

# Future Fit

## Protected Characteristics Engagement Report 5<sup>th</sup> June 2015



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<b>Author</b>	Louise Booth
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<b>Further copies from</b>	<a href="mailto:louisebooth@participate.uk.com">louisebooth@participate.uk.com</a>

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# 1. *Executive Summary*

The intention of the exercise was to gain a better understanding of how to engage with groups with protected characteristics in preparation for the full integrated impact assessment (IIA) and consultation process. Lessons learnt with regards to this process were recorded to feed directly into the Future Fit approach.

A desktop exercise helped determine which protected characteristics to focus on during the pilot phase. The method of engagement consisted predominantly of group discussions and 1:1 interviews. This was accompanied by a digital survey promoted to relevant protected characteristic groups via key contacts developed throughout the engagement process. Wider promotion of the survey was restricted due to purdah during the pre 2015 general election period.

It must be noted that sample sizes are small and therefore should be treated with caution. The qualitative data however, contains in-depth insight into service usage, experience and initial perceptions about options that can be fed into the Future Fit programme. Overall 60 people were engaged face-to-face and further 71 people conducted the digital survey. It should also be noted that some individuals had more than one protected characteristic and some groups overall were not represented in this pilot exercise. In addition, not all questions were answered within the digital survey.

The following summary outlines key differences in opinions and usage of hospital services in relation to protected characteristics<sup>1</sup> and where people live. A full illustration of predominantly qualitative information can be found in the main body of this report.

Findings from the digital survey are clearly indicated, all other key points relate to the qualitative group discussions and interviews.

Section 6 illustrates a full breakdown of findings regarding the options. A summary of respondents' views regarding the shortlisted options will be fed into the options appraisal process.

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<sup>1</sup> In some cases different characteristics are analysed together due to the limitations of the pilot phase. It is recognised that this carries risk of marginalising or distorting the impact for some people. A full IIA will enable clear identification of characteristics and the impact on different people.

## 1.1 Summary of Findings by Protected Characteristic

### Older People

- There are few areas where an impact on older people can be identified, however it was noted that in Powys rural services for elderly people were considered inadequate, which often meant long travel times to receive care.
- Findings from the digital survey give some further insight into older peoples' lifestyle that may impact on them accessing services;
  - Proportionally more respondents over 55 have one or more long term condition compared to the younger respondents.
  - Older people are more likely to care for someone with a long term condition.
  - Of the people we spoke to fewer people over 55 visited A&E compared to other age groups.

### Younger People

- There a limited number of areas where an impact on younger people can be identified, these include suitability of facilities and building trust and confidence in one-to-one care.
- It was recorded that the children's room in A&E (not specified) is aimed at small children and not teenagers, suggesting there could be more age appropriate waiting areas.
- In Telford, it was noted that young people benefit from building trust with their doctor and seeing the same person.
- Young people spoken to in Powys explained that barriers can be encountered in English hospitals where Welsh is their 1<sup>st</sup> language.

### Disability

- Findings from the digital survey suggest, people with a disability are more likely to have accessed the following services than people without a disability: specialised and planned operations with and without overnight stay, CAT/MRI scans and blood tests.
- These people would also like more help from their GP surgery to support their care.
- Overall participants interviewed wanted to ensure that their dignity and independence was respected.
- Some people thought facilities and transport for disabled users could be improved to make access in general better for those people using a wheelchair.

### Sexual Orientation (LGBT)/Gender Reassignment

- There are a few key findings from the groups spoken to that indicate that there could be better understanding from healthcare professionals about people's issues. Some of the problems encountered using healthcare services are as follows:

- A lack of understanding from healthcare staff about the possibility of next of kin being a partner of the same gender.
- Some felt marital status/civil partnership was not relevant to their health.
- Lack of understanding by healthcare staff around gender transition and patients' preference as to how they wished to be treated.
- Seeing more than one doctor and having to repeat their story caused unnecessary anxiety.
- Some gaps in services were identified for these patients, these included:
  - Tailored mental health support
  - Lack of access to sexual health clinics in Powys meant some young people had to use a local GP which they found uncomfortable.
- Findings from the digital survey suggest these respondents were more likely to have used planned care services such as MRI scans, x-rays and ultrasound tests compared to heterosexual respondents.

#### Opinions on Options:

- Comments collected about the proposed options suggested the participants wanted tailored services: sexual health, counselling, transgender specific support. However, they emphasised that the services should be discrete 'because some people might not want to have to come out to the public'.
- There are indications from the qualitative data that a small number of people think the dynamics, levels of care and culture are very different at Telford because of the different demographics. One person expects to find 'potential hostility towards sexual orientation and would feel less comfortable acknowledging sexuality'.

#### Pregnancy and Maternity

- The findings from people in this group relate to their use of A&E services most likely due to their children's healthcare and their majority view that maternity services should be alongside emergency care. These findings were collated from the digital survey.
  - Respondents with a child under 16 were more likely to have visited A&E compared to those with no children under 16.
  - They were also more likely to strongly agree or agree that the consultant-led maternity services should be located alongside emergency care.

#### Race/Religion and Belief

- This group was under represented in this piece of work. However, of those spoken to language and cultural issues were highlighted as areas for improvement:
  - More staff training around cultural and racism awareness.
  - Language barriers were identified.

- Clear guidance in different languages about the differences in treatment and access to urgent and emergency care.

#### Opinions on Options:

- Present locations work for local rural communities as well as people in towns. Some people foresee problems of major change, especially for elders in Indian communities with regards to language and cultural issues.

## 1.2 Summary of Findings by Location

### Rural Locations Generally

- Some rural specific findings were identified as follows:
  - Those living in more rural areas in Shropshire and North Powys tended to travel further to get to hospital than those in Telford.
  - Rural locations in Shrewsbury and North Powys indicate they require better access to ambulance services.
- Suggestions for improvement were identified particularly for those living in rural locations, these include;
  - 'A quick response doctor' on hand to treat patients prior to travel to hospital.
  - Urgent care 'close to where people live, with reliable public transport links'.
  - 'Ensure that trained staff are on hand' with adequate equipment.

### Powys Specific

- There are indications that those living in North Powys are less likely to go to large hospitals with an A&E for non life threatening injuries or conditions.
- This could be due to the distance necessary to travel to a larger hospital and accessibility of minor injury units within Powys.
- They access minor injury units, their local doctors or call Shropdoc.
- Parents of young children living in North Powys prefer to access smaller hospitals or minor injuries units as they are considered to offer easier access to care when required.
- Respondents emphasised that travel anywhere in the rural areas can be problematic due to B roads and tracks.
- This finding however may not be unique to North Powys, it could be relevant to other rural areas in Shropshire and Telford and Wrekin.
- Access to mental health was said to be difficult due to lack of staff resulting in long waiting times.
- Access to minor injuries units out of hours was considered inadequate at times and in some areas the local medical centre was 'mopping up' the gaps in provision.

#### Opinions on Options:

- The overall preference by the majority of people spoken to in Powys was to keep Shrewsbury Hospital as it is, particular in terms of emergency care, for most people interviewed it was the most accessible large hospital for them. There were concerns that a site further away could be life threatening.

#### **Telford and Wrekin**

- There were some findings from people living in Telford and Wrekin, who conducted the digital survey, which differ from the other groups in terms of use and access of hospital services.
- Respondents are more likely to have used a hospital service in the last 2 years compared to people living in other locations.
- They were also less likely than people from other areas to have had an x-ray or ultrasound scan at a community hospital or clinic and more likely to have accessed this service in a larger hospital.
- In terms of accessing hospital services, they were more likely to use the bus or taxi than people living in other areas.
- With regard to comments about day to day help, they were more likely to request extra help from their GP surgery and want more healthcare in general available in their local community, compared to those people living in Shropshire and Mid Wales.

#### **Shropshire and Mid Wales**

- The digital survey revealed half of respondents living in the SY postcode area had not used emergency or urgent care services within the last 2 years.
- In addition, most say they do not need any further day to day help.

#### Opinions on Options:

- People living in rural areas of Shrewsbury expressed concern about just having emergency care in Telford – ‘distance to medical services is already a problem in this rural area’.



## 2. *Introduction*

NHS Future Fit is a programme of work that is looking at how healthcare services may be provided in the future across Shropshire, Telford and Wrekin and mid Wales.

The scope of the Future Fit programme is at this stage acute and community hospital services only, namely the proposal of creating an Emergency Centre (EC), Urgent Care Centres (UCCs), a Diagnostic and Treatment Centre (DTC) and Local Planned Care (LPC) services. To date a baseline IIA (Integrated Impact Assessment) has been undertaken.

This particular piece of work aimed to:

- strengthen the IIA baseline,
- glean information on current experiences and access issues which have not been captured to date from wider groups,
- review whether the changes are likely to impact upon a person differently than anyone else due to their characteristics,
- identify and engage additional groups and individuals with protected characteristics for future involvement, and
- determine and record lessons learnt with regards to methods of engagement to feed directly into the Future Fit approach.

The Protected characteristics are equivalent to those set out in the Equality Act 2010;

1. Age – Older People and Younger People
2. Disability
3. Sexual Orientation and Gender Reassignment (LGBT & GR)
5. Pregnancy and Maternity
6. Race/Religion and belief

This first stage does not represent the full range of wider engagement to be undertaken pre-consultation with the populations Future Fit serves, but it will feed into the engagement to be undertaken as part of the pre-consultation process.

It must be noted that sample sizes are small and therefore should be treated with caution.

## 2.1 Methodology

The primary method of engagement focused on the collation of qualitative data to provide detailed insight into the protected group's experience of accessing and using health services, and to determine the impact on them, if any, due to the changes proposed. Predominantly face-to-face group discussions and 1:1 interviews were conducted. This was accompanied by a digital survey promoted to relevant protected characteristics groups via key contacts developed throughout the engagement process. Wider promotion of the survey was restricted due to purdah during the pre 2015 general election period.

Overall 60 people were engaged face-to-face; 20 in Shropshire, 31 in Powys and 9 in Telford. A further 71 people conducted the digital survey, however not all questions were answered.

It should be noted that the sample base is small as although many groups were organised and promoted by stakeholder organisations, the uptake was low. However, this is a predominantly qualitative and not quantitative exercise, so it does give an in-depth insight for the types of access issues and concerns which may have a direct impact on these groups due to their characteristics. Participate do recommend that a broader and more stratified sample of engagement is undertaken to interrogate whether the insight outlined is common within the wider population Future Fit serves.

## 2.2 Recruitment

Future Fit commissioned Participate to identify and engage already established groups in North Powys. Key contacts from the groups promoted and recruited individuals to take part in the activities such as group discussions and 1:1 interviews. Participate facilitated the discussions using the set topic guide and survey.

In Shropshire and Telford and Wrekin, Future Fit commissioned local stakeholder organisations to recruit and facilitate discussions using their client contacts and local links.

- FRESH
- Listen not Label
- Healthwatch Telford and Wrekin
- Healthwatch Shropshire

The same topic guide and survey were used consistently throughout. Not all data gathered was submitted in time to be included in this report.

### 3. Focus Group/Interview Findings

The following insight sets out the findings from the focus groups and interviews undertaken in regards to the Future Fit Equality Impact Assessment work in Shropshire, Telford and Powys. A consistent topic guide and accompanying exercises were used across all groups/interviews. Facilitators of the groups/interviews were asked to capture and summarise all feedback within data capture logs. These logs have been coded and analysed for common themes across localities and by each protected characteristic engaged (where that group fed back).

