NHS Future Fit

Deliberative Engagement Events Report
29th September 2014

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01	29.8.14	Louise Booth	Appendices of Raw Data – separate document
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Contents

1. Executive Summary

1.1 Introduction

The NHS Future Fit programme is reviewing the way in which healthcare could be provided for the next 20 years across Shropshire and Telford & Wrekin. The proposed service reconfiguration will also impact on the residents of mid-Wales as circa 11% of users of acute services in Shropshire come from Powys. Participate Ltd was commissioned to support the design of a series of engagement events. In addition, a senior facilitator oversaw the proceedings at the events and the data has been analysed, coded and independently reported by Participate. The events were designed, recruited, promoted and managed by the Future Fit communications and engagement team. The events were held in late August 2014 in Wem, Telford, Newtown (Powys) and Shrewsbury.

1.3 Data Capture

- Participants were asked to pre-register for the events; however, some participants chose not to pre-register and attended on the day. All participants were split into groups each with an independent facilitator to capture discussion notes on flipcharts, answer sheets and through a mapping exercise. In addition, participants were asked to complete a pre-event questionnaire, plus an individual model feedback form

- The data from the questionnaires and feedback forms has been aggregated and anonymised. Some participants chose not to complete the questionnaires or feedback forms. All discussion group data has been inputted and reviewed, from which a coding frame was developed and used to code all responses to draw out common themes. The discussion themes are then summarised in terms of the number of times a group mentioned it across all events.

1.4 Main Findings

Pre-Event Questionnaire

- 45% (58 out of 130 completed responses) of participants attended the events to find out more about what is happening to healthcare locally. This is also reflected in the qualitative insight, where participants voiced a number of questions and concerns in regard finding out about the future provision of healthcare in their specific locality.

(PLEASE NOTE – some participants ticked more than one choice for this question, which is why there are 130 responses from 108 participants)

- 57% (50 out of 87 completed responses) of participants stated that they are very aware of the Future Fit programme and 23% (20 out of 87) stated they are aware. These findings indicate that there were high levels of awareness pre deliberation at the events

- 64% (56 out of 87 completed responses) of participants either strongly agreed or agreed that changes are needed to the way healthcare is provided across Shropshire and Telford & Wrekin. In addition, 26% (23 out of 87 completed responses) were unsure or didn't know if changes were needed. The qualitative findings from the group discussions also indicate that the participants had many questions that would need to be answered before they could feel confident in agreeing with any proposed changes to services

- 6.2 was the average rating (where 1 = very poor and 10 = excellent) given by all participants when asked to rate the current quality of healthcare across Shropshire and Telford & Wrekin
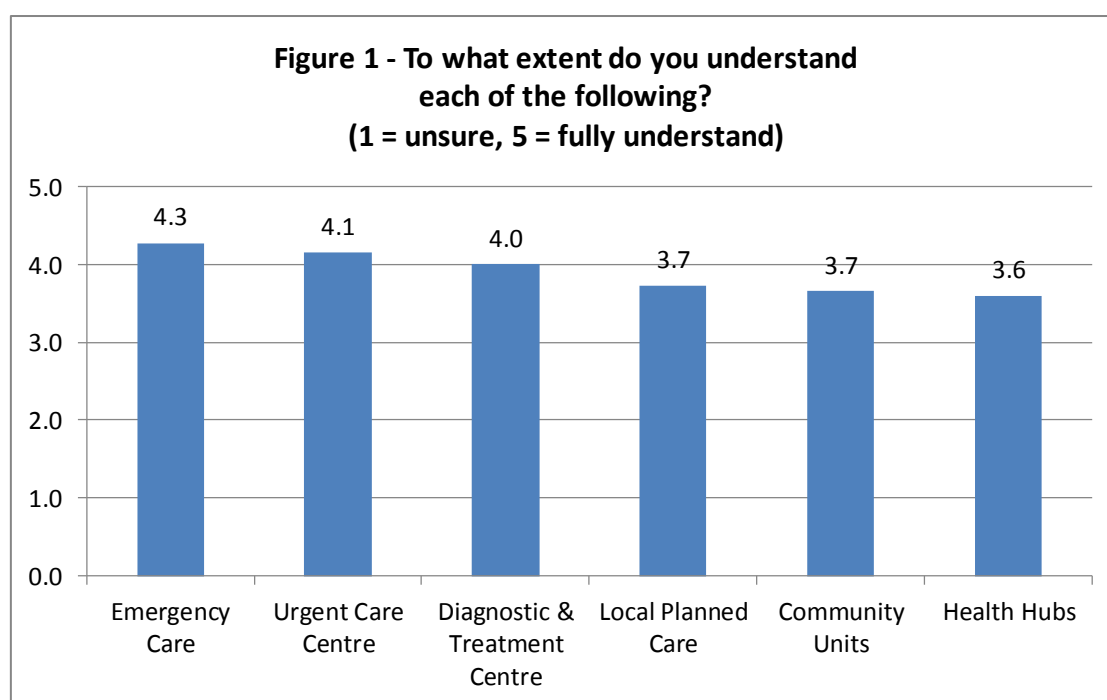
Insight from Discussions and Comments Boards

- Overall 250 'Issues and Concerns' comments were raised. There were significantly more 'Issues and Concerns' than there were 'Positives and Likes' comments, 'Big Ideas' or 'Questions'. In particular, participants questioned how the proposed model would be adequately resourced, especially if it would mean moving more services into the community. However, both in Wem and Newtown travel issues, in terms of transport links (Wem) and being forced to travel out of area (Newtown & Wem), were the most frequent concerns. The perception of a current lack of joined-up working was also a top concern for participants in Shrewsbury. Telford participants were mostly concerned with lengthy waiting times to see a GP. In Wem, participants felt that better signposting to other services is required and would be necessary in the proposed model

- There were 76 positive comments. The majority of these highlighted areas of good quality of care and teams of staff that should be supported, nurtured and learned from when moving forward. It was hoped that this would be continued in the proposed NHS Future Fit model. In Wem and Shrewsbury, GP access is considered to be good for

some. Participants in Shrewsbury also said that they felt the proposed model would enable more joined-up working between professionals and that is long overdue

- In total, participants proposed 23 'Big Ideas'. The most common idea was to enable closer and better working relationships with social services/care (especially in Wem). In Newtown, it was asked that thought should go into providing more local facilities for the Powys area

- In terms of questions asked (86 in total), the most common questions focused on the cost of the proposed model, how it could be funded, its long-term sustainability and the impact on existing services (this was mostly from Shrewsbury). Questions were also asked as to how services users would access the new model and be referred into it. In particular, there were concerns in regard to what services an Urgent Care Centre (UCC) would provide and its relationship with the proposed Emergency Centre. For example, participants asked if all UCCs would have in-house x-ray and if not, what the impact of this would be on patient care

Model Feedback Form

Participants were asked to rate, between 1 and 5, the extent to which they understood the facilities described in the NHS Future Fit model (see Figure 1 below). The averaged ratings from all events are shown (Sample Base: 62 completed forms).

Figure 1 - To what extent do you understand each of the following? (1 = unsure, 5 = fully understand)

- Figure 1 above infers that post deliberation there was a high level of understanding overall for most facilities. In particular, the Emergency Centre and Urgent Care Centres were most clearly understood (reflecting current understanding of the traditional A&E service). The facilities and services which may be perceived as 'new or different' were the most unclear for participants: local planned care; community units and; health hubs

Criteria for Mapping Model Components

- Participants felt that the most important factor, when considering where the components of the model should be located, is areas of deprivation amongst the population. All except Shrewsbury participants, who felt that the greatest mass of population was most important (least important in Newtown). The needs of an aging population and ensuring good transport links were also rated as import factors to consider (except in Telford where making good use of what already exists was deemed more important than the aging population). For participants in Newtown, locating facilities near to the Shropshire/Powys border was most important and they were also concerned about provision for 'isolated communities', as were participants in Wem

Placement of Model Components

- In terms of locating facilities, Shrewsbury was most favoured for both the Emergency Centre and the Diagnostic & Treatment Centre. This was followed by Telford and the approach of building a new facility in between Telford and Shrewsbury was also mentioned, mainly by the Shrewsbury participants in regard to the Emergency Centre

- Other facilities were well spread in terms of distribution across the Future Fit area and it was seen as key that there would be as many UCCs as possible, if the model only provided one Emergency Centre.

1.5 Recommendations

In regard to the main findings drawn from the four deliberative events, Participate makes the following recommendations:

- This report contains a wealth of insight which should clearly inform the process of developing a shortlist for consultation

- Due to the number of questions, issues and concerns raised, the NHS Future Fit Programme should ensure that more detailed information is provided to participants at subsequent events and through all engagement activities. The findings suggest that the participants had a good level of understanding by the end of the events. However, areas for further clarity include: financial implications; staffing requirements; hospital capacities; potential impact on patient choice; accessibility (in terms of transport links) and the perceived impact on quality of clinical care of any service reconfiguration

- There is a need for clearer information to explain what will be provided at each of the components of the NHS Future Fit model. We recommend that the programme works closely with patient and public groups/forums to develop appropriate resources and materials to ensure the proposed model is easily understood by the public

- Participants are concerned about the future of urgent and emergency care as well as providing services for isolated communities (located away from the main conurbations). To tackle this the programme should work closely with local special interest groups and 'isolated communities' to ensure their concerns and issues are fully understood

- All participants should be sent a summary of the event report (with the full report available on request). Alongside this, it should be explained how their views and opinions will inform and influence the decision making process. It is also essential that the next stage of engagement clearly informs the options for consultation, so that the views of local people are meaningfully taken into account and an auditable and transparent dialogue is evident.

2. *Introduction*

The NHS Future Fit programme is reviewing the way in which healthcare could be provided for the next 20 years across Shropshire and Telford & Wrekin. The proposed service reconfiguration will also impact on the residents of mid-Wales as circa 11% of users of acute services in Shropshire come from Powys. Participate Ltd was commissioned to support the design of a series of engagement events. In addition, a senior facilitator oversaw the proceedings at the events and the data has been analysed, coded and independently reported by Participate. The events were designed, recruited, promoted and managed by the Future Fit communications and engagement team. The events were held in late August 2014.

2.1 The Engagement Process to date

Prior to the four deliberative events, the NHS Future Fit programme was initiated following the 'call to action' which took place in 2013 and the subsequent 'case for change'. Following this the clinical model was developed by clinicians. The model of care along with the case for change, formed the basis for discussions at the deliberative events with the aim of understanding the concerns of the local population that Future Fit serves.

2.2 Event Objectives

The following event objectives were set and agreed:

- To engage, as far as possible, a representative sample of the population of Shropshire, Telford & Wrekin and Powys.
- To explain the issues and limitations of the national and regional health economy model and outline the case for change.
- To enable public and patients to participate in contributing to the long listing decision making process.
- To identify the criteria used and most important to public and patients when deciding on the spatial distribution of the components of the proposed Future Fit healthcare model.

2.3 Logistical Details

The four events were held as follows:

Table 1 – Participant Profiles			
Date	**Time**	**Location**	**Participant Numbers**
15.8.14	10am – 2pm	Wem	28
16.8.14	10am – 2pm	Telford	19
21.8.14	10am – 2pm	Newtown	17
22.8.14	9am – 1pm	Shrewsbury	44
		Total	**108**

2.4 Event Structure and Methodology

The events were structured into five sections: First, the introduction which included an overview of the journey so far by a senior clinician. Second, the case for change was discussed through a quiz and group discussion on the key issues, concerns, likes and positives of the existing healthcare system. Third, the NHS Future Fit model was explored using expert presentations, fictitious case studies (around each of the main areas that the programme will effect: urgent and emergency care, planned care and long term conditions) and a detailed resource pack.

During the fourth section participants were asked to map the components of the clinical model. For this exercise they were given a map of Shropshire, Telford & Wrekin and Powys, plus a second resource pack with extra information to help respondents decide where to place the components of the model (e.g. population density, emergency and planned care admissions and deprivation). As part of this section they also listed and ranked the criteria they used to map the components according to importance. In the fifth section there was an open question and answer session, with a panel of senior officers (both clinical and non-clinical) from the programme team.

Participants were allocated to tables when they arrived to ensure their discussions were informed by a wide range of perspectives. Where possible there was a maximum of eight participants at each table along with a facilitator. However, at some of the smaller events the number of participants at each table was below eight. Each event was led by an MC who signalled to facilitators when to start and finish each section of the deliberative event.

Participants views and opinions was captured using questionnaires, feedback forms and comments notes within each section of the event. All data gathered has been aggregated and anonymised. Some participants chose not to complete the questionnaires or feedback forms. All discussion group data has been inputted and reviewed, from which a coding frame was developed and used to code all responses to identify common themes. The discussion themes are then summarised in terms of the number of times a group mentioned it across all events.

Details in regard to the presentation material can be found within the Appendices.

2.5 Participant Profiles

The majority of participants were aged over 55 years of age and one third of all participants had some sort of health condition which limited their daily activities (Table 2). There was a slight skew towards female participants. 57 of the 75 respondents were 'white British'.

Table 2		
Profile of Participants By Age, Gender, Religion And Disability		
	Participants	
Age	**No.**	**%**
35-44	5	6.7
45-54	8	10.7
55-64	22	29.3
65+	38	50.7
NAP	2	2.7
Gender		
Female	43	57.3
Male	32	42.7
Religion		
Christian	49	65.3
No religion	19	25.3
NAP	3	4.0
Buddhist	2	2.7
Zen Buddhist	1	1.3
Humanist	1	1.3
Day-to-day activities limited by a health problem		
No	50	66.7
Yes, limited a little	18	24.0

Yes, limited a lot	4	5.3
NAP	3	4.0
Base	(75)	

N.B. 1) 'Base' refers to total number of participants completing the 'about you' questionnaire, 2) as NAP (no answer provided) are respondents who did not answer this question on the 'about you' questionnaire.

Participants were asked to provided some information on their background and specifically around their involvement in the NHS. The majority of particiapants were involved in the health economy either within the Voluntary sector, the NHS, as an elected councillor or through a PPG (table 3)

Table 3: Profile of Participants: background

	Participants	
	No.	%
Voluntary sector / charity (health-related)	21	28.0
member of the public	14	18.7
NAP	13	17.3
NHS employee	9	12.0
Councillor	8	10.7
PPG member (Public Patient Group)	6	8.0
Government or Local Authority employee	3	4.0
Charity - unpaid work	1	1.3
Total	75	

2.6 About Participate

Participate provides communications and engagement support to the health and social care sector. We are experts in integrated campaigns, stakeholder engagement and consultation. The directors are Associates of the Consultation Institute.www.participate.uk.com

3. Main Findings

This section will now turn to the main findings from the four deliberative events.

3.1 Pre Event Questionnaires

The following charts set out the findings across all events in regard to the pre event questionnaires. The individual charts for each event are in the body of this report. **Please note:** some respondents chose not to answer all questions or chose more than one option as their answer. Therefore, the sample base is the number of completed responses for each question.

Figure 2
What do you <u>most</u> expect to get from today's event?
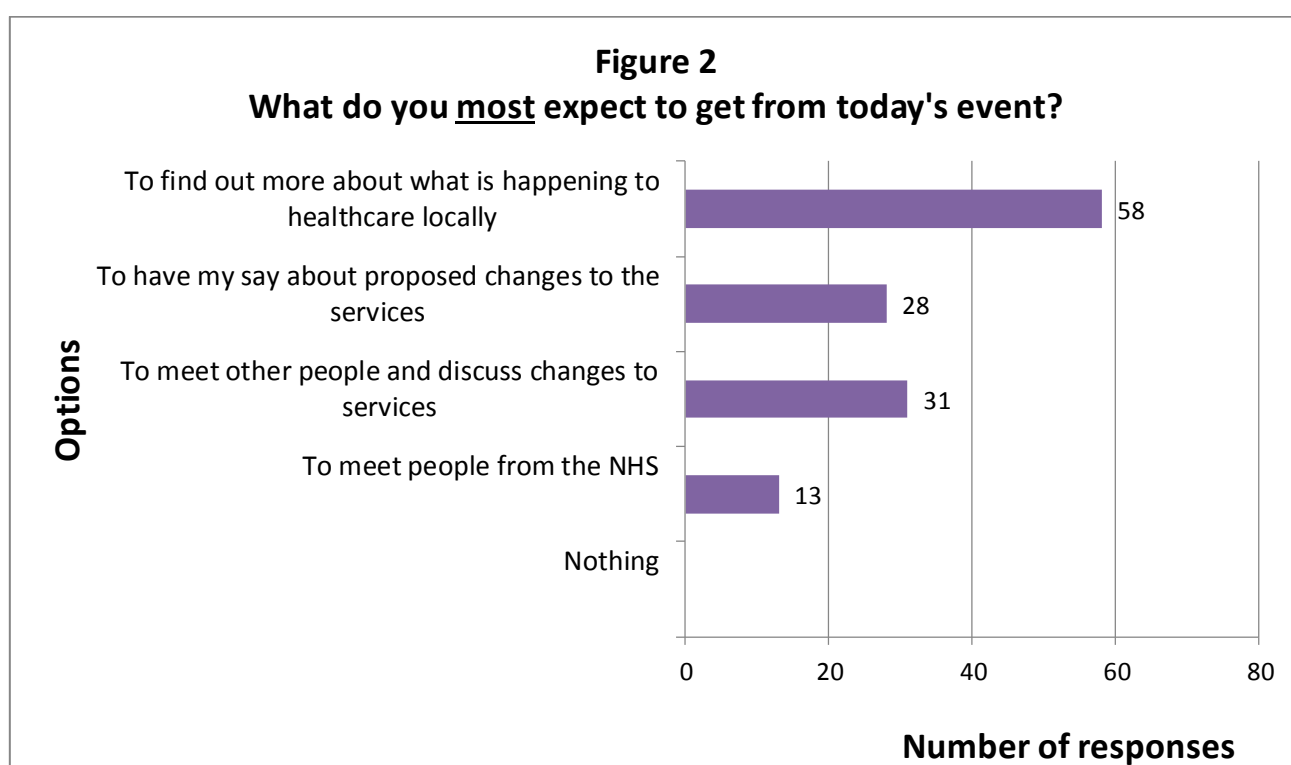
Sample Base: Figure 2 - 130 completed responses

