulted on removing rural features of original clinical model
- The exhibition events were the only way to get answers to questions and then people did not have all the answers
- A&E consultant at event said that many of current problems could be alleviated by having a more efficient layout of two A&Es - this should have been included as an option
- Shropshire residents should have received a door drop like Telford
- Doubt that all comments can be considered within 6 weeks
- Participate has no specific knowledge of health matters
- If, due to GDPR, individual comments cannot be reviewed by professionals then responses cannot be conscientiously taken into account
- If funding is insufficient we should call on regulators and Secretary of State to ensure we have resources we need for local services to meet requirements of NHS Constitution

Telford & Wrekin Council

Option preferred: Option 2

Comments:

- Option 2 will give the local NHS an extra £3.3m each year to spend on more GPs and nurses

- Option 2 will allow the NHS to invest in a second cancer centre
- 2/3 of all children & pregnant women admitted to hospital live nearer to PRH so women and children's unit should be based in Telford
- More than half of people having planned operations live nearer to RSH so planned care should be based in Shrewsbury
- Average travel times are shorter to PRH so Emergency Care should be based there
- Option 2 meets more healthcare needs of the SaTH population as less money will be spent on buildings and borrowing therefore enabling more investment in other services
- Under option 1 there will be more hospital workforce reductions
- Option 2 is more likely to be able to meet the longer-term needs of changing population
- Recruitment of new staff will be easier under option 2
- Higher number of women of child bearing age and children live in East
- Higher levels of deprivation in Telford & Wrekin - over 25% of T&W borough live in 20% most deprived areas nationally
- Higher levels of poor lifestyles, e.g. smoking & excess weight plus long term conditions in Telford
- Higher levels of BME communities in Telford
- Under option 1, 55% of transfers from any midwife led unit to consultant unit during labour will be longer journeys
- More children and young people from deprived areas need emergency hospital admissions
- Other hospitals are closer for some people, e.g. Wrexham Maelor/ Bronglais/ Hereford/ Leighton and New Cross, whereas for most people in Telford, their closest hospital is PRH and then RSH
- 60% of all emergency care patients live closer to PRH with average emergency travel times shorter to PRH than RSH
- There is discrepancy in time-critical journey data used in 2016 evaluation panel - Welsh time critical journeys came out higher as they don't use the same Red system
- Option 2 is more future-proofed for the future healthcare needs of the population as communities in the east are set to increase by 10% compared to 3% in the west by 2031. Over 75s will increase by 63% in the east compared to 57% in the west whilst children & women of child bearing age will increase by 8% in east compared to decrease of 2% in west
- Option 1 is less convenient for majority to have planned operations. Just over 5 out of 10 people needing planned care live closer to RSH so planned care should be based there
- Option 1 will present the greatest challenge for older people - they are biggest user of planned care and are more likely to have transport difficulties
- Older people most likely to have to stay in hospital for long periods so families will have longer to travel to visit relatives in PRH
- More public transport journeys would need at least two changes to get to PRH compared to RSH
- Older people are higher users of community based services including GPs and district nurses and so are more likely to benefit from GPs in the community rather than hospital specialists

Trefeglwys Community Council

Option preferred: Option 1

Comments:

- Important that emergency care is available to our community as close as possible. Option 2 would mean an additional 20 to 30 minutes travel time
- Option 1 is the most cost effective

Welsh Ambulance Services NHS Trust

Option preferred: Option 1

Comments:

- Impact upon service delivery and operational capacity dependent on outcome of ambulance modelling exercise
- Key concern is impact that proposals have on patient travel time to hospital, especially in rural communities
- Two options present different implications in terms of travel time, distance to hospital and impact on overall ambulance job cycle to get patients to most appropriate health setting
- Option 1 broadly presents status quo for Powys patients
- Option 2 extends travel time by additional 18 miles/ c.25 minutes
- Wish to explore with CCGs opportunities to enhance community resilience models to provide timely community based care & reduce hospital admissions. This includes exploring Advanced Paramedic Practitioner schemes, enhancing availability of Community First Responder provision & roll out of public access defibrillators
- Need to understand the impact of proposed model and patient flows will have on where we strategically locate and deploy our emergency medical services (EMS). EMS resources may spend longer out of their deployment area taking patients to hospital and we will need to backfill this resource, particularly in more rural areas that are covered by a single EMS resource.
- Under option 1, patients travelling in Non-emergency patient transport service (NEPTS) would have to travel further to attend planned care appointment, which would have an effect on job cycle for NEPTS resources. This will also mean increased costs of non-emergency transport for WAS and PTHB.
- Concerns around patients requesting NEPTS transport as a 'social' requirement rather than 'medical' requirement to attend planned or routine appointments
- Would like confirmation regarding future arrangements to undertake secondary transfers between two hospital sites and that current arrangements with WMAS will be maintained
- Would like to work with you to ensure ambulance delays during hospital handover are avoided as much as possible

- Would like confirmation regarding future arrangements for patients to be repatriated back to Wales following a stay in hospital and that current arrangements with WMAS will be maintained
- Subject to outcome of ambulance modelling exercise, we expect any additional resources to EMS or NEPTS to be commissioned

Welshpool Town Council (late response)

Option preferred: Option 1

Comments:

- Main reason for supporting option 1 is timescales for an ambulance to get to Telford
- Telford has suitable hospitals within a reasonable distance including Wolverhampton
- Wants more local care with routine treatments carried out at Welshpool and Newtown Minor Injuries Units
- Accessibility to Telford for planned care needs to be improved as there are no direct buses.
- Changing public transport is particularly an issue for infirm and disabled

Wye Valley NHS Trust

Option preferred: Option 1

No Comments