#### 3.1 Participants

Participant numbers are in brackets.

Table 1:

Locality	<i>Sexual Orientation/ Gender Reassignment</i>	<i>Race/Religion/ Beliefs</i>	<i>Disability</i>	<i>Pregnancy &amp; maternity</i>	<i>Older people</i>	<i>Younger people</i>
<b>Shropshire</b>	Focus group (5) Interview (6)	Focus group (3) Interview (3)	Interview (3)			
<b>Powys</b>	Focus group (3)	Focus group (3)	Focus group (12)	Interview (2)	Focus group (9) Interview (2)	<i>N.B. LGBT &amp; GR &amp; Welsh Language group were under 20yrs old</i>
<b>Telford</b>		Interview (1)				Focus group (8)

## 3.2 Usage and Access of Health Services

### Identified Impact by Locality and Protected Characteristic

The findings suggest there are no real differences between the target groups in terms of services used, however, it is worth noting and investigating further the indication that a traveller may not be registered to a GP. This could have an impact on their access to services. This is only based on one response so should be treated with caution.

In terms of location, there are indications that those living in North Powys are less likely to go to large hospitals with an A&E for non life threatening injuries or conditions. They tended to access minor injury units, their local doctors or call Shropdoc. This could be due to the distance necessary to travel to a larger hospital and accessibility of minor injury units within Powys. This finding however, may not be unique to North Powys, it could be relevant to other rural areas in Shropshire and Telford and Wrekin.

One notable experience was identified as having an impact on young people using A&E services, it was recorded that the children's room in A&E (not specified) are aimed at small children and not teenagers, suggesting there could be more age appropriate waiting areas. It was also noted, in Telford by one group, that young people benefit from building trust with their GP, the appointment system in the local area appears to result in an inconsistency of who the young people are seen by.

Some suggested improvements in healthcare provision were specific to certain protected characteristics. LGBT & GR participants would like administrative questioning to be more appropriate to their needs. Some felt marital status/civil partnership was not relevant to their health and that they had some difficulty indicating who their next of kin was. In addition, some participants with a disability wanted to ensure that their dignity and independence was respected.

## Services Used

Table 2:

Services Used in Shropshire		
Group	Planned Care	Urgent/Emergency Care
LGBT & GR	Blood tests RSH - fracture clinic Planned operation MRI scans Appointment with specialist Colonoscopy Specialist orthopaedic Diabetes Home visit from nurse Ultra sound	Urgent care for broken arm RSH A&E Ambulance
Race/Religion/ Beliefs	Follow-up care for injury Appointment with autism specialist for child Outpatient appointments for MS	A&E Urgent care GP Shropdoc Walk-in centre Traveller: used A&E because could not register with a GP
Disability	Physiotherapy department in Shrewsbury Outpatient appointments MRI scans	Urgent care

Table 3:

Services Used in Powys		
Group	Planned Care	Urgent/Emergency Care
LGBT & GR	GPs in Newtown Medical Centre in Welshpool Shrewsbury Hospital Blood tests at Medical Centre in Welshpool Local dentists Shrewsbury Hospital for tonsils	
Race/Religion/ Beliefs	Dentists in Newtown Local doctors Shrewsbury Royal Hospital for operation X-rays at Royal Shrewsbury and Llandrindod Wells Hospital	Urgent care in Abergavenny Urgent care in Wrexham
Disability	Dentists Shrop doc Newtown Hospital CAT scans at local doctors and Shrewsbury Hospital X-rays in Welshpool Minor Injuries	Shrewsbury Hospital. Some used to use Newtown hospital but no emergency care now.

	Unit and Newtown Hospital Wrexham maternity (to have Welsh born babies)	
Pregnancy/ maternity	Wrexham maternity Shrewsbury Hospital Shrewsbury Hospital for ultrasound and ECGs	Shrewsbury Hospital for meningitis scan.
Older people	The Robert Jones and Agnes Hunt Orthopaedic Hospital in Gobowen for broken wrist and blood tests for hypertension Welshpool Minor Injury Units Shrewsbury Hospital Telford Hospital Wrexham Hospital	Access to emergency care can be a challenge due to ambulance service and travel time to hospital. People near Llanfyllin tend to go to the medical centre first.

Table 4:

Services Used in Telford		
Group	Planned Care	Urgent/Emergency Care
Young people		A&E
Race/Religion/ Beliefs	RSH outpatient	

## Positive Experiences

Table 5:

Positive Experiences in Shropshire		
Group	Planned Care	Urgent/Emergency Care
LGBT & GR	Oswestry Orthopaedic have a barcode check in – do not have to look for receptionist Gay man: specialist recognised next of kin was male partner – did not make a fuss about it. Nurse took the trouble to find out about patient's life and advised patient about being totally honest with her children regarding mastectomy Oswestry specialist clinic at Shrewsbury –excellent experience PALS helpful – problems with funding for attending the clinic and for surgery – in both cases contact with PALS got things moving in a positive way.	
Race/Religion/Beliefs		Seen quickly in A&E A&E at both RSH and PRH. RSH better. No Traveller prejudice at either PRH staff very supportive.
Disability		RSH UCC: quick, efficient, reassuring and friendly

Table 6:

Positive Experiences in Powys		
Group	Planned Care	Urgent/Emergency Care
Pregnancy/maternity	Good service at Wrexham for C-section Shrewsbury Hospital –very thorough with appointments and check-ups.	Shrewsbury Hospital for son's meningitis scan.
Older people	Shrewsbury fracture clinic – very well organised and efficient. Communicated well. Shrewsbury Hospital and Gobowen orthopaedic hospital very good.	
Race/religion/beliefs	Treatment at Wrexham for a family member was very good. Urgent care for rugby injuries in Hereford seemed to be good.	

Table 7:

Positive Experiences in Telford		
Group	Planned Care	Urgent/Emergency Care
Young people		A&E very good with children. Treatment better than in another European country.

Race/Religion/ Beliefs	RSH seen on time; staff really supportive, very quick process Really good service – no question of discrimination based on skin colour or religion.	
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## Negative Experiences

Table 8:

Negative Experiences in Shropshire		
Group	Planned Care	Urgent/Emergency Care
LGBT & GR	<p>Patient erroneously told had cancer – left with no-one to speak to</p> <p>Repeat letter for internal examination that had already been carried out.</p> <p>Patient had to fight to get MRI scan – told consultant that condition meant that an endoscopy was too painful – was not sympathetic</p> <p>Patient ‘outed’ in a public waiting room with the wrong gender (Princess Royal)</p> <p>Lack of confidentiality– name shouted out to the room</p> <p>Patient left waiting in the waiting room because old name was called out</p> <p>Appointment was made in patient’s new name but was addressed by old name at reception.</p> <p>Locum had paperwork from Wrekin PCT but would not deal with it, said he did not know anything about ‘these sort of things’ and was leaving it up to PCT</p>	<p>Doctor said could go home when could not walk</p>
Race/Religion/Beliefs		<p>Urgent care at Princess Royal about 4 hours, no explanation for delay – doctor abrupt and dismissive.</p> <p>A&amp;E – staff at Ludlow less supportive than at PRH</p> <p>Left on trolley overnight at PRH</p>
Disability	<p>Administration of outpatient appointments extremely variable</p> <p>Some appointments cancelled, long waiting times, patronising staff, unreliable transport services</p> <p>Patient transport services – journey stressful and uncomfortable. Could not find house, uncomfortable seats, long waits for return journeys and no information about when available.</p>	

Table 9:

Negative Experiences in Powys		
Disability	Poor experiences at dentist	

Table 10:

Negative Experiences in Telford		
Young people	Having to book 3 weeks in advance, inconsistency of the appointment systems and not getting to see a regular GP. Important to young people to get to trust their GP	Issues around waiting times. Children's room in A&E aimed at small children and not teenagers.

## General Improvements

Table 11:

General Suggested Improvements in Shropshire	
LGBT & GR	
Administration	Records not updated with new details Occupation question on forms can be an issue – not regarded as relevant to health Marital status question – civil partnerships should be an answer option – make it easier to indicate who is next-of-kin, which can be an issue for LGBT people. Having to repeat same information
Attitude/behaviour of staff	Better communication & being treated as an individual rather than a number More education and respect
Facilities	Waiting areas not well presented/decorated/clean.
Disability	
Appointment system	Not cancelling appointments. Spending as little time there as possible
Attitude/behaviour of staff	Not being called “dear”. Having dignity and independence respected. Being listened to by nursing and ancillary staff.
Transport	Take hospital patient transport services back ‘in house’
Staffing/Waiting times	Have enough staff on duty to reduce waiting times.

Table 12:

General Suggested Improvements in Powys	
Race/Religion/Beliefs	
Ambulance service	Student who works with his local rugby club waited 4 hrs for an ambulance to take a player to hospital. Travel time to the hospital (Royal Shrewsbury) on top of waiting for an ambulance considered unacceptable
Disability	
Better use of existing facilities	Underuse of Newtown Hospital – could provide better services locally.
Staffing and equipment	Shrewsbury hospital understaffed and one person was given someone else’s medication once.

### 3.3 Improvements in Planned Care

#### Identified Impact by Locality and Protected Characteristic

Being treated with dignity and respect remain a common theme in experiences of planned care across the different groups, with specific requests for taking account of patients' needs and fears. There are also some indications that facilities for disabled users could be better in general, such as wheelchair access and transport. In Powys, access to mental health was said to be difficult due to lack of staff resulting in long waiting times.

In Powys, access to minor injuries units out of hours was considered inadequate and in some areas the local medical centre was 'mopping up' the gaps in provision.

Table 13:

Improvements in Planned Care Shropshire	
LGBT & GR	
Appointment system	More time with specialist Seeing same consultant important for building a relationship Having appointments later in day to avoid travel during rush hour
Attitude/behaviour of staff	Staff should be less judgemental: patient's negative experience with specialist has resulted in reluctance to reveal he is gay. Feels disadvantaged and anticipates negative treatment Staff should be more professional: whispered chats just outside the half open 'patient cubicles', Staff should take account of patient's needs & fears & discuss treatment options in advance Being treated with dignity
Facilities	Lack of privacy – full waiting room behind a false wall.
Quality of care	Staff need to be better organised to make patients feel secure in quality of care. Importance of perception for people who are ill & feeling vulnerable. Lack of coherent diabetes care – seem to have a lack of specialists. Less dismissive consultant
Waiting times	Long wait for blood tests – late in day Having to wait while staff are busy Waiting times for tests
Race/Religion/Beliefs	
Administration	Difficult for Travellers to get medication for MS because needed a registered address. A different process is needed for Travelling people Recognition of the needs of autistic young children when waiting for appointments
Facilities	Availability of toys, games, etc for children

Disability	
Appointment system	More effective administration of outpatient appointments: some appointments cancelled
Attitude/behaviour of staff	Patronising staff Staff understanding and attitudes to age and disability
Disability access	Adequate space in waiting rooms for wheelchair users Better wheelchair access
Parking charges/transport	Reliable transport services, which actually know the areas they serve
Waiting times	Reduce waiting times

Table 14:

Improvements in Planned Care Powys	
LGBT & GR	
Waiting times	Shorter waiting times - do not mind if an appointment is changed but do not want to wait too long for an alternative.
Older people	
Appointments	Better appointment system, more flexibility. Not to have any cancellations. Husband had a long waiting time for an appointment then it was organised on the last minute and very short notice time given which involved a lot of travelling and no time to get there. If you go to Welshpool minor injury unit at the weekend they cannot help you.
Waiting times	A quicker appointment time – quite a bit of waiting. The waiting time in Wrexham can be longer than elsewhere. Oswestry minor injuries unit could not do required treatment so ended up going to Telford. Medical centre is doing the mopping up for gaps in service provision. Waiting list for appointments in Gobowen orthopaedic hospital could be better.
Disability	
Appointments	Better accessibility of appointments. Community mental health team being understaffed and lots of waiting times.