Figure 3 - To what extent are you aware of the NHS Future Fit programme across Shropshire, Telford and Wrekin?
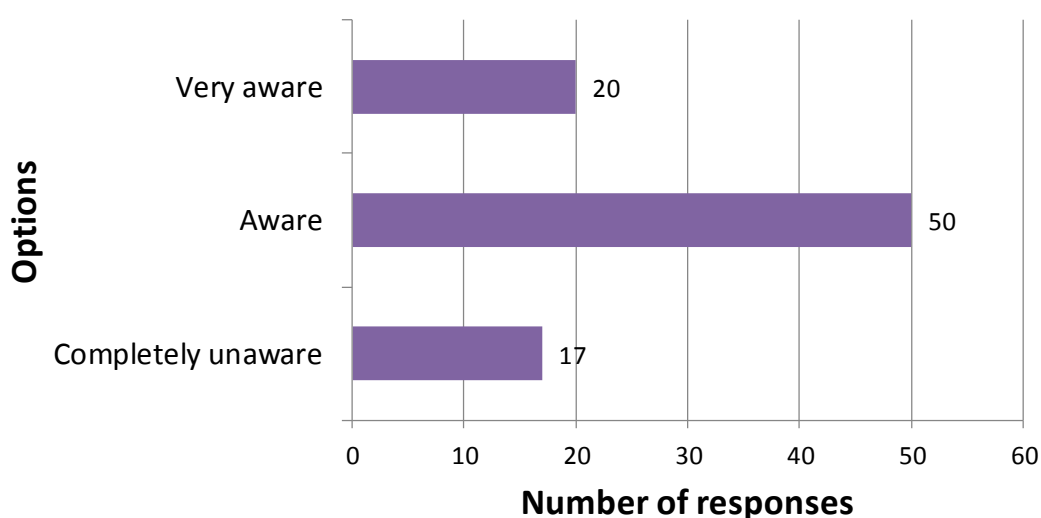
Sample Base: Figure 3- 87 completed responses

Figure 4- To what extent do you agree or disagree that changes are needed to the way healthcare is provided across Shropshire, Telford & Wrekin?
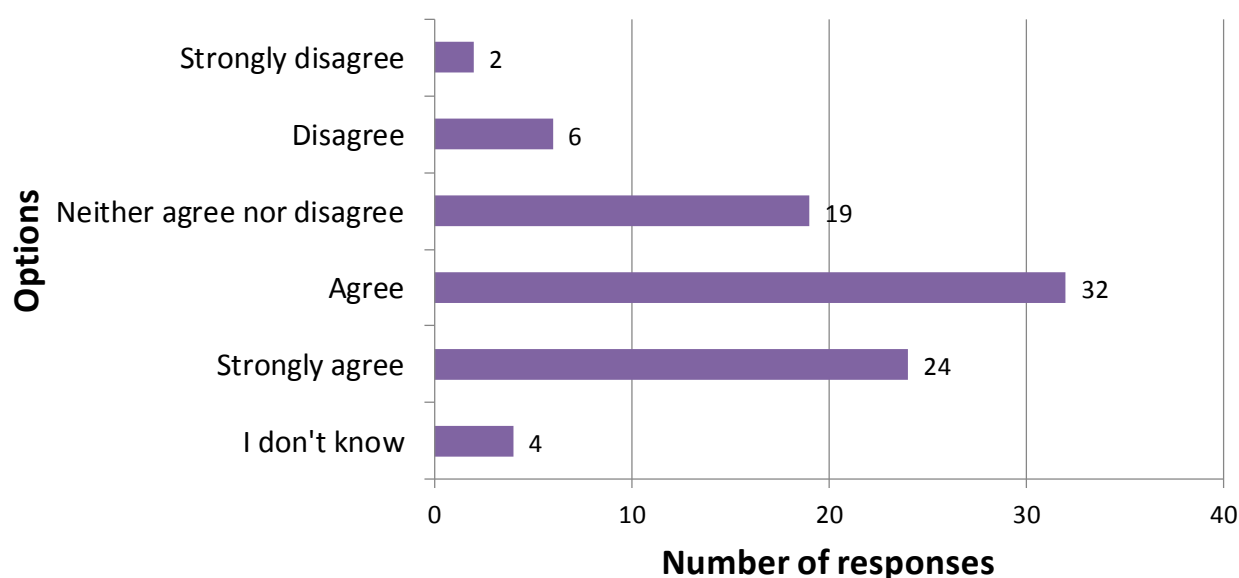
Sample Base: Figure 4- 87 completed responses

Figure 5- Overall, how would you rate the quality of healthcare across Shropshire, Telford & Wrekin? (where 1 is very poor and 10 is excellent)
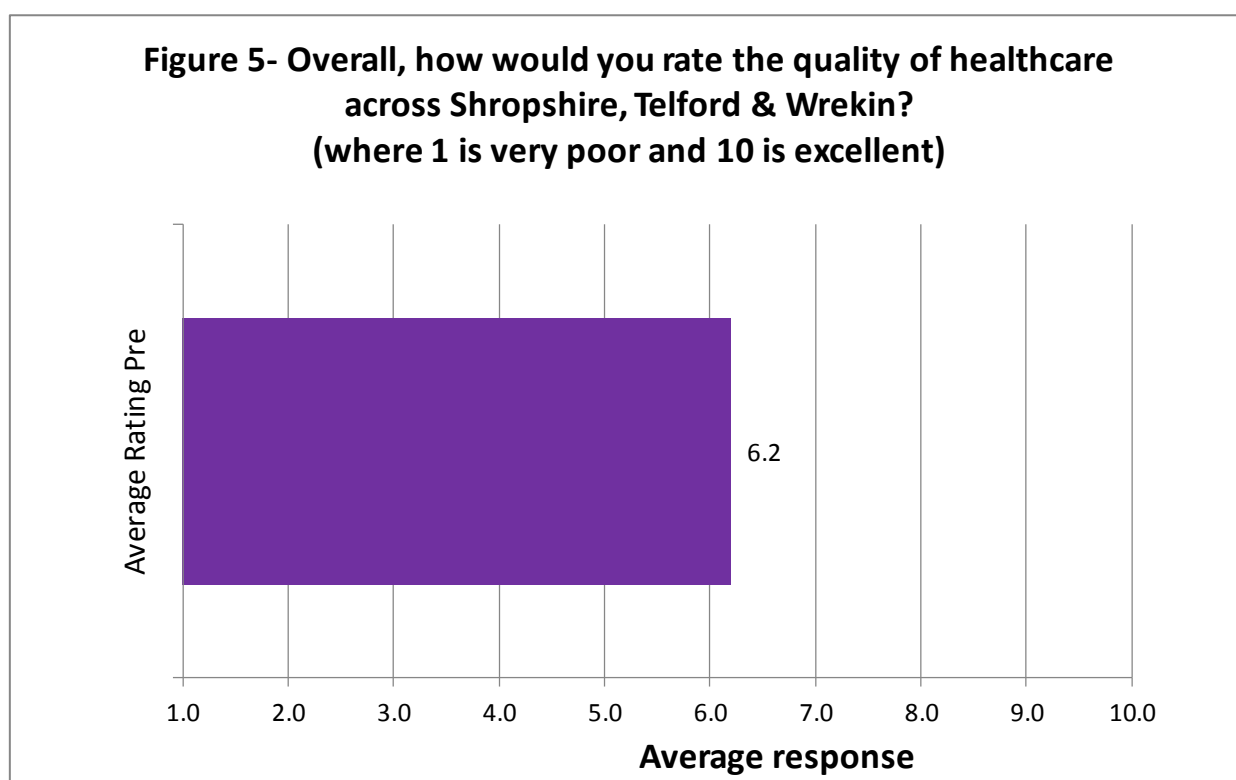
Sample Base: Figure 5- 85 completed responses

The findings from the pre event questionnaires indicate the following:

- 45% (58 out of 130 completed responses) of participants attended the events to find out more about what is happening to healthcare locally. This is also reflected in the qualitative insight, where participants voiced a number of questions and concerns in regard finding out about the future provision of healthcare in their specific locality. (PLEASE NOTE – some participants ticked more than one choice for this question, which is why there are 130 responses from 108 participants)

- 57% (50 out of 87 completed responses) of participants stated that they are *very* aware of the Future Fit programme and 23% (20 out of 87) stated they are aware. These findings indicate that there were high levels of awareness pre deliberation at the events.

- 64% (56 out of 87 completed responses) of participants either strongly agreed or agreed that changes are needed to the way healthcare is provided across Shropshire and Telford & Wrekin. In addition, 26% (23 out of 87 completed responses) were unsure or didn't know if changes were needed. The qualitative findings from the group discussions also indicate that the participants had many questions that would need to

be answered before they could feel confident in agreeing with any proposed changes to services

- 6.2 was the average rating (where 1 = very poor and 10 = excellent) given by all participants when asked to rate the current quality of healthcare across Shropshire and Telford & Wrekin

3.4 Common Themes from Case for Change/Model Group Discussions

The group notes have been coded and the common themes have been drawn out across all discussions at all the events. This is summarised in the tables over the page. The raw data includes the flip chart notes from the facilitated discussions and the post-it notes placed by the participants on the comments boards at the events, which prompted for any questions, ideas, issues/concerns or positive aspects of the programme.

	Table 4 - Issues and Concerns Key Themes									
		Total		**Wem**		**Telford**		**Newtown**		**Shrewsbury**	
		Base no.	%	Base no.	%	Base no.	%	Base no.	%	Base no.	%
1	Resourcing issues	32	13%	8	11%	10	17%	1	3%	13	15%
2	Transport links/parking	29	12%	11	15%	5	9%	2	7%	11	13%
3	No joined up working	26	10%	5	7%	5	9%	3	10%	13	15%
4	Waiting times, access to GP	25	10%	6	8%	13	22%	2	7%	4	5%
5	Forced to travel elsewhere	22	9%	9	12%	1	2%	9	29%	3	3%
6	Recruitment/staffing problems	16	6%	3	4%	5	9%	2	7%	6	7%
7	Need local health services	15	6%	4	5%	3	5%	3	10%	5	6%
8	Better signposting/info	11	4%	9	12%	0	0%	0	0%	2	2%
9	Need better out of hours	10	4%	2	3%	1	2%	2	7%	5	6%
10	See GP not video/triage	10	4%	0	0%	6	10%	1	3%	3	3%
11	Ambulance resources/time	9	4%	3	4%	0	0%	3	10%	3	3%
12	Rural/remote services	9	4%	1	1%	1	2%	2	7%	5	6%
13	Aftercare/discharge issues	7	3%	4	5%	1	2%	0	0%	2	2%
14	Clear, jargon free information	6	2%	2	3%	1	2%	0	0%	3	3%
15	Listen to /liaise with patients	4	2%	2	3%	0	0%	0	0%	2	2%
16	Support for Carers	4	2%	2	3%	0	0%	0	0%	4	5%
17	Demography issues	4	2%	0	0%	4	7%	0	0%	0	0%
18	Unclear where to go	3	1%	0	0%	0	0%	2	7%	1	1%
19	Cleanliness	3	1%	2	3%	0	0%	0	0%	1	1%
20	Mental Health inclusion	2	1%	1	1%	0	0%	1	3%	0	0%
Other		31	12%	7	10%	6	10%	2	7%	16	18%
Base		250 comments/mentions throughout group discussions and placed on comment boards									

		Total		Wem		Telford		Newtown		Shrewsbury	
Table 5- Positives Key Themes											
		Base no.	%	Base no.	%	Base no.	%	Base no.	%	Base no.	%
1	Good quality care/staff	27	36%	11	39%	6	60%	3	43%	7	23%
2	GP access is good	9	12%	4	14%	0	0%	0	0%	5	16%
3	Improved joined up working	9	12%	1	4%	2	20%	0	0%	6	19%
4	Shropshire Doctors	4	5%	2	7%	1	10%	0	0%	1	3%
5	Care is free	4	5%	3	11%	0	0%	0	0%	1	3%
6	Lots more services/activities	4	5%	0	0%	1	10%	1	14%	2	7%
7	Good ambulance service	4	5%	1	4%	0	0%	1	14%	2	7%
8	Patients more involved	3	4%	0	0%	0	0%	1	14%	1	3%
9	SATH particularly good	3	4%	1	4%	1	10%	0	0%	3	10%
10	Rural area provision	2	3%	1	4%	2	20%	0	0%	2	7%
11	Volunteer involvement	2	3%	1	4%	1	10%	0	0%	2	7%
12	111 good outcomes	2	3%	2	7%	0	0%	0	0%	0	0%
13	Reduced waiting times	2	3%	1	4%	0	0%	1	14%	0	0%
14	Better info/signposting now	1	1%	1	4%	0	0%	0	0%	0	0%
15	Good pre-op	1	1%	0	0%	0	0%	1	14%	0	0%
Other		5	7%	1	4%	0	0%	7	14%	3	10%
Base		76 comments/mentions throughout group discussions and placed on comment boards									

		Total		Wem		Telford		Newtown		Shrewsbury	
		Base no.	%	Base no.	%	Base no.	%	Base no.	%	Base no.	%
	Table 6 - Big Ideas Key Themes										
1	Work together with Social Care	7	30%	5	71%	0	0%	0	0%	2	40%
2	More local facilities	5	22%	0	0%	0	0%	5	100%	0	0%
3	Better joined up IT	2	9%	0	0%	2	33%	0	0%	0	0%
4	Increase hours, 24/7	1	4%	1	14%	0	0%	0	0%	0	0%
5	Shropshire Doctors	1	4%	1	14%	0	0%	0	0%	0	0%
6	Demography into account	1	4%	0	0%	1	17%	0	0%	0	0%
7	Good quality staff	1	4%	0	0%	1	17%	0	0%	0	0%
8	Home assessments	1	4%	0	0%	1	17%	0	0%	0	0%
9	More effective working	1	4%	0	0%	1	17%	0	0%	0	0%
10	Home assessments	1	4%	0	0%	1	17%	0	0%	1	20%
11	More effective working	1	4%	0	0%	1	17%	0	0%	1	20%
12	More local facilities	1	4%	0	0%	0	0%	0	0%	1	20%
Other		0	0%	0	0%	0	0%	0	0%	0	0%
Base		23 comments/mentions throughout group discussions and placed on comment boards									

		Total		Wem		Telford		Newtown		Shrewsbury	
		Base no.	%	Base no.	%	Base no.	%	Base no.	%	Base no.	%
1	Cost issues	16	18%	1	8%	2	9%	3	25%	10	26%
2	Pathway of care	14	16%	0	0%	4	17%	0	0%	10	26%
3	Resource/staffing issues	10	12%	1	8%	4	17%	1	8%	4	10%
4	Working Together	9	10%	1	8%	2	9%	2	17%	4	10%
5	Accessibility to care	8	9%	3	25%	5	22%	0	0%	0	0%
6	Info/signposting/jargon free	8	9%	2	17%	3	13%	1	8%	2	5%
7	Speed of change	2	2%	1	8%	0	0%	0	0%	1	3%
8	Use of IT	2	2%	1	8%	1	4%	0	0%	0	0%
Other		18	21%	2	17%	2	9%	5	42%	9	23%
Base		86 comments/mentions throughout group discussions and placed on comment boards									

Table 7 - Questions Key Themes

Key findings from the general comments boards and facilitated discussions:

- Overall 250 'Issues and Concerns' comments were raised. There were significantly more 'Issues and Concerns' than there were 'Positives and Likes' comments, 'Big Ideas' or 'Questions'. In particular, participants questioned how the proposed model would be adequately resourced, especially if it would mean moving more services into the community. However, both in Wem and Newtown travel issues, in terms of transport links (Wem) and being forced to travel out of area (Newtown & Wem), were the most frequent concerns. The perception of a current lack of joined-up working was also a top concern for participants in Shrewsbury. Telford participants were mostly concerned with lengthy waiting times to see a GP. In Wem, participants felt that better signposting to other services is required and would be necessary in the proposed model

- There were 76 positive comments. The majority of these highlighted areas of good quality of care and teams of staff that should be supported, nurtured and learned from when moving forward. It was hoped that this would be continued in the proposed NHS Future Fit model. In Wem and Shrewsbury, GP access is considered to be good for some. Participants in Shrewsbury also said that they felt the proposed model would enable more joined-up working between professionals and that is long overdue

- In total, participants proposed 23 'Big Ideas'. The most common idea was to enable closer and better working relationships with social services/care (especially in Wem). In Newtown, it was asked that thought should go into providing more local facilities for the area

- In terms of questions asked (86 in total), the most common questions focused on the cost of the proposed model, how it could be funded, its long-term sustainability and the impact on existing services (this was mostly from Shrewsbury). Questions were also asked as to how services users would access the new model and be referred into it. In particular, there were concerns in regard to what services an Urgent Care Centre (UCC) would provide and its relationship with the proposed Emergency Centre. For example, participants asked if all UCCs would have in-house x-ray and if not, what the impact of this would be on patient care.

3.5 Model Feedback

The participants watched a video which explained the overall model of care and following this, they then watched three videos which explained how long term conditions; planned care and; urgent and emergency care would be provided in the proposed model. Using case studies, they groups then discussed how they felt each of those three areas would be affected by the proposed model. This is summarised for all events below:

Case Study Feedback – LONG TERM CONDITIONS

Pathway Comments

- Urgent Care Centre (UCC) should be used when *"there was a problem or initial concern"*, better if this was a *"facility close to home"*
- Health Hub (HH) for *"local management"*, there should be more than one health hub ideally located next to other healthcare services and it should be able to *"pick up his support"*
- There should be an *"earlier diagnosis"* and subsequently *"accurate and timely information about condition"*

Additional Support

- Community respiratory nurse/specialist nurse
- Local Community Unit
- Community Services/support
- Physiotherapy support
- Respite back up
- Education from the Health Hub Support Group

Role of GP

- Some confusion over the role of the GP in the model. Suggested that GP should do the "*signposting*" and would be needed to offer *"increased support"*

Ownership

- Patients are being encouraged to take *'ownership of their own care", "patients as experts*".   In practical terms, the patient in question could *"understand his condition better and check his bloods everyday"*
- This would be aided by *"involving the patient earlier on…care plan"*

Aftercare/Discharge/Support/Review

- Need for a *"discharge plan if unwell at A&E"*
- Emotional support may be better "*given by family and local community*" rather than a professional. The patient will have *"more trust in their spouse/partner".*
- Some concern about the use of *"virtual team"* if they don't know the patient
- Keep patient *"at home rather than travelling"*
- Important to *"review plan regularly"*
- Should be *"24/7 access to advice"*

Joined Up Working

- There should be joined up working, with *"better communication across health professionals"*, *"having the right people for the right task as part of the patient journey"*
- Continuity of care needs to have *"centralised electronic records"*, which is a *"key component of information governance"* and gives *"quick access to a person you see all the time and share electronic records"*

Single Point of Contact

- A Key Worker (1 person) for whom the patient could have direct contact was preferred.

Other Comments

- Is this an "expensive model?"

Case Study Feedback – PLANNED CARE

Pathway Comments

- 1st – Health Hub (HH)
- 2nd – Diagnostic & Treatment Centres (DTC) should be used for the operation – it was thought that this would lower the *"cancellation risk"*
- 3rd – Community Units (CU) this Unit was also highlighted as good for rehabilitation and Physio. Appointments should be *"designed around her"*

Additional Support

- Local Planned Care Services (for tests, physio) as close to home as possible
- GP (thought to be the first point of contact by one group, should be able to *"refer to the DTC"*)
- Support Groups (important particularly for "*addressing the depression and getting her back to work*")

Speed of Care/Discharge

- *"Quicker assessment and quicker operation"* at the DTC would help in getting her back to work
- Also a need to "*assess abilities in the home, to hopefully allow a return sooner than 3 days*"

Aftercare/support

- One group asked for a more "*pro-active approach*"
- Health services should be involved to support the patient back to work

- Support should be available *"before and after the operation"*
- Getting her back to work would also be aided by *"shorter waiting time for the op"*

Information & Communication

- More information should be given to her about the *"before and after"*, to give understanding of the process *"before and after discharge"*
- Health services should be involved to support the patient back to work
- Information sharing and triage could be aided with the use of Skype

Joined up Working

- Electronic records would *"easily share updates"*
- *"Integrate services between health and social services".* There was also a call for the integration of welfare and employment.

Case Study Feedback – URGENT AND EMERGENCY CARE

Pathway Comments

- 1st – GP. Thought to be the first port of call for all groups, although there does need to be provision for out of hours and *"ideal would be GP home visit"*
- 2nd – Urgent Care Centre (UCC). Particularly for emergency appointments. Questions were asked as to whether the UCC would have the necessary skills/equipment e.g. X-Ray, paediatric services. There was also a general concern about what services the UCCs will be able to provide.
- Need to know the pathway if patient deteriorates whilst in A&E
- Early diagnosis is key

Additional Support

- Could ring *"Shropshire Doctors"*

Joined Up Working

- Importance of shared records.

Speed of Response

- Want assurance that *"ambulance/paramedics can reach patients faster"*.

At the end of this section participants completed a model feedback form. They were asked to rate their perceived understanding of each of the facilities described in the NHS Future Fit model. Where 1 = unsure to 5 = fully understand. The averaged ratings from all events are shown in the chart below.

Figure 6 - To what extent do you understand each of the following?
(1 = unsure, 5 = fully understand)
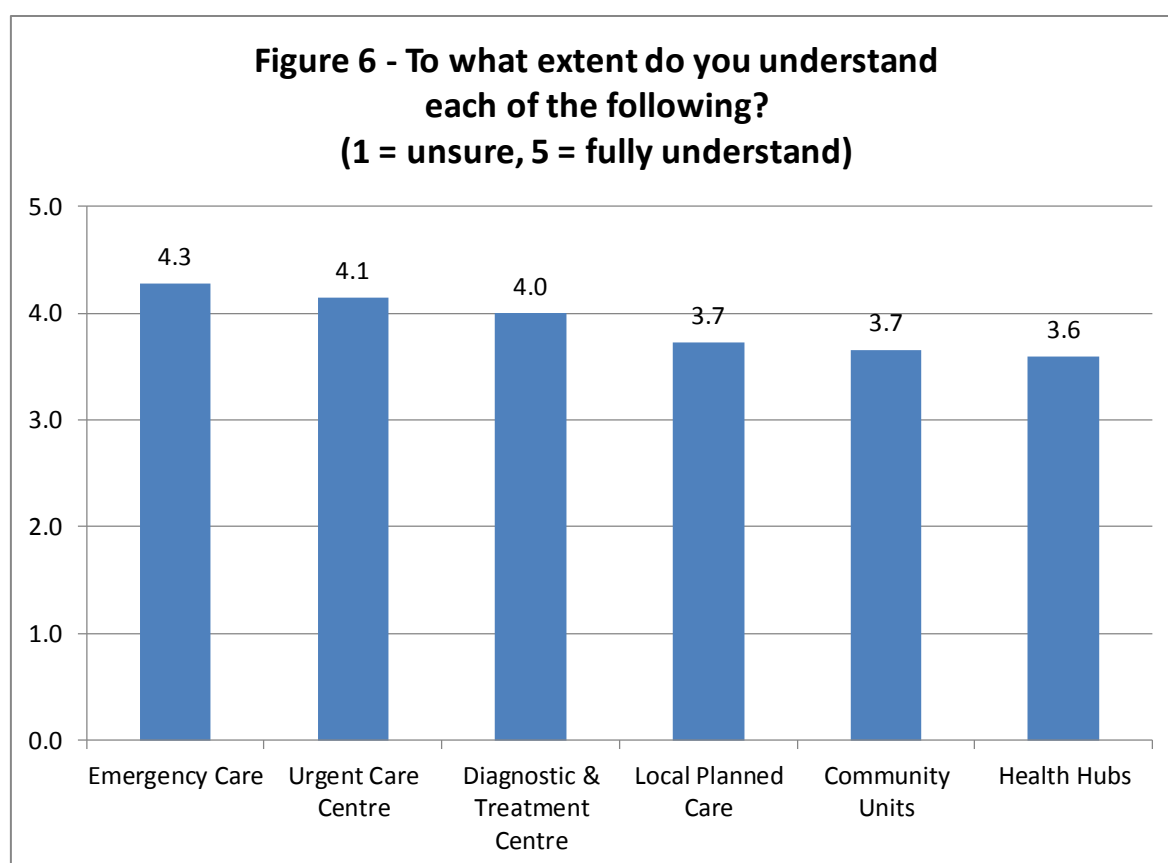
Sample Base: Figure 6 - 62 completed forms

Figure 6 infers that post deliberation there was a high level of understanding overall for most facilities. In particular, the Emergency Centre and Urgent Care Centres were most clearly understood (reflecting current understanding of the traditional A&E service). The facilities and services which may be perceived as 'new or different' were the most unclear for participants: local planned care; community units and; health hubs

3.6 Mapping of the Model and Decision Making Criteria

Participants were asked to map out where the facilities outlined in the proposed model would be best placed across Shropshire and Telford & Wrekin. Using sticky dots to represent the colour coding of the model, the participants worked as groups to place these on the map. They then agreed on the top criteria that had influenced their decision-making process.

Table 8 - Views on where the Health Services should be located – EMERGENCY CENTRE										
		Total		Wem		Telford		Newtown		Shrewsbury	
		Base no.	%	Base no.	%	Base no.	%	Base no.	%	Base no.	%
1	Shrewsbury	15	75%	4	100%	2	50%	3	100%	2	22%
2	Telford	4	20%	0	0%	2	50%	0	0%	1	11%
3	In between Telford & Shrewsbury	1	5%	0	0%	0	0%	0	0%	6	67%
Base refers to number of stickers on maps from groups											

What do you like? – EMERGENCY CENTRE

1. Expert Team, Specialist Centre, Centre of Excellence (10 mentions)
2. Immediate attention, specific for emergencies (6 mentions)
3. Important, good idea, logical (5 mentions)
4. Accessible (4 mentions)
5. Centralised, one centre (3 mentions)
6. Other *"limited", "safety", "need to be in Shrewsbury"*

What do you dislike? – EMERGENCY CENTRE

1. Distance, too far away, location (7 mentions – 4 from Newtown)
2. Barriers to access (3 mentions)
3. Other *"Clarity over co location", "only one unit",* the minimalist *Approach", "need better treatment rooms than at present"*

What is unclear? – EMERGENCY CENTRE

1. Resourcing implications, infrastructure to support it (3 mentions)
2. Don't need 2 A&Es near each other (1 mention)
3. Why split EC and UCC? (1 mention)

Table 9 - Views on where the Health Services should be located – URGENT CARE CENTRE										
		Total		Wem		Telford		Newtown		Shrewsbury	
		Base no.	%	Base no.	%	Base no.	%	Base no.	%	Base no.	%
1	Shrewsbury	19	95%	4	100%	4	80%	3	100%	8	100%
=2	Oswestry	18	90%	3	75%	4	80%	3	100%	8	100%
=2	Whitchurch	18	90%	3	75%	4	80%	3	100%	8	100%
=2	Telford	18	90%	3	75%	5	100%	3	100%	7	88%
=2	Bridgnorth	18	90%	3	75%	4	80%	3	100%	8	100%
=2	Ludlow	18	90%	3	75%	4	80%	3	100%	8	100%
=2	Bishops Castle	18	90%	3	75%	4	80%	3	100%	8	100%
8	Market Drayton	14	70%	3	75%	3	60%	2	67%	6	75%
=9	Newport	10	50%	1	25%	4	80%	0	0%	5	63%
=9	Church Stretton	10	50%	1	25%	2	40%	1	33%	6	75%
Other		Cleobury Mortimer (3), Welshpool (3), Newtown (2), Shifnal (2), Wem (2), between Telford &Shrewsbury (1)									
Base refers to number of stickers on maps from groups											

What do you like? – URGENT CARE CENTRE

1. Accessible   (14 mentions)
2. Reduce pressure, alternative to A&E   (8 mentions)
3. Good idea, Good addition   (3 mentions)
4. Quicker treatment   (2 mentions)
5. Other *"importance for confidence", large number of units",*
    "limited", "walk in facility", "holistic car for urgent conditions"

What do you dislike? – URGENT CARE CENTRE

1. Not a 24/7 Service   (2 mentions)
2. More units rather than less   (2 mentions)
3. Other *"UCC split", "concern about distance", "keep the drunks*
    separate", "only one unit"*

What is unclear? – URGENT CARE CENTRE

1. Concern about distance, transport issues   (2 mentions)
2. Who will staff and how big?   (1 mention)
3. How will Urgent Care be provided?   (1 mention)
4. 24 hour access?   (1 mention)
5. Finances, resource allocation issues   (1 mention)

Table 10 - Views on where the Health Services should be located – COMMUNITY UNIT											
		Total		Wem		Telford		Newtown		Shrewsbury	
		Base no.	%	Base no.	%	Base no.	%	Base no.	%	Base no.	%
=1	Oswestry	16	88%	3	100%	3	75%	3	100%	7	88%
=1	Whitchurch	16	88%	3	100%	3	75%	3	100%	7	88%
=1	Telford	16	88%	3	100%	3	75%	3	100%	7	88%
=1	Church Stretton	16	88%	3	100%	4	100%	2	67%	7	88%
=1	Bridgnorth	16	88%	3	100%	2	50%	3	100%	8	100%
=1	Ludlow	16	88%	3	100%	3	75%	3	100%	7	88%
=7	Market Drayton	15	83%	3	100%	2	50%	3	100%	7	88%
=7	Shrewsbury	15	83%	3	100%	3	75%	2	67%	7	88%
=7	Bishops Castle	15	83%	3	100%	3	75%	3	100%	6	75%
10	Newport	11	61%	2	67%	3	75%	1	33%	5	63%
Other	- Cleobury Mortimer (6 mentions), Newtown (4), Wem (4), Shifnal (4), Ludlow (3), Ellesmere (3), Much Wenlock (2), Pontesbury (2), Welshpool (2), Newtown (2), between Telford &Shewsbury (1 mention)										
Base refers to number of stickers on maps from groups											

What do you like? – COMMUNITY UNIT

1. Accessible, locally based (11 mentions)
2. Good idea (3 mentions)
3. Step-down, releases pressure (3 mentions)
4. Good for LTC, elderly etc (2 mentions)
5. Other *"in populated areas", Teleheath essential part of future change", "no need for bed if using virtual wards", "available to all", "need greater clarity"*

What do you dislike? – COMMUNITY UNIT

1. Too far away from population on the whole (1 mention)
2. Can't this be commissioned from specialist providers? (1 mention)

What is unclear? – COMMUNITY UNIT

1. Services that will be provided – what is difference between Community Units and Health Hubs? (2 mentions)
2. Who is going to fund it, finances and resource allocation? (2 mentions)
3. Other *"all", "low viable in rural areas"*

Table 11 - Views on where the Health Services should be located – DIAGNOSTIC & TREATMENT CENTRE										
	Total		Wem		Telford		Newtown		Shrewsbury	
	Base no.	%	Base no.	%	Base no.	%	Base no.	%	Base no.	%
1 Shrewsbury	12	60%	2	50%	2	50%	3	100%	5	56%
2 Telford	7	35%	2	50%	2	50%	0	0%	3	33%
3 In between Telford & Shrewsbury	1	5%	0	0%	0	0%	0	0%	1	11%
Base refers to number of stickers on maps from groups										

What do you like? – DIAGNOSTIC & TREATMENT CENTRE

1. One Centre, one stop shop   (7 mentions)
2. Quicker treatment   (4 mentions)
3. Planned, specialist care   (4 mentions)
4. Booked, secure appointments   (3 mentions)
5. Good idea, helpful facility   (2 mentions)
6. Eases pressure on other services   (2 mentions)
7. Other "spread out equally-accessibility", "not convenient separation from EC"

What do you dislike? – DIAGNOSTIC & TREATMENT CENTRE

1. Clarity over location   (3mentions)
2. Should be at all hospitals   (1 mention)
3. Limited reduces specialism   (1 mention)

What is unclear? – DIAGNOSTIC & TREATMENT CENTRE

1. Finances &Resourcing implications   (1 mention)
2. Not clear about this   (1 mention)

	Table 12 - Views on where the Health Services should be located – HEALTH HUB									
		Total		Wem		Telford		Newtown		Shrewsbury	
		Base no.	%	Base no.	%	Base no.	%	Base no.	%	Base no.	%
1	Telford	20	95%	3	100%	5	100%	4	100%	8	94%
2	Shrewsbury	19	90%	3	100%	3	60%	4	100%	9	100%
=3	Whitchurch	15	71%	2	67%	4	80%	3	75%	6	67%
=3	Market Drayton	15	71%	2	67%	3	60%	3	75%	7	78%
=3	Bishops Castle	15	71%	2	67%	3	60%	3	75%	7	78%
=6	Oswestry	14	67%	3	100%	3	60%	3	75%	5	56%
=6	Bridgnorth	14	67%	2	67%	3	60%	3	75%	6	67%
8	Ludlow	13	62%	2	67%	1	20%	3	75%	7	78%
9	Newport	11	52%	2	67%	4	80%	1	25%	4	44%
10	Church Stretton	9	43%	1	33%	1	20%	2	50%	5	56%
Other		- Cleobury Mortimer (7 mentions), Wem (7), Craven Arms (6), Ellesmere (5), Albrighton (3), Much Wenlock (3), Pontesbury (3), Welshpool (3), Newtown (2), Clun (1)									
Base refers to number of stickers on maps from groups											

What do you like? – HEALTH HUB

1. Community/locally based   (7 mentions)
2. Signposting will be essential   (4 mentions)
3. Holistic/self care motivation   (4 mentions)
4. Good idea   (3 mentions)
5. Not sure, need greater clarity   (2 mentions)
6. Other *"expand GPs to be able to use equipment"*

What do you dislike? – HEALTH HUB

1. Vagueness   (1 mention)
2. Too far away from population   (1 mention)
3. Limited reduces specialism   (1 mention)

What is unclear? – HEALTH HUB

1. How will it work, fit in with GPs etc? Functions & Services   (2 mentions)
2. Funding, finances & resource allocation   (2 mentions)

Table 13- Views on where the Health Services should be located – LOCAL PLANNED CARE SERVICES										
		Total		Wem		Telford		Newtown		Shrewsbury	
		Base no.	%	Base no.	%	Base no.	%	Base no.	%	Base no.	%
1	Shrewsbury	19	100%	3	100%	4	100%	3	100%	9	100%
2	Telford	17	90%	3	100%	4	100%	3	100%	7	78%
=3	Oswestry	16	84%	3	100%	4	100%	3	100%	6	67%
=3	Market Drayton	16	84%	3	100%	4	100%	3	100%	6	67%
=3	Bridgnorth	16	84%	3	100%	4	100%	3	100%	6	67%
=3	Bishops Castle	16	84%	3	100%	4	100%	3	100%	6	67%
7	Whitchurch	15	79%	3	100%	4	100%	3	100%	5	56%
8	Ludlow	14	74%	3	100%	3	75%	3	100%	5	56%
=9	Newport	11	56%	2	67%	2	50%	1	33%	6	67%
=9	Church Stretton	11	56%	2	67%	3	75%	1	33%	5	56%
		- Cleobury Mortimer (10 mentions), Ellemere (5), Wem (4), Craven Arms (4), Shifnal (4), Albrighton (3), Much Wenlock (3), Welshpool (3), Pontesbury (2), Prees (2), Newtown (2), Clun (1), In between Telford & Shrewsbury (1)									
Base refers to number of stickers on maps from groups											