Table 15:

Improvements in Planned Care Telford	
Race/Religion/Beliefs	
Parking charges/transport	Parking charges stressful for older people whose first language is not English when they have no change

## Impact of Cancelled Appointments

Table 16:

Impact of Cancelled Appointments Shropshire
LGBT & GR
Patient asked to travel to Shrewsbury for eye scan – requested Telford
Patient did not have diabetic check for 18 months
Delayed treatment which may have negative effect on health.
Appointments missed because letter sent to an old address despite having updated details
Patient told on the day of first cataract operation that second one would not be for another six months–could not drive for six months
Difficulties rearranging childcare or other caring responsibilities
Disability
Highly stressful – patient has a busy working life, many community engagements, and consequently a very full diary. “Outpatient appointments seem to think all people of my age and medical history sit around all day waiting for the opportunity to visit hospital!”

Table 17:

Impact of Cancelled Appointments Powys
Older people
Not a problem – they tried to change quickly, lots of notice given and good at offering alternatives although evening appointments would be good.

### 3.4 Improvements in Emergency and urgent care

#### Identified Impact by Locality and Protected Characteristic

Analysis suggests some people from the race/religion and belief groups in Shropshire felt that there should be more staff training around cultural and racism awareness. In addition, language barriers were identified. Some participants also suggested clear guidance in different languages about the differences in treatment and accessing urgent and emergency care would be required if a new system was implemented.

As mentioned previously, better wheelchair access to hospitals was suggested particularly at the Royal Shrewsbury Hospital.

Rural locations in Shrewsbury and North Powys indicate they require better access to ambulance services, with one person suggesting 'a quick response doctor nearby'. In addition, they suggest urgent care should 'be close to where people live, with reliable public transport links' and 'ensure that trained staff are on hand' with adequate equipment. There were discussions in Powys of people accessing minor injury units at the weekend and experiencing a lack of experienced staff and equipment such as bandages.

Table 18:

Improvements in Emergency and Urgent Care Shropshire	
LGBT & GR	
Attitude/behaviour of staff	<p>Treating patient as an individual and taking specific needs into account – Patient was not asked if they had anyone with them for support.</p> <p>Not knowing if staff are aware of patient's sexual orientation and if they are comfortable with it: 'it might help me if they brought it up especially if it is a more personal health issue'</p> <p>Professionalism and courtesy for mental well-being. They need to ask questions like 'is there anything we need to know about you?' For example: fear of needles. And 'Do you need someone with you?'</p>
Communication about delays/waiting times	Accurate triage information in order to manage my expectations – being informed of potential waiting times.
Difference between urgent/emergency care	Better understanding of what the purpose of A&E is
Race/Religion/Beliefs	
Attitude/behaviour of staff	<p>Reception staff need cultural and racism awareness</p> <p>Reception staff need to be more sympathetic and respectful – 'no eye contact – looked at next white person in queue'</p> <p>Attitude of doctor</p>

Communication about delays/waiting times	Keeping patients informed about what is happening and reasons for delays
Language/cultural barriers	Ellesmere Polish resident with severe back problem had bad experience of paramedic due to language barrier. Did not know how to complain because of different culture in Poland.
Waiting times	Doctors prioritising care of patients better. Sorting out the urgent from the non-urgent. Effective triage Use senior nurses to assess Shorter waiting times with children
Important factors	Information about delays
<b>Disability</b>	
Ambulance service	Reliable and effective ambulance services, including in remote rural areas.
Disability access	Shrewsbury A&E not wheelchair friendly – no dropped kerb
Parking charges/travel	Better signage to the RSH Urgent Care Centre
Staffing	Adequate levels of experienced staff

Table 19:

<b>Improvements in Emergency and Urgent Care Powys</b>	
<b>Pregnancy/Maternity</b>	
Appointment system	System seems quite slow regarding Shrop Doc then go to Welshpool. If it was a real emergency the system is not ideal.
<b>Disability</b>	
Ambulance service	Ambulances need to arrive quicker as one person waited for a long time for an ambulance after an asthma attack. Air ambulances considered to be very beneficial.
Staffing and equipment	Shrewsbury hospital understaffed.
Waiting times	Very time dependant and therefore need to be seen quickly
<b>Older people</b>	
Ambulance service	Waiting times for the Ambulance service can be difficult, it can take 45 minutes to get to patient and then there is the journey to hospital.
Waiting times	To be seen quickly even if that is by a moderately skilled person and then by a specialist – could wait a bit longer for specialist care.
<b>Race/Religion/Beliefs</b>	
Waiting times	Expect to be seen within an hour for urgent care. To have some sort of quick response doctor nearby.

Table 20:

<b>Improvements in Emergency and Urgent Care Telford</b>	
<b>Young people</b>	
Distance/location of services	Appointments nearer to home and less travel time to hospital.
Waiting times	The majority indicated that there needs to be less waiting time,



### Race/Religion/Beliefs

Communication about delays/waiting times	More information about delays and reasons for them
Staffing and equipment	A&E and Urgent care – both very good but understaffed Reducing pressure on staff – improved staffing levels
Waiting times	More attention to the range of different needs for children waiting for attention and treatment. Reducing waiting times

## Using Urgent Care Service Rather than A&E

Table 21:

Using Urgent Care Service Rather than A&E Shropshire	
LGBT & GR	Information about difference between urgent/emergency care so can make informed decision Would have to be consultant led nearer to home than A&E Communication – confidence to have spoken to someone who diagnoses and directs you to the right service.
Race/Religion/Beliefs	Clear information about what 'urgent care' means: what it's for and how it's different Easily accessible to local people Good staff attitudes and not dismissing people's reasons for going there. Full range of facilities – e.g. X-ray Accessible, well-resourced very local care centre
Disability	Ability to know if you need urgent/emergency care Clear information to local communities about what 'Urgent Care' means, and how it's different from A & E. Adequate staffing and equipment. Close to where people live, with reliable public transport links

Table 22:

Using Urgent Care Service Rather than A&E Powys	
LGBT & GR	Adequate trained staff on hand. Example given of someone who went to Welshpool minor injury unit but couldn't be treated because the nurse was not there. Heard of no bandages for broken fingers of a friend.
Pregnancy/maternity	Would go to Welshpool minor injury unit 1 <sup>st</sup> before Shrewsbury if planned care was offered there.
Older people	Accessibility and good 1 <sup>st</sup> response quality care 24 hour service with a clinician on hand
Race/Religion/Beliefs	Expect to be seen within an hour

Table 23:

Using Urgent Care Service Rather than A&E Telford	
Race/Religion/Beliefs	Clear guidance in different languages, targeted on local communities, about what Urgent Care is and does, and how it's different from A & E. Closeness, efficiency and friendly service

## Should Maternity Services be Located with Emergency Care?

Table 24:

Should maternity services be located with emergency care Shropshire	
LGBT & GR	Danger of over medicalising birth.

Table 25:

Should maternity services be located with emergency care Powys	
Pregnancy/maternity	Don't need A&E near maternity, happy enough with the service. Ideally yes but not really that necessary.
Older people	So long as well run don't need near A&E Yes –Depends on whether they have problems but if they do they need to have confidence there will be someone there to deal with it.
Race/Religion/Beliefs	1 person felt strongly about having maternity services located with emergency care.
Disability	Most felt strongly that in an emergency it was better to be closer to care if needed.

### 3.5 Day to Day Care and Help

#### Identified Impact by Locality and Protected Characteristic

With regard to day to day care and help most findings were not specifically identifiable as having an impact on people due to their characteristics or due to their location. However, mental health support specific to LGBT & GR people was suggested, and better access to mental health support locally was also mentioned by the disability group in North Powys previously.

#### Support to Reduce Need for Hospital

Table 26:

Support to Reduce Need for Hospital Shropshire	
LGBT & GR	Help from family and friends Being part of a 'sheltered caring community' Mental health support specific to LGBT people. Protection from hate crime – safe spaces Improve access to first aid courses e.g. use community hall Skype consultations Patient would not go to GP or community nurse as not sure they are the best to deal with issue, even if they were available 24 hours Being in own home as long as possible – independence – feel less scared and isolated at home – especially as a gay man. Local surgery willing to do home visits when old.
Disability	Loan of exercise equipment Physiotherapy equipment area in gyms or community Accessible gym equipment Reliable home visits e.g. Podiatry

Table 27:

Support to Reduce Need for Hospital Powys	
LGBT & GR	Domiciliary care
Pregnancy/maternity	Child consultants need to come to Welshpool and outpatients there too but currently all in Shrewsbury.
Older people	Better access to see a GP.
Race/Religion/Beliefs	More doctors. Newtown hospital taking more serious injuries
Disability	More doctors, first aid training locally, more ambulances, local A&E, NHS Direct can be quite complicated, more home visits by doctors for people in rural areas.

Table 28:

Support to Reduce Need for Hospital Telford	
Race/Religion/Beliefs	Locating community health services – health checks, blood pressure, diabetes, etc, at drop in sessions in local Gurdwaras.

### 3.6 Travel to Hospital

#### Identified Impact by Locality and Protected Characteristic

Travel times were relatively similar although those living in more rural areas in Shropshire and North Powys tended to travel further than those in Telford.

Parents of young children living in North Powys prefer to access smaller hospitals or minor injuries units as they can access care slightly quicker.

#### Large Hospital

Table 29:

Travel to a Large Hospital Shropshire	
LGBT & GR	30 minutes via public transport As a patient 30 minutes maximum. As a visitor up to an hour.
Race/Religion/Beliefs	15-30 minutes by car
Disability	20-30 minutes as a patient /Up to an hour as a visitor

Table 30:

Travel to a Large Hospital Powys	
Pregnancy/maternity	30-40 minutes far enough for an emergency, ideally it would be closer. 15 – 20 minutes – does not drive so get the bus or lifts from family and friends.
Older people	30 minutes by car
Race/Religion/Beliefs	Less than one hour
Disability	Less than one hour/20 minutes

Table 31:

Travel to a Large Hospital Telford	
Race/Religion/Beliefs	15 minutes by car

#### Smaller Hospital or Minor Injuries Unit

Table 32:

Smaller Hospital or Minor Injuries Unit Shropshire	
LGBT & GR	Minor injuries less than 30 minutes – should be more local. Transperson prefers to walk to avoid possible hassle on bus As a patient 30 minutes maximum. As a visitor up to an hour.
Race/Religion/Beliefs	20-30 minutes by car – parking adds to time

*Table 33:*

Smaller Hospital or Minor Injuries Unit Powys	
Pregnancy/maternity	15 minutes/10 minutes
Older people	45 minutes by car/20 minutes
Race/Religion/Beliefs	30 minutes by car
Disability	20 minutes

*Table 34:*

Smaller Hospital or Minor Injuries Unit Telford	
Race/Religion/Beliefs	30 minutes by car

### 3.7 Other Issues NHS Future Fit Should Consider

#### Identified Impact by Locality and Protected Characteristic

Specific issues identified as having an impact on LGBT & GR groups included an overall lack of understanding around gender transition and patients' preference as to how they wished to be treated. In addition, some people thought better training should be provided for staff as the language and treatment of LGBT & GR patients' needs addressing. It was also found that seeing more than one doctor and having to repeat their story caused unnecessary anxiety. It is widely known that this is a common problem amongst many patients but findings indicate those with specific characteristics can find this particularly distressing.