What do you like? – LOCAL PLANNED CARE SERVICES

1. Accessibility, local services   (12 mentions)
2. All at GP, convenient   (2 mentions)
3. Planned care   (2 mentions)
4. Other *"open to abuse", "holistic teams", "flexibility"*
   "not sure on virtual capabilities", "speedy, efficient diagnosis"

What do you dislike? – LOCAL PLANNED CARE SERVICES

1. Need easy access, too far away from population   (2 mentions)
2. Unclear of difference between GPs and LPCs   (1 mention)

What is unclear? – LOCAL PLANNED CARE SERVICES

1. Funding, Finances & Resourcing implications   (2 mentions)
2. Services to be provided   (1 mention)
3. Hate the idea of video diagnosis   (1 mention)
4. How will this be Stafford…   (1 mention)
5. Low viable in rural areas   (1 mention)

Table 14 - Criteria for Choice of Location (3 points allocated for the most important criteria – 1 point for the least important)										
Criteria	**Total**		**Wem**		**Telford**		**Newtown**		**Shrewsbury**	
	Points	**%**	**Points**	**%**	**Points**	**%**	**Points**	**%**	**Points**	**%**
1 Areas of Deprivation	52	23%	18	24%	16	26%	10	20%	8	18%
2 Mass of Population	34	15%	13	17%	8	13%	2	4%	11	25%
3 Age/condition of people	33	14%	10	13%	3	5%	11	22%	9	20%
4 Transport links	31	13%	10	13%	10	16%	3	6%	8	18%
5 What already exists	27	12%	0	0%	15	25%	4	8%	8	18%
6 GP capacity	18	8%	6	8%	9	15%	3	6%	0	0%
7 Isolation	14.5	6%	9	12%	0	0%	5.5	11%	0	0%
8 Borders of FF area	9	4%	3	4%	0	0%	6	12%	0	0%
9 Equipment in place	7	3%	7	9%	0	0%	0	0%	0	0%
10 Central Area	5	2%	0	0%	0	0%	0	0%	0	0%
11 Parking	0	0%	0	0%	0	0%	0	0%	0	0%

Table 13 and Figure 7 present the criteria considered most important by the participants when determining the best place to locate the components of the NHS Future Fit model. Ensuring that areas of deprivation are prioritised by the NHS Future Fit programme was seen as the most important criterion, with the exception of participants from Shrewsbury where they instead felt that ensuring facilities were where there is the greatest mass of population was most important (least important factor for Newtown). Taking into account the needs of an aging population and ensuring good transport links were rated highly by all, except in Telford where making good use of what already exists was deemed more important than the aging population. For participants in Newtown, locating facilities near to Future Fit border was most important and they were also concerned about 'isolated communities' as were the Wem participants.

Figure 7 - Location Criteria
3 points=most important, 1 point=least important

Criteria	Total number of points
Deprivation	52
Population	34
Age/Condition of people	33
Transport	31
What already exists	27
GP capacity	18
Isolation	14.5
Borders	9
Equipment	7
Central area	5
Parking	0

Total number of points
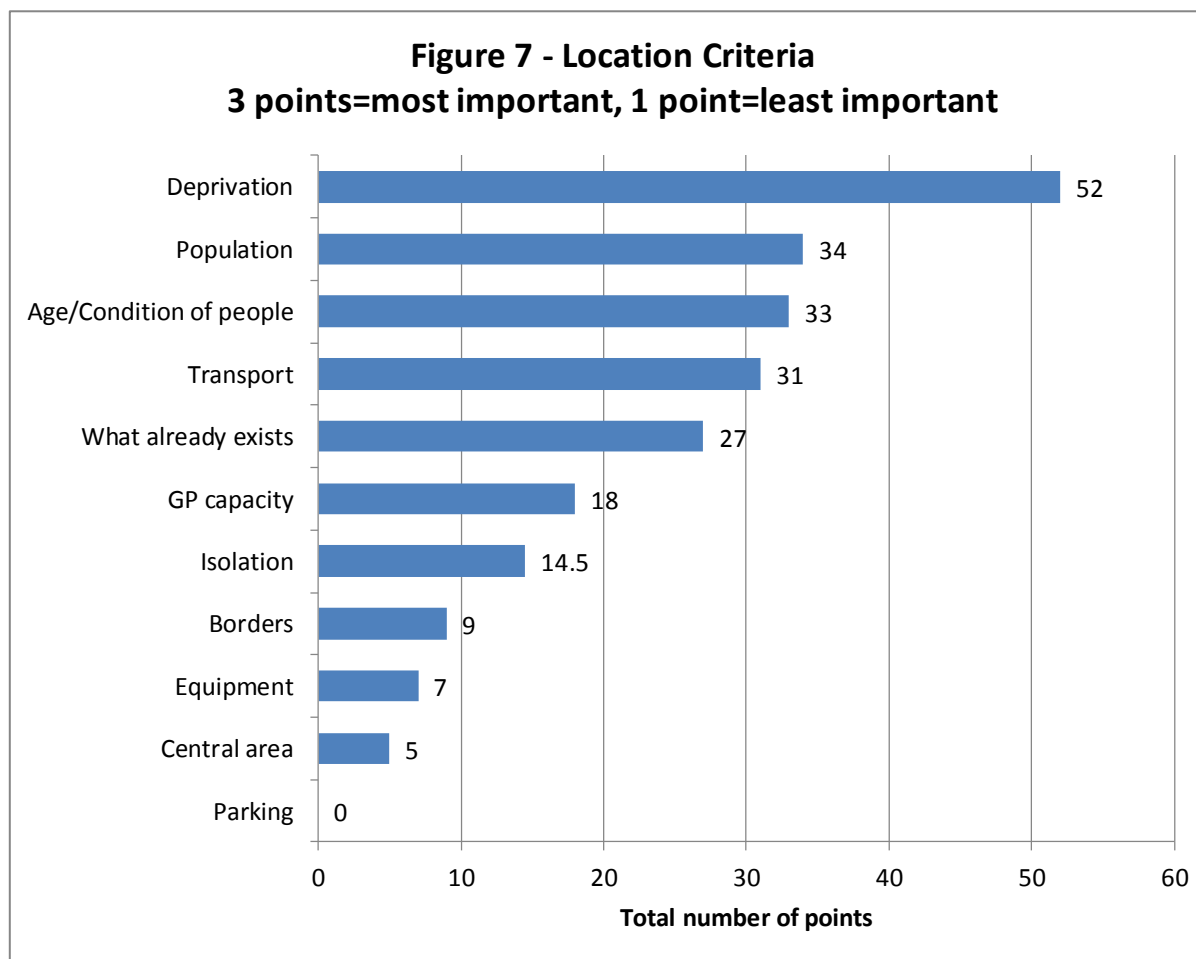
4. Conclusions and Recommendations

4.1 Conclusions

In regard to the findings from the four deliberative events, the following conclusions can be drawn:

- The majority of participants appeared to feel more informed about the Future Fit programme's aims and the proposed model as a result of deliberation. However, further clarity is still needed in terms of what services each facility will provide, the distribution of facilities, staff and resourcing issues, patient access, local provision of services, how the model will be funded, its feasibility and the impact of change on each hospital

- There appeared to be high levels of knowledge and understanding of the model and programme. This is a positive reflection of the discussions, however, it also infers that the participants were made up of fairly well informed stakeholders. Therefore, more needs to be proactively done to engage with a wider representation of the local public

- Most participants indicated they feel there is a need for change, however, there were concerns about the impact of any such change in terms of patient access especially in regard to emergency care

- Resourcing of facilities and patient access are the main concerns in regard to any potential changes to healthcare services. Participants stated concerns in regard to recruiting enough staff, road transport links, 'isolated communities' and having to travel 'out of area' (especially in Newtown)

- In terms of locating facilities, Shrewsbury was most favoured for both the Emergency Centre and the Diagnostic & Treatment Centre. This was followed by Telford and the approach of building a new facility in between Telford and Shrewsbury was also mentioned, mainly by the Shrewsbury participants in regard to the Emergency Centre

- Other facilities were well spread in terms of distribution across the Future Fit area and it was seen as key that there would be as many UCCs as possible, if the model only provided one Emergency Centre

- In terms of rating the assessment criteria, the participants gave taking into account the derivation of areas and where there is the greatest mass of population the highest ratings. However, Telford participants were also very concerned about taking into account what already exists compared to other participants.

4.2 Recommendations

In regard to the conclusions drawn from the four deliberative events, Participate makes the following engagement recommendations:

- This report contains a wealth of insight which should clearly inform the process of developing a shortlist for consultation

- Due to the number of questions and issues and concerns raised, the NHS Future Fit Programme should ensure that more detailed information is provided to participants at subsequent events and through all engagement activities. The findings suggest that the participants had a good level of understanding by the end of the events. However, areas for further clarity include: financial implications; staffing requirements; hospital capacities; potential impact on patient choice; accessibility (in terms of transport links) and the perceived impact on quality of clinical care

- There is a need for clearer information to explain what will be provided at each of the components of the NHS Future Fit model. We recommend that the programme works closely with patient and public groups/forums to develop appropriate resources and materials to ensure the proposed model is easily understood by the public

- Participants are concerned about the future of urgent and emergency care as well as providing services for 'isolated communities' (located away from the main conurbations). To tackle this the programme should work closely with local special interest groups and 'isolated communities' to ensure their concerns and issues are fully understood

- All participants should be sent a summary of the event report (with the full report available on request). Alongside this, it should be explained how their views and opinions will inform and influence the decision making process. It is also essential that the next stage of engagement clearly informs the options for consultation, so that the views of local people are meaningfully taken into account and an auditable and transparent dialogue is evident.

5. *Findings from Wem Event*

There were 28 participants in total at the Wem event on the 15th August. The following sets out the findings from the Wem event.

5.1 Pre Event Questionnaire

Figure 8 - Pre Event Questionnaire - WEM
What do you most expect to get from today's event?

- To find out more about what is happening to healthcare locally: 13
- To have my say about proposed changes to the services: 7
- To meet other people and discuss changes to services: 10
- To meet people from the NHS: 5
- Nothing

(Number of responses; axis 0 to 40)
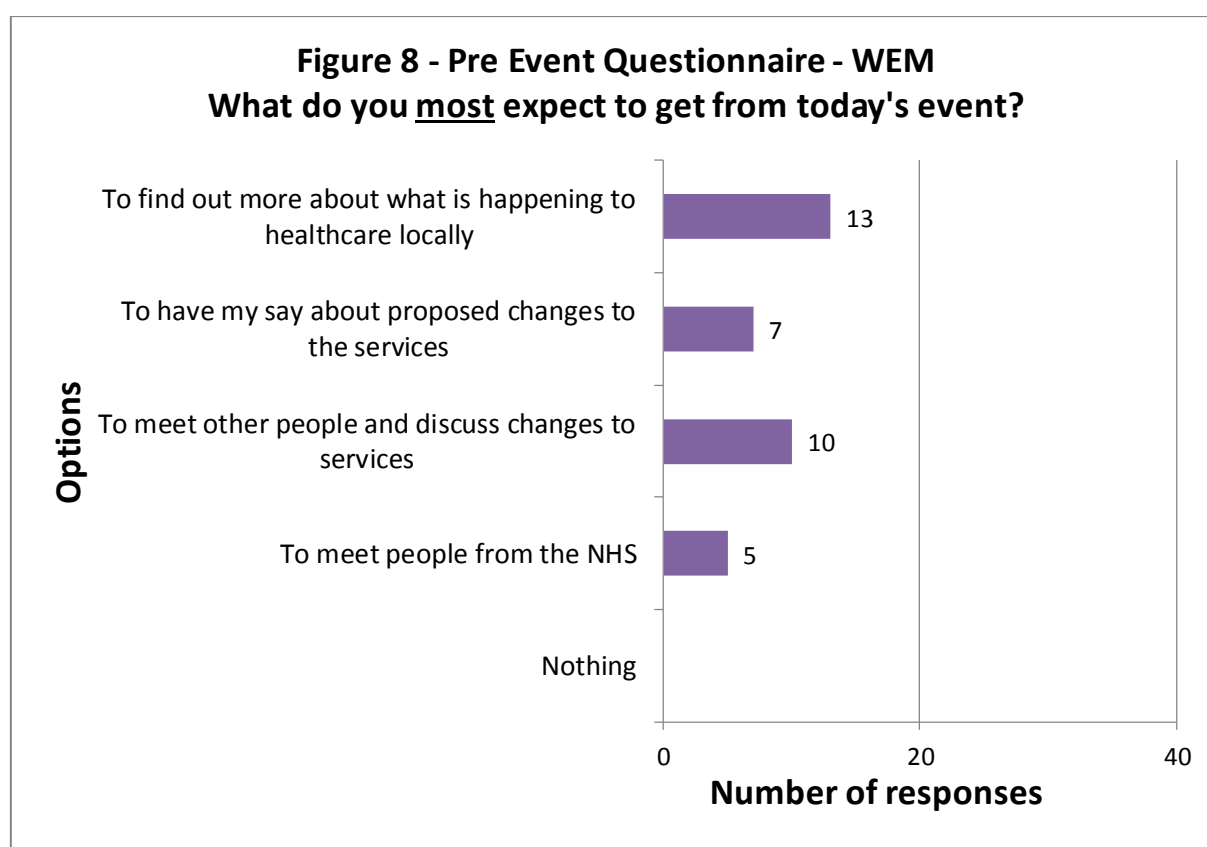
Sample Base: 35 completed responses (multiple responses from repondents)

Figure 9 - To what extent are you aware of the NHS Future Fit programme across Shropshire, Telford and Wrekin?

Sample Base: 17 completed responses

Figure 10 - To what extent do you agree or disagree that changes are needed to the way healthcare is provided across Shropshire, Telford & Wrekin?
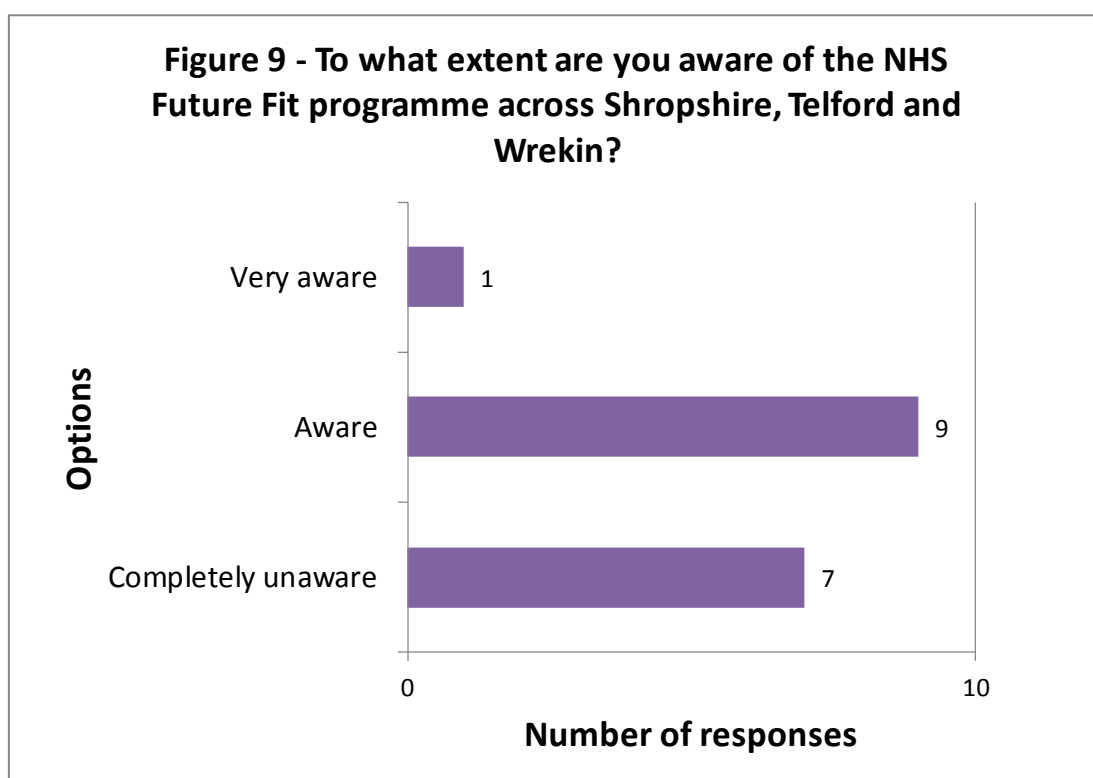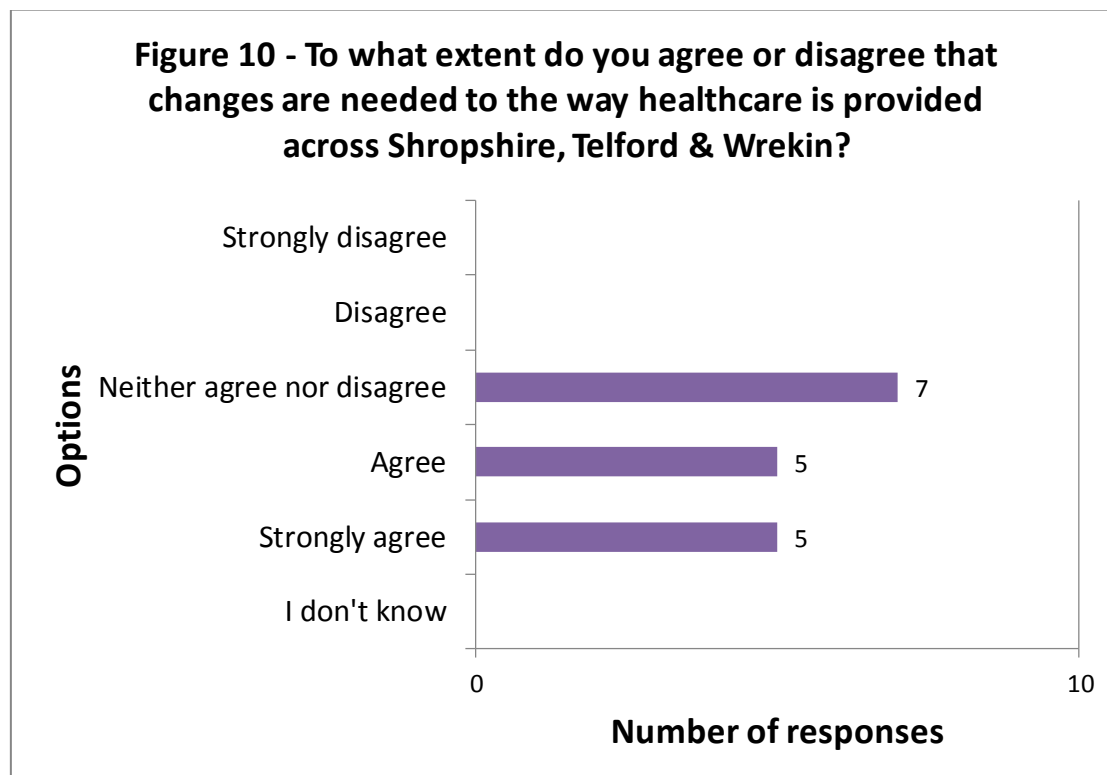
Sample Base: 17 completed responses

Figure 11 - Overall, how would you rate the quality of healthcare across Shropshire, Telford & Wrekin? (where 1 is very poor and 10 is excellent)
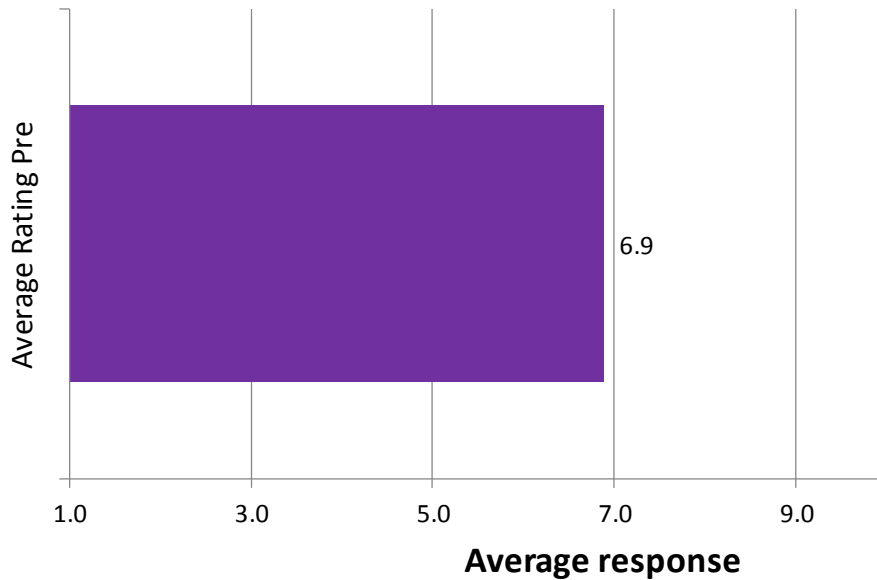
Sample Base: 17 completed responses

5.2 Overall Themes from the Discussion Groups

The following tables set out the common themes to have emerged from all discussions at the Wem event. All discussion group data has been inputted into a coding frame to draw out common themes. The discussion themes are then summarised in terms of the number of times a group mentioned it across the event.

Table 15 - Issues and Concerns Key Themes		Total		Wem	
		Base no.	%	Base no.	%
1	Resourcing issues	32	13%	8	11%
2	Transport links/parking	29	12%	11	15%
3	No joined up working	26	10%	5	7%
4	Waiting times, access to GP	25	10%	6	8%
5	Forced to travel elsewhere	22	9%	9	12%
6	Recruitment/staffing problems	16	6%	3	4%
7	Need local health services	15	6%	4	5%
8	Better signposting/info	11	4%	9	12%
9	Need better out of hours	10	4%	2	3%
10	See GP not video/triage	10	4%	0	0%
11	Ambulance resources/time	9	4%	3	4%
12	Rural/remote services	9	4%	1	1%
13	Aftercare/discharge issues	7	3%	4	5%
14	Clear, jargon free information	6	2%	2	3%
15	Listen to /liaise with patients	4	2%	2	3%
16	Support for Carers	4	2%	2	3%
17	Demography issues	4	2%	0	0%
18	Unclear where to go	3	1%	0	0%
19	Cleanliness	3	1%	2	3%
20	Mental Health inclusion	2	1%	1	1%
Other		31	12%	7	10%

Table 16 - Positives Key Themes		Total		Wem	
		Base no.	%	Base no.	%
1	Good quality care/staff	27	36%	11	39%
2	GP access is good	9	12%	4	14%
3	Improved joined up working	9	12%	1	4%
4	Shropshire Doctors	4	5%	2	7%
5	Care is free	4	5%	3	11%
6	Lots more services/activities	4	5%	0	0%
7	Good ambulance service	4	5%	1	4%
8	Patients more involved	3	4%	0	0%
9	SATH particularly good	3	4%	1	4%
10	Rural area provision	2	3%	1	4%
11	Volunteer involvement	2	3%	1	4%
12	111 good outcomes	2	3%	2	7%
13	Reduced waiting times	2	3%	1	4%
14	Better info/signposting now	1	1%	1	4%
15	Good pre-op	1	1%	0	0%
	Other	5	7%	1	4%

Table 17 - Big Ideas Key Themes		Total		Wem	
		Base no.	%	Base no.	%
1	Work together with Social S	7	30%	5	71%
2	More local facilities	5	22%	0	0%
3	Better joined up IT	2	9%	0	0%
4	Increase hours, 24/7	1	4%	1	14%
5	Shropshire Doctors	1	4%	1	14%
6	Demography into account	1	4%	0	0%
7	Good quality staff	1	4%	0	0%
8	Home assessments	1	4%	0	0%
9	More effective working	1	4%	0	0%
10	Home assessments	1	4%	0	0%
11	More effective working	1	4%	0	0%
12	More local facilities	1	4%	0	0%
	Other	0	0%	0	0%

Table 18 - Questions Key Themes					
		Total		Wem	
		Base no.	%	Base no.	%
1	Cost issues	16	18%	1	8%
2	Pathway of care	14	16%	0	0%
3	Resource/staffing issues	10	12%	1	8%
4	Working Together	9	10%	1	8%
5	Accessibility to care	8	9%	3	25%
6	Info/signposting/jargon free	8	9%	2	17%
7	Speed of change	2	2%	1	8%
8	Use of IT	2	2%	1	8%
	Other	18	21%	2	17%

5.3 Model Feedback

Participants also completed a model feedback form, where they were asked to rate their perceived understanding of each of the facilities described in the Future Fit model. Where 1 = unsure to 5 = fully understand. The averaged ratings from all events are shown in the Figure 12.

Figure 12 - To what extent do you understand each of the following? (1 = unsure, 5 = fully understand)
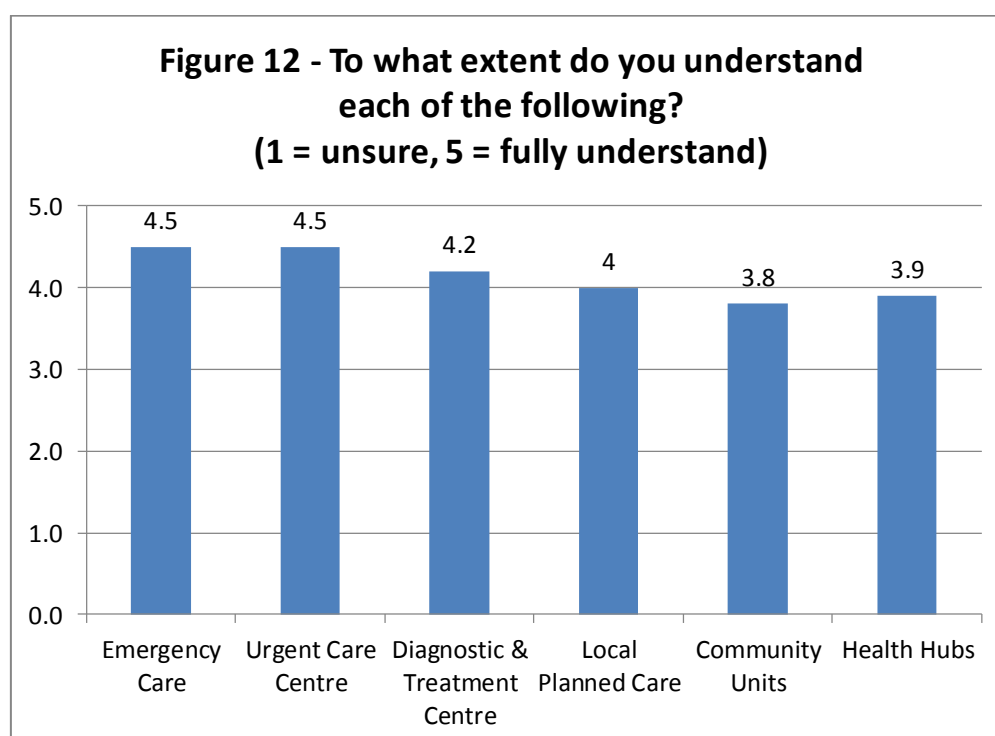
Sample Base: 10 completed forms

5.4Mapping Exercise and Criteria

Participants were asked to map out where the facilities outlined in the proposed model would be best placed across the Future Fit geographic area. Using sticky dots to represent the colour coding of the model, the participants worked as groups to place these on the map. They then agreed on the top criteria that had influenced their decision-making process.

Table 19 - Views on where the Health Services should be located – EMERGENCY CENTRE					
		Total		Wem	
		Base no.	%	Base no.	%
1	Shrewsbury	15	75%	4	100%
2	Telford	4	20%	0	0%
3	In between Telford & Shrewsbury	1	5%	0	0%

Table 20 - Views on where the Health Services should be located – URGENT CARE CENTRE					
		Total		Wem	
		Base no.	%	Base no.	%
1	Shrewsbury	19	95%	4	100%
=2	Oswestry	18	90%	3	75%
=2	Whitchurch	18	90%	3	75%
=2	Telford	18	90%	3	75%
=2	Bridgnorth	18	90%	3	75%
=2	Ludlow	18	90%	3	75%
=2	Bishops Castle	18	90%	3	75%
8	Market Drayton	14	70%	3	75%
=9	Newport	10	50%	1	25%
=9	Church Stretton	10	50%	1	25%

Table 21 - Views on where the Health Services should be located – COMMUNITY UNIT					
		Total		Wem	
		Base no.	%	Base no.	%
=1	Oswestry	16	88%	3	100%
=1	Whitchurch	16	88%	3	100%
=1	Telford	16	88%	3	100%
=1	Church Stretton	16	88%	3	100%
=1	Bridgnorth	16	88%	3	100%
=1	Ludlow	16	88%	3	100%
=7	Market Drayton	15	83%	3	100%
=7	Shrewsbury	15	83%	3	100%
=7	Bishops Castle	15	83%	3	100%
10	Newport	11	61%	2	67%

Table 22 - Views on where the Health Services should be located – DIAGNOSTIC & TREATMENT CENTRE					
		Total		Wem	
		Base no.	%	Base no.	%
1	Shrewsbury	12	60%	2	50%
2	Telford	7	35%	2	50%
3	In between Telford & Shrewsbury	1	5%	0	0%

Table 23 - Views on where the Health Services should be located – HEALTH HUBS					
		Total		Wem	
		Base no.	%	Base no.	%
1	Telford	20	95%	3	100%
2	Shrewsbury	19	90%	3	100%
=3	Whitchurch	15	71%	2	67%
=3	Market Drayton	15	71%	2	67%
=3	Bishops Castle	15	71%	2	67%
=6	Oswestry	14	67%	3	100%
=6	Bridgnorth	14	67%	2	67%
8	Ludlow	13	62%	2	67%
9	Newport	11	52%	2	67%
10	Church Stretton	9	43%	1	33%

Table 24 - Views on where the Health Services should be located – LOCAL PLANNED CARE SERVICES			Total		Wem	
			Base no.	%	Base no.	%
1	Shrewsbury		19	100%	3	100%
2	Telford		17	90%	3	100%
=3	Oswestry		16	84%	3	100%
=3	Market Drayton		16	84%	3	100%
=3	Bridgnorth		16	84%	3	100%
=3	Bishops Castle		16	84%	3	100%
7	Whitchurch		15	79%	3	100%
8	Ludlow		14	74%	3	100%
=9	Newport		11	56%	2	67%
=9	Church Stretton		11	56%	2	67%

Table 25 - Criteria for Choice of Location (3 points allocated for the most important criteria – 1 point for the least important)						
	Criteria		Total		Wem	
			Points	%	Points	%
1	Deprivation		52	23%	18	24%
2	Population		34	15%	13	17%
3	Age/condition of people		33	14%	10	13%
4	Transport		31	13%	10	13%
5	What already exists		27	12%	0	0%
6	GP capacity		18	8%	6	8%
7	Isolation		14.5	6%	9	12%
8	Borders		9	4%	3	4%
9	Equipment		7	3%	7	9%
10	Central Area		5	2%	0	0%
11	Parking		0	0%	0	0%

6. Findings from Telford Event

There were 19 participants in total at the Telford event on the 16th August. The following sets out the findings from the Telford event.

6.1 Pre Event Questionnaire

Figure 13 - Pre Event Questionnaire - TELFORD
What do you most expect to get from today's event?

Option	Number of responses
To find out more about what is happening to healthcare locally	9
To have my say about proposed changes to the services	3
To meet other people and discuss changes to services	7
To meet people from the NHS	3
Nothing	
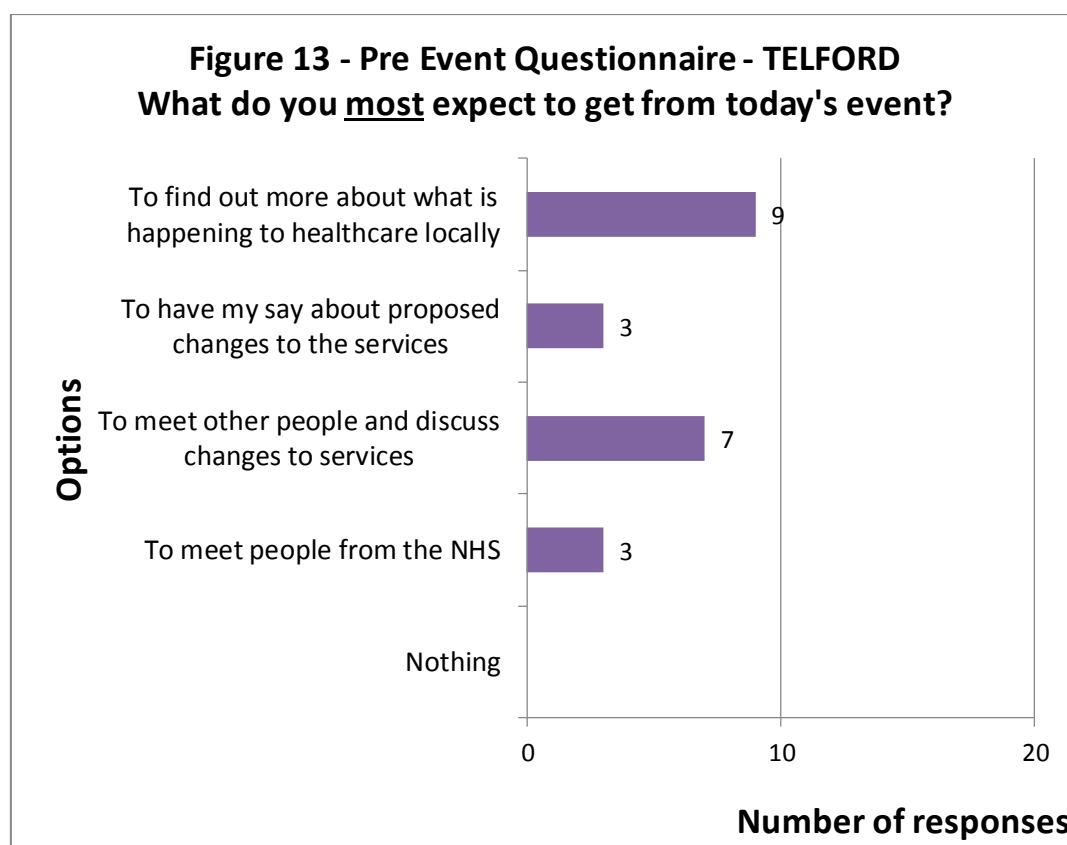
Sample Base: 22 completed responses (multiple responses from repondents)

Figure 14 - To what extent are you aware of the NHS Future Fit programme across Shropshire, Telford and Wrekin?
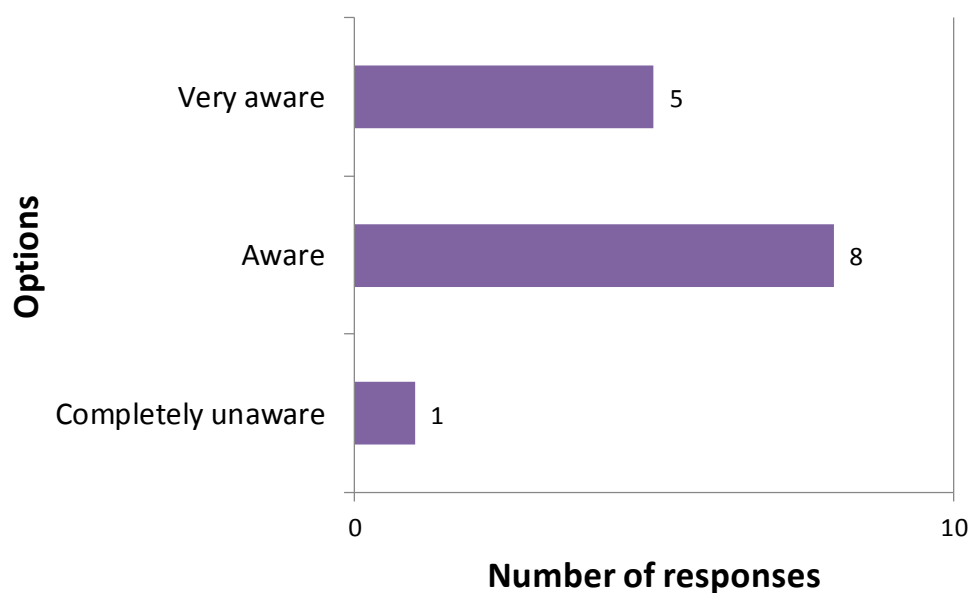
Sample Base: 14 completed responses

Figure 15 - To what extent do you agree or disagree that changes are needed to the way healthcare is provided across Shropshire, Telford & Wrekin?