In Powys the LGBT & GR group also found the lack of access to sexual health clinics a problem as it meant they had to use a local GP which they found uncomfortable, or travel long distances to access care.

Participants in Powys noted that rural services for elderly people were inadequate which often meant long travel times. In addition, they wanted to highlight that travel anywhere can be problematic due to B roads and tracks.

Young people spoken to in Powys explained that barriers can be encountered in English hospitals where Welsh is their 1<sup>st</sup> language.

Table 35:

Other Issues NHS Future Fit Should Consider Shropshire	
LGBT & GR	
Administration	<p>Not using patient's preferred gender because they do not have gender recognition certificate</p> <p>People who are not fully transitioned – put on a male ward although they identify as women. At what point is that decision made – when are they asked if they are trans – or if they have M/F genitalia?</p>
Attitude and behaviour of staff	<p>Lack of awareness – staff being 'awkward'</p> <p>Assumption that if you are female you have a husband –conversations around women's health are heterosexual and always assume they have a partner if they are sexually active.</p> <p>Transgender patient found it very stressful when GP would not prescribe medication –felt discriminated against and that GP did not care about trans people's health.</p> <p>Partner being treated with respect</p> <p>Participant's experience of the NHS – as a member of staff for 30 years is 'heteronormative'.</p> <p>Diversity training is all about race – not disability or gender. Should be incorporated in the language that people use. It is not even homophobia, it is about being homo-inclusive.</p> <p>After refusing to take part in a clinical trial due to side effects original consultant</p>

	referred patient back to GP for treatment Patient told by 'Christian' GP practice that gay sex was immoral. Memory of male doctors not wanting to touch me – female doctors were fine.
Awareness of LGBT & GR issues	Patient referred to gender identity clinic in Nottingham for voice coaching – requested referral to New Cross to a therapist who knows about trans matters but outside that catchment area More positive information about LGBT and HIV testing in waiting areas so that LGBT patients feel more confident asking about HIV test Doctors not aware of NHS guidelines – need more recognition of gender issues within the NHS. Gender referral clinic had to register patient as male in order to do the right tests – otherwise they would get the wrong results. GP always refers to patient as female–get comments back questioning why blood tests are needed for a woman? Prostate tests on a female? Notice in waiting area: 'we do not discriminate' so that LGBT patients will feel confident to ask staff to deal with discrimination by other patients. Improvements in all services – images of different 'protected groups' on flyers etc. Access to same GP so that patient does not have to 'come out' again and again – GP will be aware of situation. More money into preventative care and education Awareness of what tests transgender patients need–patient was referred for a mammogram within 2 months of changing name but has never been offered a prostate test Expectations have been raised – creating doubt is counter-productive Doctor appreciated being told patient was gay as it might be important
Parking charges/travel	Prohibitive cost of regular travel to planned care, no public transport possible because of appointment times
<b>Disability</b>	
Facilities	Make accessible, can access facilities when suits user/patient, tele-diagnosis/Skype, beds that go to floor at night so people can get out on own if need to 24/7 dialysis self-managed units

Table 36:

<b>Other Issues NHS Future Fit Should Consider Powys</b>	
<b>LGBT &amp; GR</b>	
Appointment system	Booking appointments at the GP difficult unless you lie and say it is an emergency and you need to be seen that day.
Distance/location of services	There are no GUM clinics in Powys - can get tested at GP but not ideal due to being known by GP and test results take a long time to come back. It is quicker to go to Shrewsbury Hospital for quicker results but not ideal. Try and suit both areas, Wales and England. Keep emergency close by particular for children. They should think about distance particularly and where people live - extra time taken to reach care can be life threatening.



Older people	
Distance/location of services	The system for the elderly needs sorting out. The services are not getting to people, they have to travel to receive care. The Wales rural service seems poor.
Staffing and equipment	There should be somewhere that has a clinician available 24hrs a day locally and an x-ray should also be locally available. Future Fit need to remember this is a very rural community with B roads and tracks which makes getting anywhere much longer. There is a heavy reliance on GP medical centre which is not always recognised and it is difficult to recruit GPs. I rural practice works differently and is always extending the service so as patients are catered for - but this is not supported by funding. If urgent/emergency care changes occur there will be more pressure on GP practice.
Race/Religion/Beliefs	
Ambulance service	More ambulances needed so as response times are better.
Language/cultural barriers	Harder for people who predominantly speak Welsh when they visit English hospitals as they are less likely to get support.
Disability	
Better use of existing facilities	Should not be considering moving A&E further away from people in Newtown or spending money on new hospitals when there are hospitals already available to use. One person disagreed with this and thought a purpose built unit would be better.
Staffing and equipment	More apprenticeships for people to work their way up in healthcare and more nurses overall.

Table 37:

Other Issues NHS Future Fit Should Consider Telford	
Race/Religion/Beliefs	
Signage	Road signage is crucial. Getting to PRH by car from outside Telford is a nightmare. Need more prevention work in local communities

## 4. Survey Findings by Locality

The following data illustrates the findings from the digital survey by location. Analysis is based on the respondent's indication of their postcode. The SY postcode areas are predominantly in Shropshire but also include areas in Mid Wales. Some people did not give a postcode entry.

Overall 71 people took part in the digital survey. Sample sizes by location are relatively small and should be treated with caution.

### 4.1 Usage and Access of Health Services

#### Hospital Services Used

Respondents living the Telford and Wrekin area are more likely to have used a hospital service in the last 2 years. Of those people, proportionally more have used most other services listed expect for specific therapy services such as pain relief or physiotherapy.

Table 38:

	All		Postcode SY		Postcode TF		Postcode Other	
Grand Total	67		31		18		18	
A&E	34	51%	13	42%	13	72%	8	44%
Maternity	12	18%	6	19%	6	33%	0	0%
Paediatrics (babies and children)	12	18%	2	6%	8	44%	2	11%
Orthopaedics (bones and muscles)	15	22%	6	19%	5	28%	4	22%
Other Specialist (heart, stroke, cancer etc)	11	16%	5	16%	5	28%	1	6%
Therapies (help with pain relief or to heal e.g. physiotherapy)	16	24%	8	26%	3	17%	5	28%
Treatment without staying (outpatients)	23	34%	4	13%	13	72%	6	33%
I have not used any hospital services in the last 2 years	13	19%	9	29%	0	0%	5	28%

## Use of Emergency or Urgent Care Services

Most respondents living in the Telford and Wrekin area had used emergency and urgent care services, half of respondents living in the SY postcode area said they had not used them.

Table 39:

	All		Postcode SY		Postcode TF		Postcode Other	
Grand Total	53		30		13		10	
Broken/dislocated bone	5	9%	3	10%	1	8%	1	10%
Sprained muscle/tendon	3	6%	1	3%	1	8%	1	10%
Cut which needed stitches	4	8%	3	10%	1	8%	0	0%
Eye problems	5	9%	2	7%	3	23%	0	0%
High temperature/fever	5	9%	2	7%	2	15%	1	10%
Breathing difficulties	7	13%	3	10%	4	31%	0	0%
Stomach/bowel problems	5	9%	2	7%	3	23%	0	0%
Stroke	5	9%	3	10%	2	15%	0	0%
Heart attack	4	8%	3	10%	1	8%	0	0%
Serious head injury	1	2%		0%	1	8%	0	0%
No, I (or someone I care for) have not used emergency or urgent care services in the last 2 years	22	42%	15	50%	1	8%	6	60%
Other	6	11%	2	7%	4	31%	0	0%

## Experience of Using Services

Respondents living in Telford and Wrekin are more likely to have experienced the services indicated below than those living in the postcode area SY and other areas. They were less likely however, to have had an x-ray or ultrasound scan at a community hospital or clinic and more likely to have accessed this service in a larger hospital.

Table 40:

	All		Postcode SY		Postcode TF		Postcode Other	
Grand Total	60		29		17		14	
Major operation requiring critical care and overnight stay - Large hospital	4	7%	3	10%	1	6%	0	0%
Planned operation with overnight stay - Large hospital	7	12%	2	7%	4	24%	1	7%
Planned operation/other procedure but home the same day - Large hospital	12	20%	3	10%	8	47%	1	7%
Cat or MRI scan - Large hospital	15	25%	5	17%	6	35%	4	29%
Blood test - Large hospital	20	33%	4	14%	13	76%	3	21%
Blood test - Community hospital or clinic	19	32%	10	34%	6	35%	3	21%
X-Ray or ultrasound scan (excluding for pregnancy) - Large hospital	29	48%	12	41%	8	47%	9	64%
X-Ray or ultrasound scan (excluding for pregnancy) - Community hospital or clinic	6	10%	4	14%	1	6%	1	7%
Appointment with a specialist - Large hospital	24	40%	10	34%	9	53%	5	36%
I have not experienced any of these services in the last 2 years (Large hospital)	13	22%	9	31%	2	12%	2	14%
I have not experienced any of these services in the last 2 years (Community hospital or clinic)	11	18%	8	28%	1	6%	2	14%

## 4.2 Travel to Hospital

### Time Taken to Get to the Following Hospital

No differences were found by location in relation to how long it would take respondents to get to the following hospital services. The majority anticipate less than 30 minutes in total.

Table 41:

All	0 to 5 mins	16 to 30 mins	31 to 45 mins	46 to 60 mins	60+ mins	Grand Total
A&E	10	37	13	9	1	70
Maternity	9	19	12	10	5	55
Paediatrics (babies and children)	8	19	14	11	2	54
Orthopaedics (bones and muscles)	8	20	13	9	3	53
Other Specialist (heart, stroke, cancer, etc)	6	21	11	6	9	53
Therapies (help with pain relief or to heal e.g. physiotherapy)	14	27	12	3	0	56
Treatment without staying (Outpatients)	9	29	17	3	1	59
Other (please state below)	1	4	4	0	1	10
Other (please specify)		Orthotics	Orthotics		Stoke hospital for gastroenterology	

## Mode of Transport

Respondents in Telford and Wrekin are slightly more likely to use the bus compared to those living in postcode area SY. They are also more likely to use a taxi.

Table 42:

	All		Postcode SY		Postcode TF		Postcode Other	
Grand Total	71		32		19		20	
By car	67	94%	30	94%	18	95%	19	95%
Hospital transport services	3	4%	2	6%	1	5%	0	0%
Use the bus	12	17%	4	13%	8	42%	0	0%
Use the train	2	3%	0	0%	1	5%	1	5%
Taxi	6	8%	2	6%	4	21%	0	0%
Walk	4	6%	4	13%	0	0%	0	0%
Other	1	1%	0	0%	1	5%	0	0%
Does not drive but wife drives					1			

## Time Taken for an Ambulance to Reach you at Home

Most respondents spoken to estimate it would take an ambulance up to 30 minutes to arrive at their home.