Sample Base: 14 completed responses

Figure 16 - Overall, how would you rate the quality of healthcare across Shropshire, Telford & Wrekin? (where 1 is very poor and 10 is excellent)
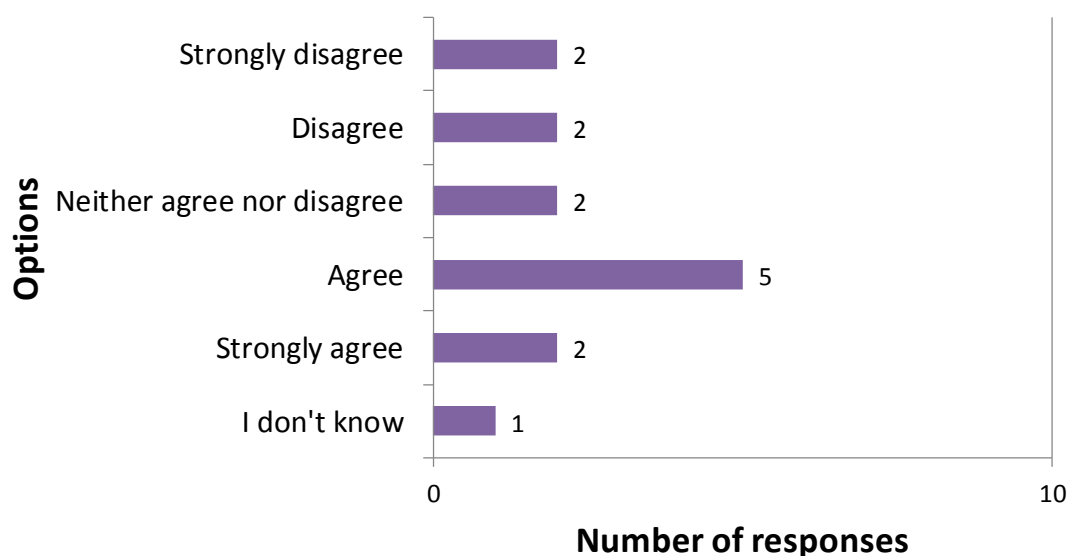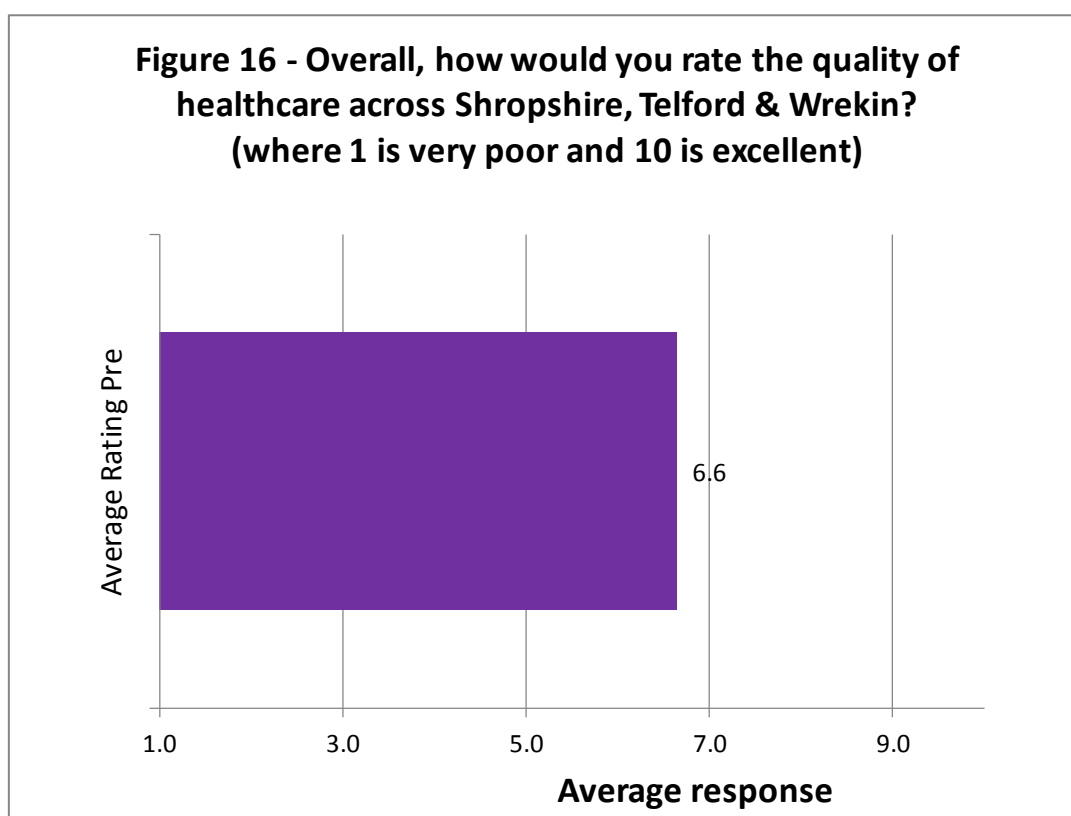
Sample Base: 14 completed responses

6.2 Overall Themes from the Discussion Groups

The following tables set out the common themes to have emerged from all discussions at the Telford event. All discussion group data has been inputted into a coding frame to draw out common themes. The discussion themes are then summarised in terms of the number of times a group mentioned it across the event.

Table 26 - Issues/Concerns		Total		Telford	
		Base no.	%	Base no.	%
1	Resourcing issues	32	13%	10	17%
2	Transport links/parking	29	12%	5	9%
3	No joined up working	26	10%	5	9%
4	Waiting times, access to GP	25	10%	13	22%
5	Forced to travel elsewhere	22	9%	1	2%
6	Recruitment/staffing problems	16	6%	5	9%
7	Need local health services	15	6%	3	5%
8	Better signposting/info	11	4%	0	0%
9	Need better out of hours	10	4%	1	2%
10	See GP not video/triage	10	4%	6	10%
11	Ambulance resources/time	9	4%	0	0%
12	Rural/remote services	9	4%	1	2%
13	Aftercare/discharge issues	7	3%	1	2%
14	Clear, jargon free information	6	2%	1	2%
15	Listen to /liaise with patients	4	2%	0	0%
16	Support for Carers	4	2%	0	0%
17	Demography issues	4	2%	4	7%
18	Unclear where to go	3	1%	0	0%
19	Cleanliness	3	1%	0	0%
20	Mental Health inclusion	2	1%	0	0%

Table 27 - Positives Key Themes					
		Total		Telford	
		Base no.	%	Base no.	%
1	Good quality care/staff	27	36%	6	60%
2	GP access is good	9	12%	0	0%
3	Improved joined up working	9	12%	2	20%
4	Shropshire Doctors	4	5%	1	10%
5	Care is free	4	5%	0	0%
6	Lots more services/activities	4	5%	1	10%
7	Good ambulance service	4	5%	0	0%
8	Patients more involved	3	4%	0	0%
9	SATH particularly good	3	4%	1	10%
10	Rural area provision	2	3%	2	20%
11	Volunteer involvement	2	3%	1	10%
12	111 good outcomes	2	3%	0	0%
13	Reduced waiting times	2	3%	0	0%
14	Better info/signposting now	1	1%	0	0%
15	Good pre-op	1	1%	0	0%

Table 28 - Big Ideas Key Themes					
		Total		Telford	
		Base no.	%	Base no.	%
1	Work together with Social S	7	30%	0	0%
2	More local facilities	5	22%	0	0%
3	Better joined up IT	2	9%	2	33%
4	Increase hours, 24/7	1	4%	0	0%
5	Shropshire Doctors	1	4%	0	0%
6	Demography into account	1	4%	1	17%
7	Good quality staff	1	4%	1	17%
8	Home assessments	1	4%	1	17%
9	More effective working	1	4%	1	17%
10	Home assessments	1	4%	1	17%
11	More effective working	1	4%	1	17%
12	More local facilities	1	4%	0	0%

Table 29 - Questions Key Themes		Total		Telford	
		Base no.	%	Base no.	%
1	Cost issues	16	18%	2	9%
2	Pathway of care	14	16%	4	17%
3	Resource/staffing issues	10	12%	4	17%
4	Working Together	9	10%	2	9%
5	Accessibility to care	8	9%	5	22%
6	Info/signposting/jargon free	8	9%	3	13%
7	Speed of change	2	2%	0	0%
8	Use of IT	2	2%	1	4%

6.3 Model Feedback

Participants also completed a model feedback form, where they were asked to rate their perceived understanding of each of the facilities described in the Future Fit model. Where 1 = unsure to 5 = fully understand. The averaged ratings from all events are shown in the chart below.

Figure 17 - To what extent do you understand each of the following? (1 = unsure, 5 = fully understand)

Facility	Rating
Emergency Care	4.0
Urgent Care Centre	4.0
Diagnostic & Treatment Centre	3.5
Local Planned Care	3.75
Community Units	3.5
Health Hubs	3.8
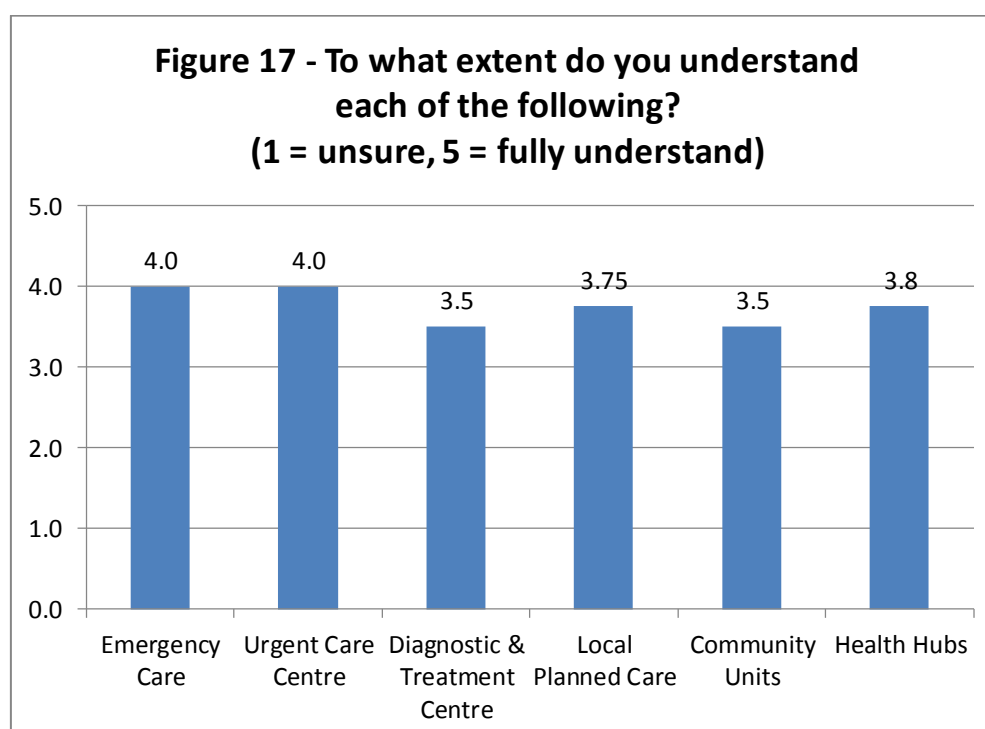
Sample Base: 4 completed forms

6.4 Mapping Exercise and Criteria

Participants were asked to map out where the facilities outlined in the proposed model would be best placed across the Future Fit geographic area. Using sticky dots to represent the colour coding of the model, the participants worked as groups to place these on the map. They then agreed on the top criteria that had influenced their decision-making process.

Table 30 - Views on where the Health Services should be located – EMERGENCY CENTRE		Total		Telford	
		Base no.	%	Base no.	%
1	Shrewsbury	15	75%	2	50%
2	Telford	4	20%	2	50%
3	In between Telford & Shrewsbury	1	5%	0	0%

Table 31 - Views on where the Health Services should be located – URGENT CARE CENTRE		Total		Telford	
		Base no.	%	Base no.	%
1	Shrewsbury	19	95%	4	80%
=2	Oswestry	18	90%	4	80%
=2	Whitchurch	18	90%	4	80%
=2	Telford	18	90%	5	100%
=2	Bridgnorth	18	90%	4	80%
=2	Ludlow	18	90%	4	80%
=2	Bishops Castle	18	90%	4	80%
8	Market Drayton	14	70%	3	60%
=9	Newport	10	50%	4	80%
=9	Church Stretton	10	50%	2	40%

Table 32 - Views on where the Health Services should be located – COMMUNITY UNIT		Total		Telford	
		Base no.	%	Base no.	%
=1	Oswestry	16	88%	3	75%
=1	Whitchurch	16	88%	3	75%
=1	Telford	16	88%	3	75%
=1	Church Stretton	16	88%	4	100%
=1	Bridgnorth	16	88%	2	50%
=1	Ludlow	16	88%	3	75%
=7	Market Drayton	15	83%	2	50%
=7	Shrewsbury	15	83%	3	75%
=7	Bishops Castle	15	83%	3	75%
10	Newport	11	61%	3	75%

Table 33 - Views on where the Health Services should be located – DIAGNOSTIC & TREATMENT CENTRE		Total		Telford	
		Base no.	%	Base no.	%
1	Shrewsbury	12	60%	2	50%
2	Telford	7	35%	2	50%
3	In between Telford & Shrewsbury	1	5%	0	0%

Table 34 - Views on where the Health Services should be located – HEALTH HUBS		Total		Telford	
		Base no.	%	Base no.	%
1	Telford	20	95%	5	100%
2	Shrewsbury	19	90%	3	60%
=3	Whitchurch	15	71%	4	80%
=3	Market Drayton	15	71%	3	60%
=3	Bishops Castle	15	71%	3	60%
=6	Oswestry	14	67%	3	60%
=6	Bridgnorth	14	67%	3	60%
8	Ludlow	13	62%	1	20%
9	Newport	11	52%	4	80%
10	Church Stretton	9	43%	1	20%

Table 35 - Views on where the Health Services should be located – LOCAL PLANNED CARE SERVICES					
		Total		**Telford**	
		Base no.	%	Base no.	%
1	Shrewsbury	19	100%	4	100%
2	Telford	17	90%	4	100%
=3	Oswestry	16	84%	4	100%
=3	Market Drayton	16	84%	4	100%
=3	Bridgnorth	16	84%	4	100%
=3	Bishops Castle	16	84%	4	100%
7	Whitchurch	15	79%	4	100%
8	Ludlow	14	74%	3	75%
=9	Newport	11	56%	2	50%
=9	Church Stretton	11	56%	3	75%

Table 36 - Criteria for Choice of Location (3 points allocated for the most important criteria – 1 point for the least important)					
Criteria		**Total**		**Telford**	
		Points	%	Points	%
1	Deprivation	52	23%	16	26%
2	Population	34	15%	8	13%
3	Age/condition of people	33	14%	3	5%
4	Transport	31	13%	10	16%
5	What already exists	27	12%	15	25%
6	GP capacity	18	8%	9	15%
7	Isolation	14.5	6%	0	0%
8	Borders	9	4%	0	0%
9	Equipment	7	3%	0	0%
10	Central Area	5	2%	0	0%
11	Parking	0	0%	0	0%

7. *Findings from Newtown Event*

There were 17 participants in total at the Newtown event on the 21st August. The following sets out the findings from the Newtown event.

7.1 Pre Event Questionnaire

Figure 18 - Pre Event Questionnaire - Newtown
What do you most expect to get from today's event?

Options	Number of responses
To find out more about what is happening to healthcare locally	12
To have my say about proposed changes to the services	5
To meet other people and discuss changes to services	3
To meet people from the NHS	1
Nothing	
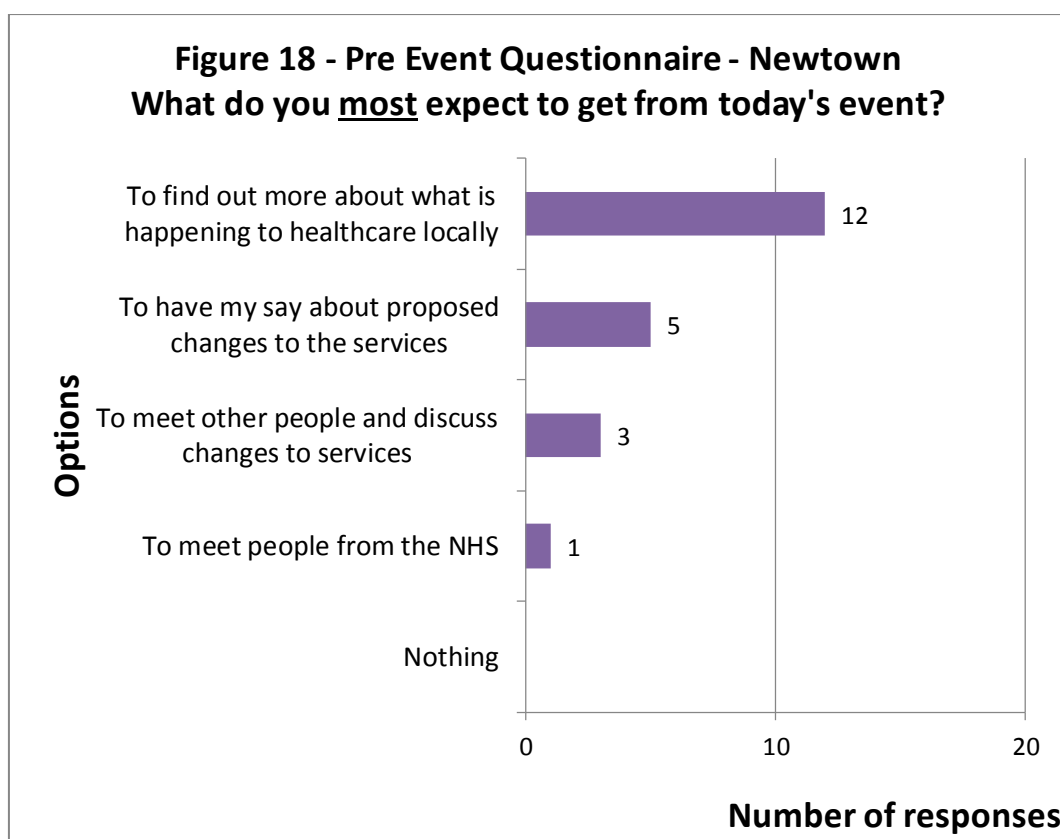
Sample Base: 21 completed responses (multiple responses from repondents)

Figure 19 - To what extent are you aware of the NHS Future Fit programme across Shropshire, Telford and Wrekin?
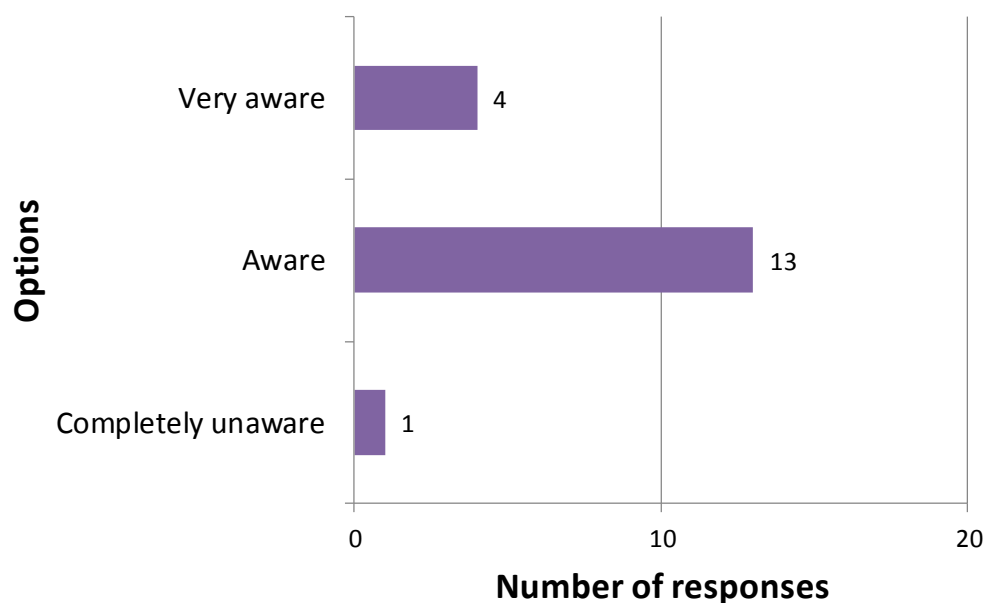
Sample Base: 18 completed responses (multi-coded by one participant)

Figure 20 - To what extent do you agree or disagree that changes are needed to the way healthcare is provided across Shropshire, Telford & Wrekin?

Sample Base: 18 completed responses (multi-coded by one participant)

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Figure 21 - Overall, how would you rate the quality of healthcare across Shropshire, Telford & Wrekin? (where 1 is very poor and 10 is excellent)
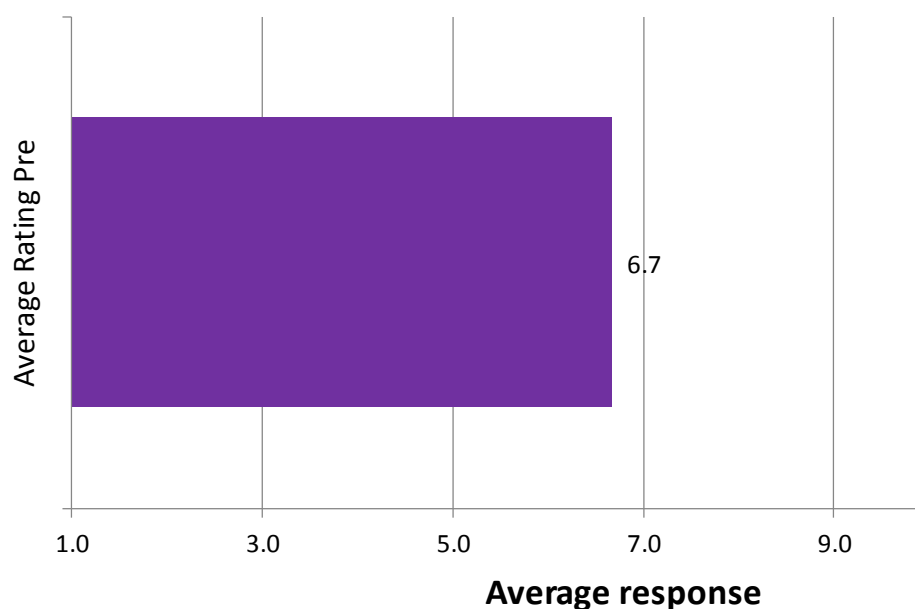
Sample Base: 18 completed responses

7.2 Overall Themes from the Discussion Groups

The following tables set out the common themes to have emerged from all discussions at the Newtown event. All discussion group data has been inputted into a coding frame to draw out common themes. The discussion themes are then summarised in terms of the number of times a group mentioned it across the event.

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Table 37 - Issues/Concerns		Total		Newtown	
		Base no.	%	Base no.	%
1	Resourcing issues	32	13%	1	3%
2	Transport links/parking	29	12%	2	7%
3	No joined up working	26	10%	3	10%
4	Waiting times, access to GP	25	10%	2	7%
5	Forced to travel elsewhere	22	9%	9	29%
6	Recruitment/staffing problems	16	6%	2	7%
7	Need local health services	15	6%	3	10%
8	Better signposting/info	11	4%	0	0%
9	Need better out of hours	10	4%	2	7%
10	See GP not video/triage	10	4%	1	3%
11	Ambulance resources/time	9	4%	3	10%
12	Rural/remote services	9	4%	2	7%
13	Aftercare/discharge issues	7	3%	0	0%
14	Clear, jargon free information	6	2%	0	0%
15	Listen to /liaise with patients	4	2%	0	0%
16	Support for Carers	4	2%	0	0%
17	Demography issues	4	2%	0	0%
18	Unclear where to go	3	1%	2	7%
19	Cleanliness	3	1%	0	0%
20	Mental Health inclusion	2	1%	1	3%

Table 38 – Positives Key Themes		Total		Newtown	
		Base no.	%	Base no.	%
1	Good quality care/staff	27	36%	3	43%
2	GP access is good	9	12%	0	0%
3	Improved joined up working	9	12%	0	0%
4	Shropshire Doctors	4	5%	0	0%
5	Care is free	4	5%	0	0%
6	Lots more services/activities	4	5%	1	14%
7	Good ambulance service	4	5%	1	14%
8	Patients more involved	3	4%	1	14%
9	SATH particularly good	3	4%	0	0%
10	Rural area provision	2	3%	0	0%
11	Volunteer involvement	2	3%	0	0%
12	111 good outcomes	2	3%	0	0%
13	Reduced waiting times	2	3%	1	14%
14	Better info/signposting now	1	1%	0	0%
15	Good pre-op	1	1%	1	14%

Table 39 - Big Ideas Key Themes		Total		Newtown	
		Base no.	%	Base no.	%
1	Work together with Social S	7	30%	0	0%
2	More local facilities	5	22%	5	100%
3	Better joined up IT	2	9%	0	0%
4	Increase hours, 24/7	1	4%	0	0%
5	Shropshire Doctors	1	4%	0	0%
6	Demography into account	1	4%	0	0%
7	Good quality staff	1	4%	0	0%
8	Home assessments	1	4%	0	0%
9	More effective working	1	4%	0	0%
10	Home assessments	1	4%	0	0%
11	More effective working	1	4%	0	0%
12	More local facilities	1	4%	0	0%

Table 40 – Questions Key Themes						
		Total		Newtown		
		Base no.	%	Base no.	%	
1	Cost issues	16	18%	3	25%	
2	Pathway of care	14	16%	0	0%	
3	Resource/staffing issues	10	12%	1	8%	
4	Working Together	9	10%	2	17%	
5	Accessibility to care	8	9%	0	0%	
6	Info/signposting/jargon free	8	9%	1	8%	
7	Speed of change	2	2%	0	0%	
8	Use of IT	2	2%	0	0%	

7.3 Model Feedback

Participants also completed a model feedback form, where they were asked to rate their perceived understanding of each of the facilities described in the Future Fit model. Where 1 = unsure to 5 = fully understand. The averaged ratings from all events are shown in the chart below.

Figure 22 - To what extent do you understand each of the following? (1 = unsure, 5 = fully understand)

Emergency Care 4.7, Urgent Care Centre 4.6, Diagnostic & Treatment Centre 4.4, Local Planned Care 3.9, Community Units 4.0, Health Hubs 3.8
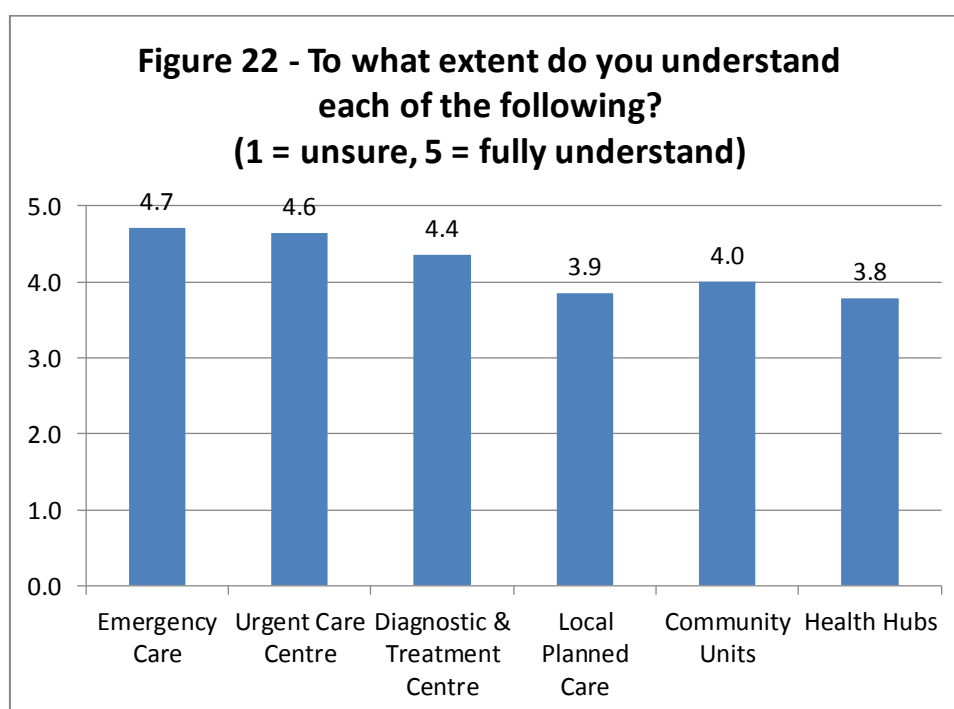
Sample Base: 14 completed forms

7.4 Mapping Exercise and Criteria

Participants were asked to map out where the facilities outlined in the proposed model would be best placed across the Future Fit geographic area. Using sticky dots to represent the colour coding of the model, the participants worked as groups to place these on the map. They then agreed on the top criteria that had influenced their decision-making process.

Table 41 - Views on where the Health Services should be located – EMERGENCY CENTRE					
		Total		**Newtown**	
		Base no.	**%**	**Base no.**	**%**
1	Shrewsbury	15	75%	3	100%
2	Telford	4	20%	0	0%
3	In between Telford & Shrewsbury	1	5%	0	0%

Table 42 - Views on where the Health Services should be located – URGENT CARE CENTRE					
		Total		**Newtown**	
		Base no.	**%**	**Base no.**	**%**
1	Shrewsbury	19	95%	3	100%
=2	Oswestry	18	90%	3	100%
=2	Whitchurch	18	90%	3	100%
=2	Telford	18	90%	3	100%
=2	Bridgnorth	18	90%	3	100%
=2	Ludlow	18	90%	3	100%
=2	Bishops Castle	18	90%	3	100%
8	Market Drayton	14	70%	2	67%
=9	Newport	10	50%	0	0%
=9	Church Stretton	10	50%	1	33%

Table 43 - Views on where the Health Services should be located – COMMUNITY UNIT		Total		Newtown	
		Base no.	%	Base no.	%
=1	Oswestry	16	88%	3	100%
=1	Whitchurch	16	88%	3	100%
=1	Telford	16	88%	3	100%
=1	Church Stretton	16	88%	2	67%
=1	Bridgnorth	16	88%	3	100%
=1	Ludlow	16	88%	3	100%
=7	Market Drayton	15	83%	3	100%
=7	Shrewsbury	15	83%	2	67%
=7	Bishops Castle	15	83%	3	100%
10	Newport	11	61%	1	33%

Table 44 - Views on where the Health Services should be located – DIAGNOSTIC & TREATMENT CENTRE		Total		Newtown	
		Base no.	%	Base no.	%
1	Shrewsbury	12	60%	3	100%
2	Telford	7	35%	0	0%
3	In between Telford & Shrewsbury	1	5%	0	0%

Table 45 - Views on where the Health Services should be located – HEALTH HUBS		Total		Newtown	
		Base no.	%	Base no.	%
1	Telford	20	95%	4	100%
2	Shrewsbury	19	90%	4	100%
=3	Whitchurch	15	71%	3	75%
=3	Market Drayton	15	71%	3	75%
=3	Bishops Castle	15	71%	3	75%
=6	Oswestry	14	67%	3	75%
=6	Bridgnorth	14	67%	3	75%
8	Ludlow	13	62%	3	75%
9	Newport	11	52%	1	25%
10	Church Stretton	9	43%	2	50%

Table 46 - Views on where the Health Services should be located – LOCAL PLANNED CARE SERVICES					
		Total		**Newtown**	
		Base no.	**%**	**Base no.**	**%**
1	Shrewsbury	19	100%	3	100%
2	Telford	17	90%	3	100%
=3	Oswestry	16	84%	3	100%
=3	Market Drayton	16	84%	3	100%
=3	Bridgnorth	16	84%	3	100%
=3	Bishops Castle	16	84%	3	100%
7	Whitchurch	15	79%	3	100%
8	Ludlow	14	74%	3	100%
=9	Newport	11	56%	1	33%
=9	Church Stretton	11	56%	1	33%

Table 47 - Criteria for Choice of Location (3 points allocated for the most important criteria – 1 point for the least important)					
Criteria		**Total**		**Newtown**	
		Points	**%**	**Points**	**%**
1	Deprivation	52	23%	10	20%
2	Population	34	15%	2	4%
3	Age/condition of people	33	14%	11	22%
4	Transport	31	13%	3	6%
5	What already exists	27	12%	4	8%
6	GP capacity	18	8%	3	6%
7	Isolation	14.5	6%	5.5	11%
8	Borders	9	4%	6	12%
9	Equipment	7	3%	0	0%
10	Central Area	5	2%	0	0%
11	Parking	0	0%	0	0%

# 8. *Findings from Shrewsbury Event*

There were 44 participants in total at the Shrewsbury event on the 22nd August. The following sets out the findings from the Shrewsbury event.