Table 43:

	All		Postcode SY		Postcode TF		Postcode Other	
Grand Total	59		31		18		10	
0-14 minutes	25	42%	14	45%	8	44%	3	30%
15-30 minutes	20	34%	7	23%	8	44%	5	50%
31-45 minutes	6	10%	5	16%		0%	1	10%
46 minutes -1 hour or more	2	3%	2	6%		0%	0	0%
Don't know	6	10%	3	10%	2	11%	1	10%

## 4.3 Planned Care

### One Thing That Would Improve Planned Care

Reduction in waiting times was chosen by the majority of respondents as the aspect they thought would most improve planned care.

Comments:

<b>Postcode SY</b>
Reduction in waiting times to receive the appointment at x ray and ultra sound. Unable to establish treatment until tests completed.
The anxiety over arranging a lift/hospital transport each time. I have an appointment at 4.30pm today and Dial-a-Ride do not operate that late in the day. I shall have to get the bus back into town with a 15-20 minute walk home from there. As I am in my 80's I am finding this walk increasingly exhausting.
I had to arrive at 7am for a C section and had already fasted, I was then left to wait without food or drink with 4 other mums in a 'queue' till noon. I would have thought a specific time slot would have been more practical and less stressful.
Reduced waiting times.
More care closer to home.
Keeping within 15 minutes of given appointment time keeps the rest of my life manageable.
Abdominal day case surgery - although not major - was horrendous because of distance to travel home and time allowed for recovery from anaesthetic.
Specialist was very unsympathetic and blunt.
When I was admitted to the ward they isolated me.
For the waiting time to be quicker, when going into A&E I have waited up to 4 hours before.

<b>Postcode TF</b>
Quicker waiting times/discharge
I live in Telford but was sent to Stafford for treatment, this was very inconvenient as a resident in Telford I would expect to be seen in Telford or Shrewsbury.
Pain Management services use locations from local health centres to Shrewsbury Health Village. Never sure how long will be needed to get to the appointment.



Less waiting times.
Be more on time.
If they hadn't have continually cancelled and rescheduled it. Caused extra stress. Worrying about procedure as well as messing work around with changing my sick leave dates - needed to sort out cover.
Better parking.
More advance notice if appointment has to be changed.
Treatment great and staff impeccable but quite a delay from 1st visit to 2nd visit. I literally slipped off their radar and it took me to remind them that I needed to come back for a 2nd visit.
Been at PRH for the second time. Pre op I arrived no one had me down but I received the letter stating day and time and date. Booked in for day surgery at RSH, husband left when I was taken through to the ward, I'm in a wheelchair there was not enough room for myself and the wheelchair. Only to be told the previous consultant had made an error so no surgery I was then left with no means of getting home. I had to wait to ring my husband to come back and collect me.
Travel, it isn't ideal.
Not having to go back to the hospital for blood tests the next day.

### Cancellation of Planned Care Appointments

Few people had experience of cancelled appointments, of those who did there was little difference between the postcode areas (sample sizes very small).

Table 44:

	All		Postcode SY		Postcode TF		Postcode Other	
Grand Total	40		16		16		8	
No	37	93%	14	88%	15	94%	8	100%
Yes	3	8%	2	13%	1	6%	0	0%

Comment:

<b>Postcode TF</b>
I arrived for the appointment and it had changed but I had not received the letter that they claimed to have sent out.
No, but was cancelled several times, including the night before.

## 4.4 Emergency Care

### One Thing That Would Improve Emergency Care

As with planned care, reducing waiting times was considered the most popular area for improvement in emergency care.

Comments:

Postcode SY
One doctor and one nurse in charge of our care, we had to explain the patient history three times, this was after having seen two GP's and explaining the patient history that am and the previous pm.
Have had the consultant introduce himself to me.
Facilities for mums to stay with babies need to be improved. Care was excellent.
Used urgent care.
Closer. Free car parking.
Not having to travel to Telford which is 45 - 60 mins away.
I work in a residential home and sometimes we can wait hours for emergency care.
Less waiting time.
I couldn't fault anything.
Having a maternity ward in Shrewsbury! And keeping A&E.

Postcode TF
Free parking at A&E so can get straight in.
Less time waiting to be referred to certain doctors.
I understand that they are very busy but when you have a 2 yr old it is very hard when you are not being seen to.
To be honest, in both cases, services were prompt. Ambulances arrived quickly and care was provided immediately. In the one (most recent case) communication wasn't brilliant and bed side manner of doctor was a little cold for the delicate situation we were in.
Better waiting area, better explanation at triage of what would happen next, how long it would take.
I waited on trolley for 2/3 hours before investigation but then after further wait got admitted to hospital ward by evening for observation - I was moved to other ward later in evening. Then after consultant visits in following day then discharged after delay in medical/nursing communication and delay in getting drugs to take home sorted.

Being kept more informed about what was happening in A&E as appose to using medical jargon. They need to use understandable English.
The wait is quite horrendous. I had a nose bleed which was bleeding heavily and I was there a long time waiting.
Waiting list, I waited for 70 minutes.

<b>Postcode Other</b>
Time wasters and malingerers to stop abusing the service.

### Should Maternity Services be Located with Emergency Care

Findings indicate people living in Telford and Wrekin postcode areas are proportionally more likely to agree that consultant led maternity services should be located alongside emergency care.

Table 46:

	All		Postcode SY		Postcode TF		Postcode Other	
Grand Total	51		30		19		2	
Strongly Agree	17	33%	10	33%	6	32%	1	50%
Agree	9	18%	5	17%	4	21%	0	0%
Neither Agree nor Disagree	13	25%	9	30%	4	21%	0	0%
Disagree	2	4%	1	3%	1	5%	0	0%
Strongly Disagree	3	6%	1	3%	2	11%	0	0%
Don't know	7	14%	4	13%	2	11%	1	50%

Comments:

<b>Postcode SY</b>
They are completely different services to most people at most stages of their lives.
Had excellent service from the maternity consultant-led team in Oct 2014 at the new Women & Children's Hospital at PRH. This is very specific care, no need for the general emergency care to be located at the same geographical location.
We are 30-45mins from Shrewsbury - Telford is too far in an emergency.

Having experienced the need for urgent maternity services my son and I would not be alive had I not been able to access the maternity provision within 20/25 mins. I doubt very much if I had travelled to Telford I would have been here to complete this questionnaire. Who is deciding these moves? Obviously someone who has not experienced the need for urgent maternity provision.
If the services are to be located separately I can see arguments on both sides.
There are a lot of emergencies surrounding childbirth and a lot of anxiety for mothers. Reassurance and the knowledge you will be seen quickly is important to the physical and emotional health of the parents.
If either of my daughters needed maternity care I would want it to be available locally.
Wrong question. They should both be in Shrewsbury.
Cross cover by specialist staff.
I go out of county for my maternity services because Telford is 45 - 60 minute drive away. If there was an emergency situation this could cause serious life threatening problems for me and my baby because we have an hour's car journey before I can get treated.
Like it as a mid wife led unit, it can be near an A&E it doesn't really matter. I went to Wrexham in a midwife led service and it worked well. I had a C section on the same day and it was all fine.
If a consultant considers emergency treatment to be necessary, it should be available on site without delay.
Accessibility at all times.
If there is something wrong with the baby it is classed as an emergency and should not have to travel all the way to Telford , it should be based in Shrewsbury.
What if it turns into an emergency, if it was there with emergency care then they could be treated quicker.
There could be problems whilst the birth is in process.
I think that maternity care should be at Shrewsbury as well as Telford. It takes longer to reach the patient and something serious could happen.

<b>Postcode TF</b>
If it helps with the safe delivery of a baby, it can't be a bad thing.
There is a brand new purpose built unit in Telford so why change it when it has been open less than a year and lots of money was spent on it.
Maternity services should be capable of handling their own critical care.
Prevention of long delays – treatment.
Time to get/fetch a consultant might lead to damage done. Put them as close to people's reach as possible.
Because we need it here, it is an emergency situation.
In case of emergency.

Because if there was something wrong, you wouldn't have to travel too far.
Because you can never know what could happen, so better that there is more help & security.
I haven't any firsthand experience, but I am aware that things can go wrong and emergency action/care may be required.
Problems requiring emergency care need appropriate support for unborn baby.
The Woman & Children's Unit has been located at a high price in Telford for good reasons.
Very important my daughter needed emergency care during the birth of my granddaughter.
We have just had a new unit why waste money.

## 4.5 Urgent Care

### Other Services Used for an Injury or Condition (Other than A&E)

Other than going to A&E most respondents would use their GP or go to a walk in centre for an injury or condition that was not life threatening.

Comment:

<b>Postcode SY</b>
GP, Church Stretton.
GP in Much Wenlock or Cressage.
Local GP surgery Montgomery or one step up Welshpool or Newtown Hospital.
GP/doctors.
GP or pharmacist depending on the seriousness of the condition.
Shrop Doc, previously used the walk-in clinic on Monkmoor Road, Shrewsbury.
Health centre.
Minor Injuries in Newtown.
Wrexham Maelor Hospital.
Welshpool minor injuries unit.
Welshpool minor injury unit.
Doctor's surgery. Primary Care unit.
Ludlow Minor Injuries.
Walk in centre.
Shropdoc or walk in centre.
Doctors or walk in centre.
Health services.
Shropdoc.

<b>Postcode TF</b>
NHS 111 or GP.
Doctors surgery, Walk in centre or Pharmacist.
Drop in centre.
DIY.
GP/doctors.
General practitioner/call Shropdoc.
The doctors or walk in doctors.
Typically, I'd phone my GP - if no help then possibly go to a walk-in centre or call Shropdoc.

Pharmacy, GP, GP out of hours, Walk in centre.
There is no other facility at present.
<b>Postcode Other</b>
Walk in, doctors, pharmacist.
GP Surgery, Walk in clinic, Dial 911.
Bridgnorth minor injuries unit GP.
Minor injuries clinic in Llanfyllin or Welshpool.
GP/Doctors.
Local GP, shropdoc.

## 4.6 Day to Day Care and Help

### Help You to Use Local Services Instead of a Hospital

People living in Shropshire and Mid Wales are more likely to say they do not need any other help using local services instead of going to hospital. People in Telford and Wrekin areas are more likely to say they need help from their GP surgery and more healthcare in general available in their local community.

Table 45:

	All		Postcode SY		Postcode TF		Postcode Other	
Grand Total	54		29		14		11	
I don't need any help	21	39%	12	41%	4	29%	5	45%
I would like more help from my GP surgery	21	39%	10	34%	8	57%	3	27%
More healthcare at home so I don't need to go to hospital	4	7%	1	3%	1	7%	2	18%
I would like more healthcare to be available in my local community	19	35%	11	38%	6	43%	2	18%
I would like more support for me as carer	5	9%	3	10%	1	7%	1	9%
More use of technology to help me to get care more easily	6	11%	4	14%	2	14%	0	0%

Comments: Other Suggested Help and Support

GP appointments better organised they are fine for urgent need and for non time specific i.e. 6 weeks time but poor for say within a week.
Help with strategies for adults with Asperger's Syndrome.
Mainly self support.



New modern GP Surgery offering more facilities.

The care at the local health centre is very good so this needs to continue.

## 4.7 What Matters Most

### What Matters Most When Using Emergency Care

Distance to care and being seen quickly are what matter most to respondents across all areas.

Comments:

<b>Postcode SY</b>
How quickly we can get there.
Speed of reaching Emergency Care.
Good expertise.
Being able to get to the emergency care facility as quickly as possible.
For mid Wales any increase in travel time for emergency care is likely to endanger life so clearly ambulance response time and distance to hospital are the linked key issues.
To be able to access the service within time i.e. no more than a 30 min trip. Experienced well trained staff to attend to you on arrival. Ambulances that don't take forever to arrive.
The speed with which the ambulance arrives at my address after call out
Distance to hospital with this care/Proximity.
That the hospital is in Shrewsbury.
Quality of service
All specialist staff in the same place for rapid access to life saving care - shorter delays to see consultant for definitive specialist opinion when arriving at hospital.
The best service possible.
How long you spend in A&E.
No waiting around especially with children.
Reassurance that I am being helped as soon as possible. Not being left alone.
Proximity to Shrewsbury.
To be seen quickly/quick response.
For the A&E to stay the same so I can get help as quick as possible.
Being far away from emergency care.
The time taken to be seen.
Co-operation.
That everyone is understanding and listens to you.
Should stay rural.

<b>Postcode TF</b>
Easily accessible.
Time to get there.
Quick access.
Getting there, accessible hospital.
Life saving.
Being able to get there on time.
Life threatening situations.
Distance (Travel time).
Safe care.
Speed of access.
Being kept informed and being seen as quickly as possible.
Speed of response/quick response.
That I get there as quick as possible.

### What Matters Most When Using Urgent Care

As with emergency care being seen quickly, distance and location are considered the most important factors by the respondents from all areas.

Comments:

<b>Postcode SY</b>
Convenience, not having to travel too far from work/ home.
Consistency and quality of care.
Being able to get there fairly quickly.
Some of this could be handled at Newtown or Welshpool with appropriate development of service.
No lengthy waiting times once you have arrived at the hospital.
The amount of time I had to spend waiting to see a doctor, either at the surgery or A&E.
Waiting times low.
That the parking is good. Paying after treatment is useful at the Royal Shrewsbury Hospital.
Proximity.
Quality of service.
Having confidence in the local service so that I don't default to higher level of care, e.g. emergency centre.
Closer to home and more accessible.

Being able to be seen straight away.
A welcoming smile.
Proximity to Shrewsbury.
To be seen quickly.
Not a worry on where the A&E is but I don't want long waiting times for people with useless problems.
Used frequently so needs to be close (Shrewsbury).
Being able to get an appointment.
Talk to me.
That you are seen quickly, and do not have to wait.
Advice for in the meantime.

<b>Postcode TF</b>
Good and accurate diagnosis/advice.
Time to get there.
Professional and well equipped.
Need 999.
Waiting times.
Access.
Being local and accessible.
Being kept informed and being seen as quickly as possible.
Ideally it should be integrated into a system that would cut down waiting times.
It's local.
Being kept updated about when you will be treated.

<b>Postcode Other</b>
Distance.
Waiting times/treatment care given.

## What Matters Most When Using Planned Care

Being seen quickly, no cancellations and the standard of care were considered the most important factors by all respondents for planned care. Distance and location were slightly less important to them.

Comments:

<b>Postcode SY</b>
Distance from home, ease for family visits.
Consistency and quality of care.
I wouldn't want a long journey to a strange place which would make me more apprehensive.
Less critical but the certainty of planning is probably most important.
Again clinics that keep good time slots and where you do not have to wait for more than 30 minutes. No cancellations.
The ease of getting transport there.
Skills and experience of the medical staff.
Not having to wait too long. Generally the waiting times in Shropshire are not bad, I am used to city waiting times.
Quality Assurance/quality of service.
There are only a finite number of specialists doctors and nurses - make sure they don't spend all their time travelling round the county seeing small number of patients. Not effective use of time.
The best care.
Appointments not cancelled.
Proximity to Shrewsbury.
To be addressed in the shortest possible time.
That I can get there with ease and be on time.
Making sure they get the right information.
Talk to me.
That the nurse/doctor you are seeing is on time.
Shorter waiting list.

<b>Postcode TF</b>
To be seen on time.
Convenience of appointment.
Clean/well equipped and well staffed
Not to be cancelled.
Sticking to original appointments or if they can't make sure people aren't being rescheduled multiple times.
Safe care.
Good pre consultation, careful planning, high levels of information and treatment in a most accessible location.
Keeping appointments.
Access fairly readily available.
That it actually takes place as stated on the appointment letter.
Not changing the appointment.

<b>Postcode Other</b>
Distance.
Waiting times/treatment care given.

## What Would Urgent Care Need to Offer to Feel Confident Using it Instead of Emergency Care

Being seen quickly and access to specialist staff were the key factors suggested by respondents that would make them feel confident using urgent care instead of emergency care for a non-life threatening condition.

Comments:

Postcode SY
Availability, open when we need the help and confidence that we are using the correct service. I wouldn't want to queue for a an Urgent Care Service to be referred to joining the queue at Emergency Care.
Consistency and quality of care.
Knowing that if my situation deteriorated I could be quickly transferred to an Emergency care place.
Breadth of service combined with prompt ability to be able to move care to emergency centre if needed.
Fully trained staff, access to diagnostic services and a rapid referral on to Emergency services if/when it is necessary.
Ease of access.
Open 24hrs. Not a long wait. Skilled medical staff and enough doctors who are experienced and fully qualified.
Reliability. The Walk In Clinic on Monkmoor Road, Shrewsbury was very helpful after I got an infection after a cancer operation.
Fully trained professional staff. Staff that have not been made to work 12 hour shifts. As a cost cutting exercise in the name of continuation of care. Doctors on site 24/7. If beds are required and admission necessary that this is provided and that patients are just not fobbed off and sent home without proper care and follow up provision.
X-ray, access to a doctor, specialist opinion available from hospital.
Availability and access.
Quick assessment and suggested treatment.
Proximity to Shrewsbury. Adequately qualified staff.
Specialist consultant in relevant field.
More information.
Being able to get an appointment to get the right information or medication that you need.
Quicker seeing times.
Definite appointment.

<b>Postcode TF</b>
Would need to be treated quickly, by someone qualified to treat and diagnose the illness accurately.
Reasonable waiting times.
Guarantee of being seen without a long wait.
The problem here is who makes the call on what is life threatening - currently A&E would make the decision for me.
Access and solve the problem as quickly as possible because any time delayed may lead to life threatening thus emergency.
It would have to be just like a hospital and have many staff and all the same procedures and equipment as a hospital.
Can cope with any problem.
It has to be close because most people rely on public transport.
The same courtesy and help.
As previously mentioned, I am aware of the pressures on medical staff, but extremely long waiting times is a big factor.
Diagnostics, x-rays, confident and competent staff.
Being reasonably local, good transport and access at all times. All diagnostic services Highly skilled staff & good levels of staffing 24 hour 7 day a week access Offering much that an A&E service offers.
To be efficient and for advice to be as professional and expert as possible.
Reassurance that your urgent care needs are in prospect of being met in a reasonable time, this would make it acceptable to me.
It has enough staff and consultant, x-ray, plaster room, minor operating facilities and beds. AMU ward.
A quicker response. Just as highly qualified staff.



## 4.8 Other Issues NHS Future Fit Should Consider

Comments:

<b>Postcode SY</b>
A shared service across the region, not just the urban population, but also the small towns and rural as well as those who fall into the gaps in other region's cover.
Better communication between services. My baby daughter was seen by the Early Assessment Unit on 19th May, we were given a prescription for antibiotics as she had a urinary tract infection. However, on Thurs 21st, the Dr who had seen us phoned explaining that a new prescription was necessary since the bug she had was resistant to the antibiotics we'd been given. Fair enough, but we had to travel to Telford to collect the prescription. Why can't prescriptions be emailed? Then we could have picked up the prescription from the GP in Church Stretton. Telford is a long way to go when you live south of Church Stretton especially with baby twins.
This area and the part of Wales which adjoins it are rural areas. Many people live down narrow country lanes. Don't just think about the distance to a hospital as the crow flies. Remember that an ambulance may have to go some distance down these narrow roads before it can speed down a main road. Also, many accidents happen on farms. You may have a wonderful A&E in the middle of Telford but a farmer who has been crushed by a cow on a remote south Shropshire farm may be dead before he gets there.
You really do need to look at this 12 hour shift policy you are operating which is impacting on the nurses their health and wellbeing and ultimately their capacity to deliver adequate care towards the end of the shift. This may only be applicable in general ward situations. Maternity and women's care should be an option/provision in Shrewsbury without a doubt and in no way should Emergency services be taken from Shrewsbury hospital. Having experienced both A&E departments in Shrewsbury and Telford both were struggling to cope with the numbers of people accessing their service.
Doctors surgeries should provide information on facilities available to elderly patient who live alone such as hospital transport, chiropodist services etc. without being asked.
I think expecting people to travel to another town for A&E and maternity services is unacceptable when we have a hospital in both areas. Each hospital should have its own units for these. Having to go this extra distance, especially along what can be a very busy motorway could be a matter of life and death in some case, particularly those in outlying areas.
The hospital services that I have used at the Royal Shrewsbury Hospital, Princess

Royal Telford and Oswestry Orthopaedic Hospital were very efficient and effective. The Emergency Services were swift when my daughter was seriously ill, the nursing was limited as it was the Christmas holidays so I had to sit in the hospital for hours with her as bank nursing was not offer continuity. The urgent services when I had cancer based on the cancer telephone support nurse worked amazingly well, after the planned services at Princess Royal Hospital. The Walk In Clinic was very useful for urgent assessment and some treatment. In a rural county emergency, urgent and planned services need to be no more than half an hour's car journey or easily busable. More Walk ins might help the situation.
No public transport on Sundays to hospital. I don't drive.
Shropdoc is very good and useful to have over the phone consultation if you can't get to services easily. It re-assures the parent and lets them know what they should do.
Enough nurses and doctors who need to work only reasonable shifts and with adequate support staff to do their jobs efficiently.
Shropshire is a large county with isolated rural areas which make travelling to hospital difficult and time-consuming. Adding to this difficulty by removing or relocating services is not in the best interests of the population.
Satellite clinics for outpatient services to be made available as localised as possible. Small procedures to be available as localised as possible.
Put a maternity bit in Shrewsbury people get pregnant here they don't want to have to travel to Telford if there is a problem.
Keeping A&E at Shrewsbury and Maybe thinking about a maternity ward back at Shrewsbury, as I have to travel from Wentnor which takes 30 minutes to Shrewsbury

<b>Postcode TF</b>
Accessibility by public transport for people without cars. Keeping waiting times down to a minimum for those children/babies (waiting times in actual clinic). Good baby facilities i.e. changing/bottle warming.
An extended Shropdoc. 24 hr walk in at main hospital site could ease A&E load and improve waiting times. Many people at A&E seem just to want advice not life & death care.
You need to consider Shrewsbury is not accessible to people like me and my family. It is too far, we need Telford as it's a time thing when you are having breathing problems or with children they need to be seen there and then, not travel for 30 mins or longer and risk somebody's life.