8.1 Pre Event Questionnaire

Figure 23 - Pre Event Questionnaire - SHREWSBURY
What do you most expect to get from today's event?
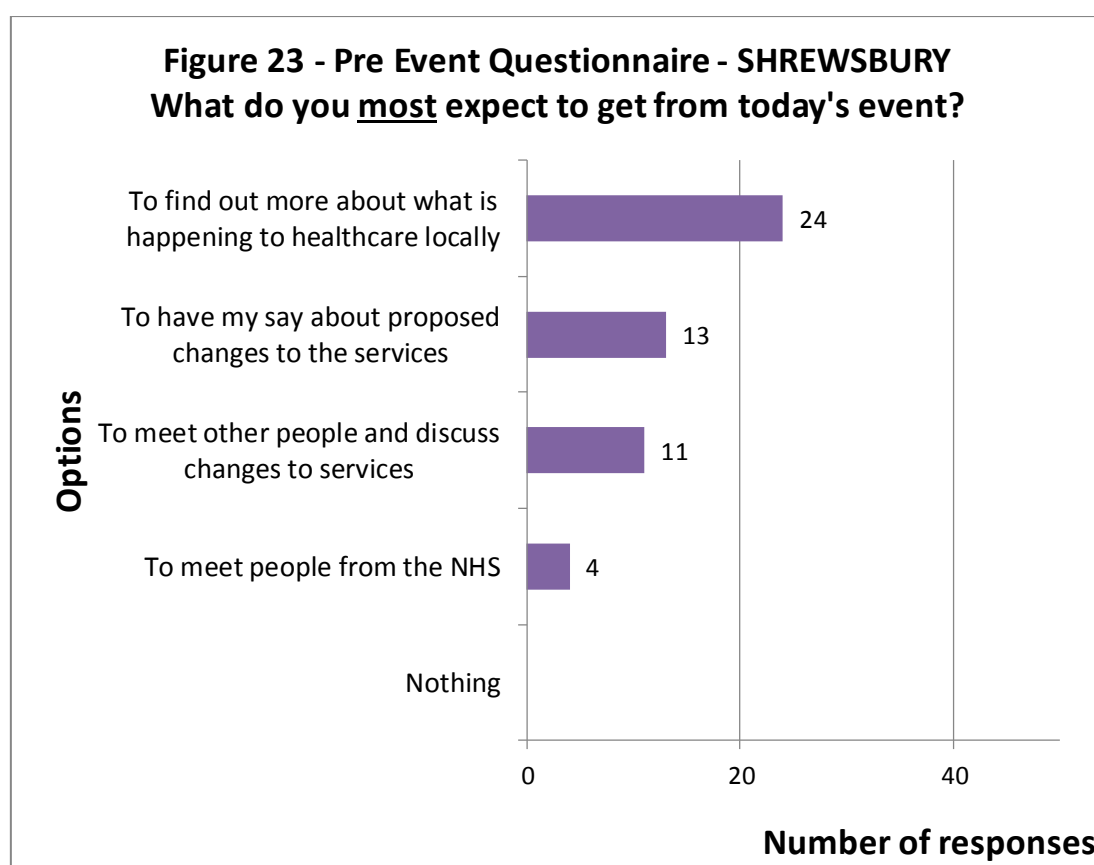
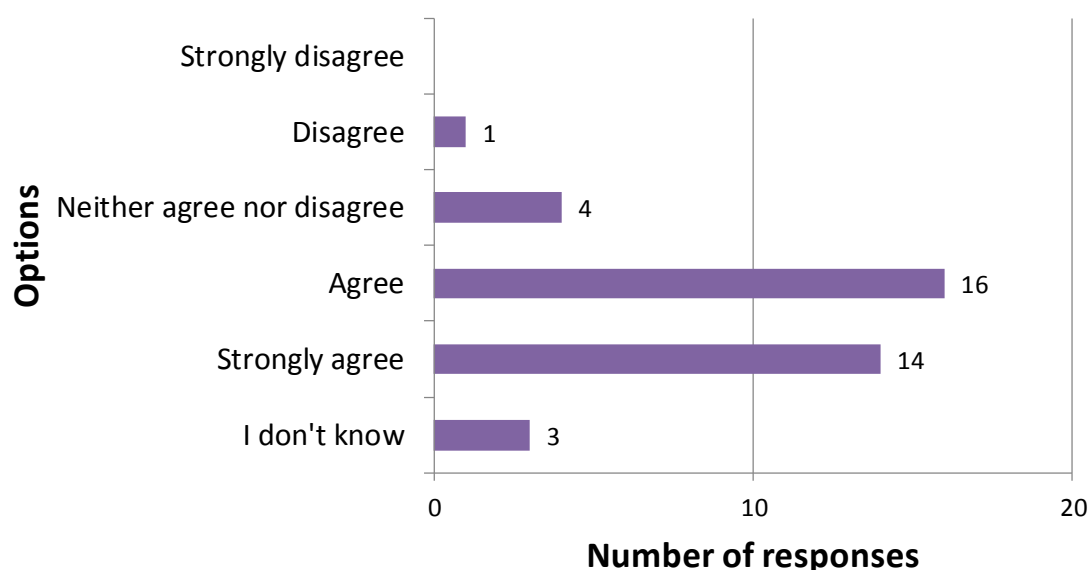Sample Base: 52 completed responses (multiple responses from repondents)

Figure 24 - To what extent are you aware of the NHS Future Fit programme across Shropshire, Telford & Wrekin?
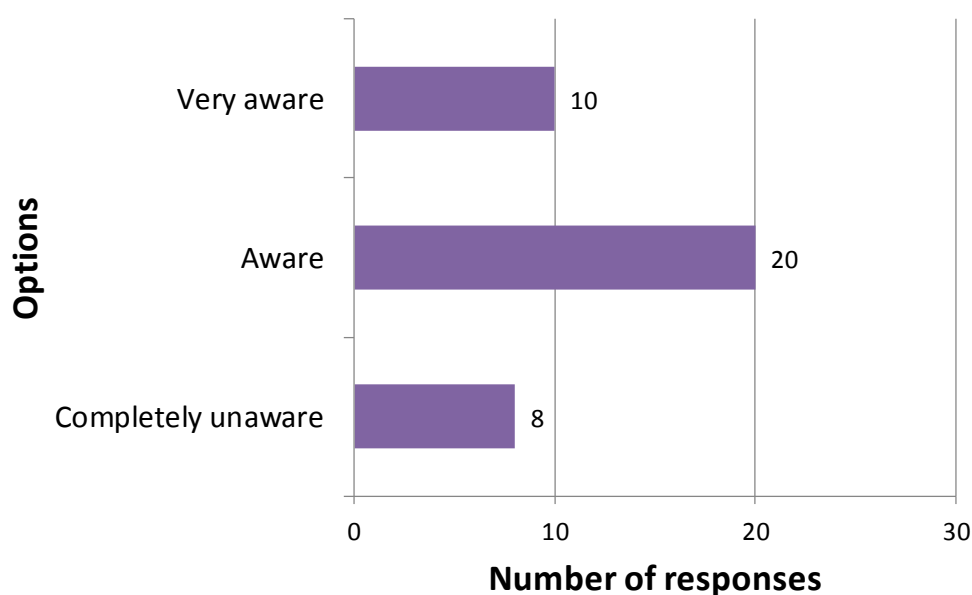
Sample Base: 38 completed responses

Figure 25 - To what extent do you agree or disagree that changes are needed to the way healthcare is provided across Shropshire, Telford & Wrekin?

Sample Base: 38 completed responses

Figure 26 - Overall, how would you rate the quality of healthcare across Shropshire, Telford & Wrekin? (where 1 is very poor and 10 is excellent)
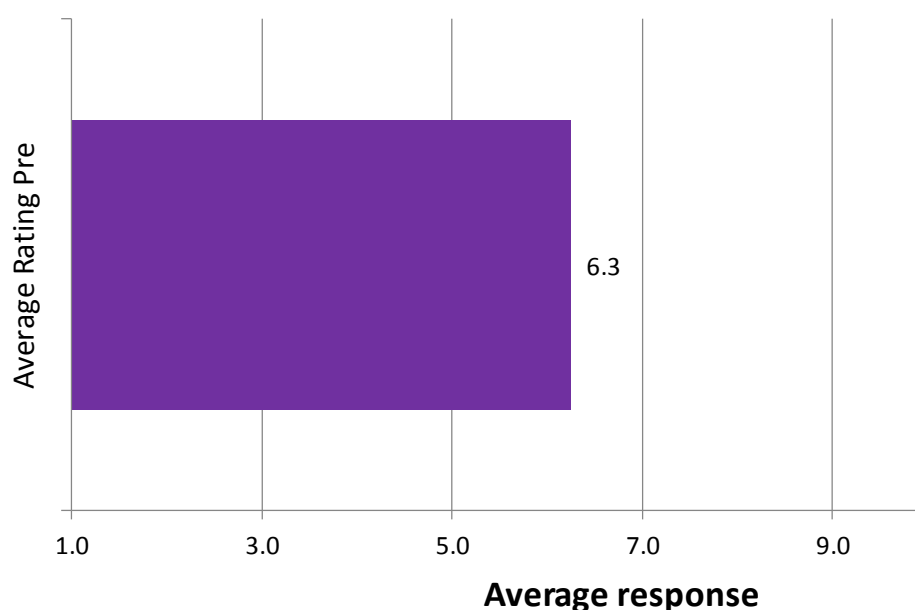
Sample Base: 34 completed responses

8.2 Overall Themes from the Discussion Groups

The following tables set out the common themes to have emerged from all discussions at the Shrewsbury event. All discussion group data has been inputted into a coding frame to draw out common themes. The discussion themes are then summarised in terms of the number of times a group mentioned it across the event.

Table 48 - Issues/Concerns		Total		Shrewsbury	
		Base no.	%	Base no.	%
1	Resourcing issues	32	13%	13	15%
2	Transport links/parking	29	12%	11	13%
3	No joined up working	26	10%	13	15%
4	Waiting times, access to GP	25	10%	4	5%
5	Forced to travel elsewhere	22	9%	3	3%
6	Recruitment/staffing problems	16	6%	6	7%
7	Need local health services	15	6%	5	6%
8	Better signposting/info	11	4%	2	2%
9	Need better out of hours	10	4%	5	6%
10	See GP not video/triage	10	4%	3	3%
11	Ambulance resources/time	9	4%	3	3%
12	Rural/remote services	9	4%	5	6%
13	Aftercare/discharge issues	7	3%	2	2%
14	Clear, jargon free information	6	2%	3	3%
15	Listen to /liaise with patients	4	2%	2	2%
16	Support for Carers	4	2%	4	5%
17	Demography issues	4	2%	0	0%
18	Unclear where to go	3	1%	1	1%
19	Cleanliness	3	1%	1	1%
20	Mental Health inclusion	2	1%	0	0%

Table 49 - Positives Key Themes					
		Total		Shrewsbury	
		Base no.	%	Base no.	%
1	Good quality care/staff	27	36%	7	7
2	GP access is good	9	12%	5	5
3	Improved joined up working	9	12%	6	6
4	Shropshire Doctors	4	5%	1	1
5	Care is free	4	5%	1	1
6	Lots more services/activities	4	5%	2	2
7	Good ambulance service	4	5%	2	2
8	Patients more involved	3	4%	1	1
9	SATH particularly good	3	4%	3	3
10	Rural area provision	2	3%	2	2
11	Volunteer involvement	2	3%	2	2
12	111 good outcomes	2	3%	0	0
13	Reduced waiting times	2	3%	0	0
14	Better info/signposting now	1	1%	0	0
15	Good pre-op	1	1%	0	0

Table 50 - Big Ideas Key Themes					
		Total		Shrewsbury	
		Base no.	%	Base no.	%
1	Work together with Social S	7	30%	2	40%
2	More local facilities	5	22%	0	0%
3	Better joined up IT	2	9%	0	0%
4	Increase hours, 24/7	1	4%	0	0%
5	Shropshire Doctors	1	4%	0	0%
6	Demography into account	1	4%	0	0%
7	Good quality staff	1	4%	0	0%
8	Home assessments	1	4%	0	0%
9	More effective working	1	4%	0	0%
10	Home assessments	1	4%	1	20%
11	More effective working	1	4%	1	20%
12	More local facilities	1	4%	1	20%

Table 51 - Questions Key Themes		Total		Shrewsbury	
		Base no.	%	Base no.	%
1	Cost issues	16	18%	10	26%
2	Pathway of care	14	16%	10	26%
3	Resource/staffing issues	10	12%	4	10%
4	Working Together	9	10%	4	10%
5	Accessibility to care	8	9%	0	0%
6	Info/signposting/jargon free	8	9%	2	5%
7	Speed of change	2	2%	1	3%
8	Use of IT	2	2%	0	0%

8.3 Model Feedback

Participants also completed a model feedback form, where they were asked to rate their perceived understanding of each of the facilities described in the Future Fit model. Where 1 = unsure to 5 = fully understand. The averaged ratings from all events are shown in the chart below.

Figure 27 - To what extent do you understand each of the following? (1 = unsure, 5 = fully understand)
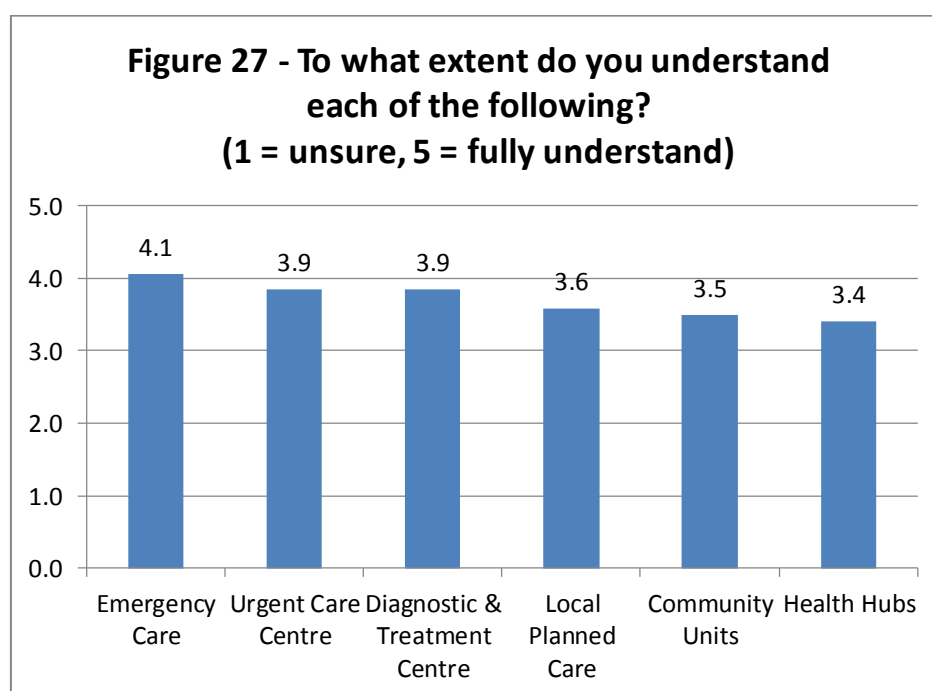
Sample Base: 34 completed forms

8.4 Mapping Exercise and Criteria

Participants were asked to map out where the facilities outlined in the proposed model would be best placed across the Future Fit geographic area. Using sticky dots to represent the colour coding of the model, the participants worked as groups to place these on the map. They then agreed on the top criteria that had influenced their decision-making process.

Table 52 - Views on where the Health Services should be located – EMERGENCY CENTRE					
		Total		Shrewsbury	
		Base no.	%	Base no.	%
1	Shrewsbury	15	75%	2	22%
2	Telford	4	20%	1	11%
3	In between Telford & Shrewsbury	1	5%	6	67%

Table 53 - Views on where the Health Services should be located – URGENT CARE CENTRE					
		Total		Shrewsbury	
		Base no.	%	Base no.	%
1	Shrewsbury	19	95%	8	100%
=2	Oswestry	18	90%	8	100%
=2	Whitchurch	18	90%	8	100%
=2	Telford	18	90%	7	88%
=2	Bridgnorth	18	90%	8	100%
=2	Ludlow	18	90%	8	100%
=2	Bishops Castle	18	90%	8	100%
8	Market Drayton	14	70%	6	75%
=9	Newport	10	50%	5	63%
=9	Church Stretton	10	50%	6	75%

Table 54 - Views on where the Health Services should be located – COMMUNITY UNIT					
		Total		**Shrewsbury**	
		Base no.	**%**	**Base no.**	**%**
=1	Oswestry	16	88%	7	88%
=1	Whitchurch	16	88%	7	88%
=1	Telford	16	88%	7	88%
=1	Church Stretton	16	88%	7	88%
=1	Bridgnorth	16	88%	8	100%
=1	Ludlow	16	88%	7	88%
=7	Market Drayton	15	83%	7	88%
=7	Shrewsbury	15	83%	7	88%
=7	Bishops Castle	15	83%	6	75%
10	Newport	11	61%	5	63%

Table 55 - Views on where the Health Services should be located – DIAGNOSTIC & TREATMENT CENTRE					
		Total		**Shrewsbury**	
		Base no.	**%**	**Base no.**	**%**
1	Shrewsbury	12	60%	5	56%
2	Telford	7	35%	3	33%
3	In between Telford & Shrewsbury	1	5%	1	11%

Table 56 - Views on where the Health Services should be located – HEALTH HUBS					
		Total		**Shrewsbury**	
		Base no.	**%**	**Base no.**	**%**
1	Telford	20	95%	8	94%
2	Shrewsbury	19	90%	9	100%
=3	Whitchurch	15	71%	6	67%
=3	Market Drayton	15	71%	7	78%
=3	Bishops Castle	15	71%	7	78%
=6	Oswestry	14	67%	5	56%
=6	Bridgnorth	14	67%	6	67%
8	Ludlow	13	62%	7	78%
9	Newport	11	52%	4	44%
10	Church Stretton	9	43%	5	56%

Table 57 - Views on where the Health Services should be located – LOCAL PLANNED CARE SERVICES					
		Total		**Shrewsbury**	
		Base no.	**%**	**Base no.**	**%**
1	Shrewsbury	19	100%	9	100%
2	Telford	17	90%	7	78%
=3	Oswestry	16	84%	6	67%
=3	Market Drayton	16	84%	6	67%
=3	Bridgnorth	16	84%	6	67%
=3	Bishops Castle	16	84%	6	67%
7	Whitchurch	15	79%	5	56%
8	Ludlow	14	74%	5	56%
=9	Newport	11	56%	6	67%
=9	Church Stretton	11	56%	5	56%

Table 58 - Criteria for Choice of Location (3 points allocated for the most important criteria – 1 point for the least important)					
Criteria		**Total**		**Shrewsbury**	
		Points	**%**	**Points**	**%**
1	Deprivation	52	23%	8	18%
2	Population	34	15%	11	25%
3	Age/condition of people	33	14%	9	20%
4	Transport	31	13%	8	18%
5	What already exists	27	12%	8	18%
6	GP capacity	18	8%	0	0%
7	Isolation	14.5	6%	0	0%
8	Borders	9	4%	0	0%
9	Equipment	7	3%	0	0%
10	Central Area	5	2%	0	0%
11	Parking	0	0%	0	0%