Has there been proper consultation beyond the usual suspects. Has Consultation reflected all age groups, all socio economic groups, all races, all protected & minority groups? Has consultation been equal between Shropshire, Telford and Powys? Has the information to the Public been informative & non technical? Will the Government provide the resources necessary for sensible planning for 20 years? Visioning changing needs over 20 years - society is already radically changing. Good use of Technology & medical science. People & Communities first not a stitch up by professionals.
Give ambulance services as much support as you can as they have been brilliant and without them I would be dead.
I think having access to an Eye Clinic Liaison Office is very important for anyone who has just been diagnosed with deteriorating sight. You need to know it is not the end of the world and there are things that can help and support available. There are some people I know of who have not had this support.
Make changes now rather than waiting get the language right so people understand the proposed changes.

## 5. Survey Findings per Characteristic

This section evaluates the findings from the digital survey. It highlights any particular issues relating to respondents' protected characteristics.

Overall 71 people took part in the digital survey but due to the small number of respondents identifying their characteristics, only a limited amount of analysis by this variable could be conducted.

Caution should be taken when using this data as responses are small, the findings should be considered in conjunction with the qualitative data collected to add further understanding to the responses provided.

### 5.1 LGBT

Few people indicated their sexual orientation, the following tables illustrate where there are some indications of differences identified. However, the sample bases are very small so should be treated with caution.

#### Planned Care

Findings suggest proportionally more LGBT respondents have used planned care such as; MRI/Cat scan and X-ray/ultrasound (large hospital) compared to heterosexual respondents.

Table 47:

LGBT	3	60.00%
Heterosexual	7	16.67%
Grand Total	10	21.28%

Table 48:

LGBT	3	60.00%
Heterosexual	15	35.71%
Grand Total	18	38.30%

Comment:

A gay man worried about how care and hospital services will respond to his and other gay people's needs.

## 5.2 Disability

Although few people taking part indicated they had a disability, the following tables illustrate some early indications.

### Long Term Health Condition

All respondents with a disability reported that they have one or more long term health condition.

Table 58:

No Disability	45	86.54%
I have one of more long term health condition	9	20.00%
(blank)	36	80.00%
Disability	7	13.46%
I have one of more long term health condition	7	100.00%

### Hospital Services Used

Findings suggest respondents with a disability are more likely to have used the hospital services illustrated below compared to respondents that do not have a disability.

Table 49:

No Disability	45	86.54%
Other Specialist (heart, stroke, cancer etc)	5	11.11%
(blank)	40	88.89%
Disability	7	13.46%
Other Specialist (heart, stroke, cancer etc)	5	71.43%
(blank)	2	28.57%

Table 50:

No Disability	45	86.54%
Therapies (help with pain relief or to heal e.g. physiotherapy)	9	20.00%
(blank)	36	80.00%
Disability	7	13.46%
Therapies (help with pain relief or to heal e.g. physiotherapy)	3	42.86%
(blank)	4	57.14%

Table 51:

No Disability	45	86.54%
Treatment without staying (outpatients)	12	26.67%
(blank)	33	73.33%
Disability	7	13.46%
Treatment without staying (outpatients)	5	71.43%
(blank)	2	28.57%

Table 52:

No Disability	45	86.54%
Planned operations with overnight stay	2	4.44%
(blank)	43	95.56%
Disability	7	13.46%
Planned operations with overnight stay	4	57.14%
(blank)	3	42.86%

Table 53:

No Disability	45	86.54%
Planned operation/other procedure but home the same day	6	13.33%
(blank)	39	86.67%
Disability	7	13.46%
Planned operation/other procedure but home the same day	5	71.43%
(blank)	2	28.57%

Table 54:

No Disability	45	86.54%
Cat or MRI scan (Large hospital)	7	15.56%
(blank)	38	84.44%
Disability	7	13.46%
Cat or MRI scan (Large hospital)	4	57.14%
(blank)	3	42.86%

Table 55:

No Disability	45	86.54%
Blood test (Large hospital)	10	22.22%
(blank)	35	77.78%
Disability	7	13.46%
Blood test (Large hospital)	6	85.71%
(blank)	1	14.29%

### Time Taken for an Ambulance to Reach you at Home

Those respondents with a disability estimate a quicker response time for an ambulance to reach them at home.

Table 56:

No Disability	45	86.54%
0-14 minutes	16	35.56%
15-30 minutes	14	31.11%
31-45 minutes	6	13.33%
46 minutes -1 hour or more	2	4.44%
Don't know	5	11.11%
(blank)	2	4.44%
Disability	7	13.46%
0-14 minutes	5	71.43%
15-30 minutes	2	28.57%

### GP Surgery

Respondents with a disability would like more help from their GP surgery compared to respondents that do not have a disability.

Table 57:

No Disability	45	86.54%
I would like more help from my GP surgery	13	28.89%
(blank)	32	71.11%
Disability	7	13.46%
I would like more help from my GP surgery	5	71.43%
(blank)	2	28.57%

### 5.3 Age

The following findings illustrate some early indications by age. As with all digital survey data the responses are small and should be treated with caution.

#### Attended A&E

Findings suggest respondents under 55 are more likely to have visited A&E.

*Table 59:*

Under 25	10	55.56%
25-54	10	55.56%
Over 55	6	37.50%

#### Use of Technology

Some people indicated they would like to make more use of technology to help them get care more easily.

*Table 60:*

Under 25	3	16.67%
25-54	0	0.00%
Over 55	3	18.75%

#### Long Term Health Conditions

Proportionally more respondents over 55 have one or more long term condition compared to younger respondents.

*Table 61:*

Under 25	2	11.11%
25-54	5	27.78%
Over 55	10	62.50%



Respondents under 25 were less likely to have a long term health condition.

*Table 62:*

Under 25	11	61.11%
25-54	4	22.22%
Over 55	3	18.75%

Those over 55 are more likely to care for someone with a long term health condition.

*Table 63:*

Under 25		0.00%
25-54	3	16.67%
Over 55	5	31.25%

## 5.4 Child under 16

The following tables illustrate any differences found amongst respondents with children under 16 and those with no children under this age. Sample bases remain small and therefore the data should be used as an indication of findings only.

### Attended A&E

Proportionally more respondents with a child under 16 have visited A&E compared to those with no children under 16.

*Table 64:*

No child under 16	23	41.82%
Child under 16	11	68.75%
Grand Total	34	47.89%

Fewer respondents with a child under 16 said they have not used urgent or emergency care in the last 2 years compared to those with no children under 16.

*Table 65:*

No child under 16	22	40.00%
Child under 16	1	6.25%
Grand Total	23	32.39%

Some respondents with a child under 16 have used urgent or emergency care for high temperature/fever.

*Table 66:*

No child under 16		0.00%
Child under 16	5	31.25%
Grand Total	5	7.04%

Comments: how emergency care could be improved

Better waiting area, better explanation at triage of what would happen next, how long it would take.
Facilities for mums to stay with babies need to be improved. Care was excellent.
Free parking at A&E so can get straight in.
I understand that they are very busy but when you have a 2 yr old it is very hard when you are not being seen to.
Less waiting time.
Not having to travel to Telford which is 45 - 60 minutes away.
A doctor and a nurse in charge of our care, we had to explain the patient history three times, this was after having seen two GPs and explaining the patient history that am and the previous pm. We did receive good care from all the NHS staff.

### Used Maternity Services

Proportionally more respondents with a child under 16 have used maternity services compared to those with no children under 16.

*Table 67:*

No child under 16	2	3.64%
Child under 16	10	62.50%
Grand Total	12	16.90%

Likewise, proportionally more respondents with a child under 16 have also used paediatrics compared to those with no children under 16.

*Table 68:*

No child under 16	2	3.64%
Child under 16	10	62.50%
Grand Total	12	16.90%

More respondents with a child under 16 strongly agree or agree that the consultant-led maternity services should be located alongside emergency care.

*Table 69:*

No child under 16	17	30.91%
Child under 16	9	56.25%
Grand Total	26	36.62%

## Comments:

<b>Strongly Agree</b>
Because we need it here, it is an emergency situation.
I go out of county for my maternity services because Telford is 45 - 60 minute drive away. If there was an emergency situation this could cause serious life threatening problems for me and my baby because we have a hours car journey before I can get treated.
In case of emergency.
Prevention of long delays – treatment.
Problems requiring emergency care need appropriate support for unborn baby.
Time to get/fetch a consultant might lead to damage done. Put them as close to people's reach as possible.

<b>Agree</b>
Because can never know what could happen, so better that there is more help & security.
Because if there was something wrong, you wouldn't have to travel too far.
There are a lot of emergencies surrounding childbirth and a lot of anxiety for mothers. Reassurance and the knowledge you will be seen quickly is important to the physical and emotional health of the parents.

## 6. Options Feedback

Participants of the focus groups and face-to-face interviews were provided with a brief overview of the NHS Future Fit proposal with a set of possible options. The options briefly demonstrated how services could be provided. Participants were asked for their initial thoughts on the options based on their own experiences of using services.

The following information illustrates comments collected from the qualitative data by area and by protected characteristic, followed by data and comments collected from the digital survey. Note - not all option sheets were returned from the qualitative discussions.

Refer to the executive summary for some key findings extrapolated by characteristic and location where differences were found to have a distinct impact.

### 6.1 Qualitative Findings

#### Comments on the Options Selected

Table 70:

FF Proposals Comments Shropshire	
LGBT & GR	<p>Option A – money could be better spent on improving existing sites. Travel implications. Size of county needs two centres. Seems sensible to keep the same. 50% of hospital beds are private funded – affects waiting times. Additional money to build big hospital could be used to build smaller one in South Shropshire</p> <p>Option C – Significant impact on health the longer it takes to get there. Rate Option F as 2 – not good use of money to build a third centre when already have 2 hospitals. Rate Option A as 4, because ‘no change’ is not sustainable</p> <p>Participant who works in Telford hospital would avoid it – dynamics, levels of care and culture are very different there because of different demographics. Expects juvenile attitude and potential hostility towards sexual orientation at Telford – would feel less comfortable acknowledging sexuality.</p> <p>Option A – because of distance, families, friends and not having to move from one location to another as condition changes. Travel and parking costs are phenomenal. Immediate reaction is to stay with A but no idea of the financial implications – not being treated an adult, not enough information to make an informed decision.</p>

Race/Religion/Beliefs	<p>Option A - Participant with children would like to keep emergency and planned care in Shrewsbury.</p> <p>Option A –Does not want emergency and planned care separated. People know present system. Option D is close second</p> <p>Option D – New super hospital could resolve the issues in the long run with everything under one roof. People from all areas would be able to access</p> <p>Need to have both services in same place</p> <p>Option D –As long as equally accessible for all, especially by public transport</p> <p>Option D –As long as it has all facilities needed and is easily reachable for everyone</p>
Disability	<p>Option A –People know and understand the present system. Additional money should be spent on improving services at each existing hospital, not building a new one, which seems like ‘tots for the boys’ and won’t sort out staffing, morale, administration issues. Do not separate planned care from emergency care.</p> <p>New hospital likely to be more accessible with up-to-date equipment</p>

Table 71:

FF Proposals Comments Powys	
LGBT & GR	<p>Option C –Services a bigger population therefore Emergency care is needed in Shrewsbury. Also because of the distance from Newtown to Shrewsbury.</p> <p>Option F – new site could be nearer to Newtown.</p>
Pregnancy/maternity	<p>Option A –A&amp;E should stay in Shrewsbury. Although if the new site was nearer that would be preferred.</p> <p>Option A – does not want to travel too far for appointments with children.</p>
Older people	<p>Option A – it is nearer and trust the best care given.</p> <p>Option D – prefer to go to a specialist site where I would get the best possible care i.e. a centre of excellence like Birmingham Uni. Local provision needs to be good though.</p> <p>Option C – want emergency care to stay in Shrewsbury due to shorter distance to travel.</p> <p>Option D - would prefer everything on one site</p>
Race/Religion/Beliefs	<p>Option C –Shrewsbury is closer enabling them to get their quicker in an emergency. One person was more concerned about distance for visiting than the actual emergency.</p> <p>If planned and emergency was at one site it would be very busy as everyone going to the same place. Resulting in longer waiting times.</p>
Disability	<p>Option C –want emergency services as near as possible, Newtown the preferred option but Shrewsbury otherwise. Telford was considered to be too far away.</p> <p>Why build a new hospital when there are others already available. Make more use of Newtown Hospital.</p>

Table 72:

FF Proposals Comments Telford	
Race/Religion/Beliefs	<p>Option A –Present locations work for local rural communities as well as people in towns. Problems of major change, especially for elders in Indian communities – language and cultural issues.</p>

## Considerations

Table 73:

Considerations on FF Proposals Shropshire	
LGBT & GR	<p>Complex questions – depends on circumstances/situation</p> <p>Geographical location to home, good use of money, sustainability, negative expectation of Telford hospital with regards to attitudes towards homosexuality</p> <p>Services for specific groups/needs e.g.: services for (ex)military at Oswestry, Lingen Davies Centre.</p> <p>Specific services for LGBT people: sexual health, counselling, transgender but not too outwardly obvious because some LGBT people might not want to have to come out to the public.</p> <p>Equality &amp; diversity training is box-ticking for majority of NHS staff, E&amp;D training needs more time &amp; input – seems futile to contact NHS as they wouldn't do anything about it. They only invest when something dramatic happens. Can't imagine an LGBT event being successful in our hospitals</p> <p>Worry that people would be rushed out of one emergency care location to a completely different hospital and resulting impact on visitors</p> <p>Different locations mean that some visitors may not see their relative before they die. Need to remember this is about people's lives. If there is a better quality service provided on one site, it wouldn't necessarily be a bad thing.</p> <p>Better service = the expertise of the staff dealing with that condition, the equipment and the after-care. People get better much quicker if supported by friends and family in their recovery stage.</p> <p>Sad that the acute service and community service are separate</p> <p>Emergency should not be separate. Use of highly skilled staff is intermittent so should be available elsewhere. Bigger hospitals can provide better facilities – two expensive hospitals already. No proposal for growing one or the other or both existing hospitals to get better service. Question – what is a hospital – should be about having different creative experts in a lot of different fields. Skills to do the best job should be concentrated</p> <p>Easy access. Leave as is as both areas want hospital close – Wales would have even further to go if Telford.</p>
Race/Religion/Beliefs	Fairness of access and treatment for everyone in the area.
Disability	<p>Depends where new hospital is</p> <p>Participant would support new hospital if this side of Wellington off M53, as long as fully accessible</p> <p>Traffic issues</p> <p>RSH complicated to navigate and terrible parking</p> <p>Participant would like Emergency care only at Telford due to traffic on Welsh side of Shrewsbury so would have a longer drive</p> <p>Need for continuity of provision, avoidance of upheaval – especially for the next five years, and focusing on what local people say about their healthcare needs.</p>

Table 74:

Considerations on FF Proposals Powys	
LGBT & GR	New site might be in Newtown vicinity Distances to travel to A& E and population usage of Shrewsbury Hospital.
Older people	Distance and quality of care. Distance and care closer to home.
Race/Religion/Beliefs	Distance and waiting times.
Disability	Distance and getting care quickly when needed



## 6.2 Quantitative Findings

The following data and comments demonstrate the information collated from the digital survey. The information is filtered by protected characteristics and location. As mentioned previously the protected characteristic information is limited due to the difficulty in identifying the groups, therefore the only notable findings can be found amongst respondents with children under 16.

### Respondents with Children Under 16

Proportionally more respondents with a child under 16 rated Option A as their preferred option.

*Table 75:*

No child under 16	23	41.82%
Child under 16	11	68.75%
Grand Total	34	47.89%

Comments:

Any move of women and children's unit from Telford would cause too many patients to be disadvantaged.

Children's unit needs to be in Telford.

## Options by Location

Table 76:

	All						Postcode SY						Postcode TF						Postcode Other					
	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6
A - Stay the same as now with Planned and Emergency care at SHREWSBURY & TELFORD, no new site	34	6	1	2	0	6	20	5	0	2	0	3	12	1	1	0	0	3	2	0	0	0	0	0
B - Planned care at SHREWSBURY, Emergency care at TELFORD, no new site	9	9	5	2	7	10	3	2	4	1	6	9	6	5	1	1	1	1	0	2	0	0	0	0
C - Emergency care at SHREWSBURY, Planned care at TELFORD, no new site	9	14	9	7	3	2	5	12	3	5	2	1	4	2	5	1	1	1	0	0	1	1	0	0
D - No Emergency care nor Planned care at SHREWSBURY nor TELFORD, Emergency and Planned care at new site	6	4	8	2	4	21	5	3	5	1	3	9	1	1	2	1	1	11	0	0	1	0	0	1
E - No Emergency care at SHREWSBURY, Planned care at TELFORD, Emergency care at new site	2	2	3	11	15	7	1	0	1	7	11	3	1	2	2	4	2	4	0	0	0	0	2	0
F - Planned care at SHREWSBURY, No Emergency care at TELFORD, Emergency care at new site	2	3	10	10	6	8	2	3	10	6	0	2	0	0	0	3	6	5	0	0	0	1	0	1

Comments: (participants do not always indicate which option they are referring to)

<b>Postcode SY</b>
Ideally we would continue as things are, if money does not allow it then the service should move towards Shrewsbury. Shrewsbury being at the junction of the major routes from the North and South of the county as well as routes into Wales.
Very hard to answer this question as the geographical location of a new site is not given. If new site required it needs to be to the W of the county to allow quick access from the more rural locations.
Need a new facility.
New site near Shrewsbury is best. People in Wales and south west of Shropshire have far enough to go for medical care as it is. Moving the services further towards Telford would make it even more difficult for people to get there especially in an emergency.
Living in Mid Wales Shrewsbury is a long way to travel. A new site is likely to be further away Telford is unacceptably far so anything that increases the distance for emergency care is likely to be life endangering and planned care in Telford would be an 80 mile round trip.
Unable to list options as I don't know where the planned site will be and living in a rural location may mean a further travel time to factor in. Emergency services for the area of south Shropshire and other rural locations should not be more than a 30 minute drive away otherwise this will undoubtedly impact on lives and the effectiveness of care. Therefore due consideration needs to be given that the Emergency unit is central to the county. Having previously worked in the NHS I cannot understand the logic in any decision that cuts any care service. Given the population/demographics of the region both Shrewsbury and Telford need a complete package of hospital provision.
Purely from a personal point of view. I should prefer all services to remain local to me. There isn't much to choose between the other options.
I think both areas need emergency care at a close distance. Other care can be at either or a new site.
A works best for my family. We live in Shrewsbury and would find it easier to have planned and emergency care in Shrewsbury.
Unacceptable to travel from Oswestry to Telford.
D is top option only if the new site is at, or very close to Shrewsbury. Current division of services between two sites will kill them both. Recent moves of services from West to East of County severely disadvantage those living in Centre, and West Shropshire and those in Mid Wales.

Need a single emergency centre to keep services safe, don't want to be cut off in Powys.
Emergency Care needs to be as central in the county as possible. Mid Powys patients already have to travel far enough and by moving it to Telford they will have to travel even further. Telford patients have other services out of county they can use but Powys patients don't.
Most preferred = Shrewsbury is what I am use to and it is best for access otherwise it would 40 miles away to access care. Least preferred = Because the new site is not likely to be anywhere nearer to where I am.
Most preferred A = Because it is nearer but if the new site was nearer then that would be better. Least preferred D = Where would we go if not Shrewsbury or Telford?
I am assuming any new site would be equidistant between Shrewsbury and Telford.
It is essential that emergency care is available at Shrewsbury. It is too far to travel to Telford.
To maintain current options i.e. two facilities.
Shrewsbury should still have planned and emergency care as well as Telford as in an emergency, it would take too long to get to either place.
Because I'm already unhappy that when I want a child I will have to go to Telford unless it's an uncomplicated birth and if A&E is moved away as well then there will be no point in a hospital in Shrewsbury anymore and if there is only 1 A&E for Telford and Shrewsbury then the A&E may be more full of people with useless problems and long waiting times for people who really need it. But maybe it will save money for the NHS if the A&E is only on one place.
Telford is too far to travel from Shrewsbury and surrounding areas.
Easy access to Shrewsbury when need it.
If there is no emergency care at Shrewsbury, people from the Welsh border and Mid Wales will be at risk.
I want the A&E close to home.
I would like to stay at my local hospital.
Emergency and planned care should be available in Shrewsbury and Telford.

<b>Postcode TF</b>
Happy with current set up. Think availability of EC is important.
I think there needs to be emergency care at both sites, the amount of money to build a new site should be used to improve the existing facilities.
It seems to work as it is at present.
I have only one preference as the services cover such a large area that travel times from outlying regions are already bad enough. If anything I would like to see quick response vehicles stationed at strategic points in the county - tasked with life & death critical emergencies.
We need the equipment, facilities of a big hospital. How do we know we can get all we need if sites come up? Just fine with the existing one and try to equip it.
Because you need A&E at both sites or people will end up dying.
It should stay as it is because of travel time and how serious the emergency is. If in Telford, we would have to travel to Shrewsbury.
Prefer Telford for planned or EC because it is nearest and easier to get there
Having planned care & emergency care in different places would be beneficial. It means people with planned care aren't going to the same place as EC, so less waiting.
I think we need at least 1 health care option around as what would we do without any.
To be honest, not sure. I understand the current pressures on the NHS as well as staff, but I think altering Shrewsbury and Telford's facilities may cause more problems - especially if you remove EC from one - may put more pressure on GP's ...?
Children's unit needs to be in Telford.
There needs to be a high level emergency centre in one of the locations - but a general level emergency centre at the other centre. Planned care could be located at either site if transport is radically improved between Telford & Shrewsbury. Access is a key issue including for large numbers without care and for the infirm. This area will face difficulties unless these hospitals have University status in terms of recruiting doctors, nurses & specialists. The proposals must remove hospital deficits. Telford with a growing population needs two general emergency centres (Urgent Care) and the Woman & Children's Unit (recently built) given the birth rate in Telford. Shropshire services need to relate to its rurality and the growing numbers of elderly. Telford needs more GP's , modern multipurpose practices and lower patient numbers.

It should stay the same as it is as the population is so big and the distances involved would be greater if changed. If you need to get to hospital very quickly you need care quickly, they shouldn't be touching emergency care at all.
New site would affect a lot of people. If you can give adequate provision at Shrewsbury and Telford as it is I would prefer to have this and pay for this service to continue.
Because I prefer the options in that order it cannot stay as it is.
I think emergency and planned care is important at both places.
I have planned care appointments every year and Telford is the closest to me. Emergency care being close is important too.

<b>Postcode Other</b>
Distance from home.
Telford planned & EC is located in good distance to our address.
We need emergency & planned care in Telford. Shrewsbury is too far and would cause more life or death situations.

## Concerns About the Options

Comments:

<b>Postcode SY</b>
Increasing distances/ times that would be involved to reaching vital services. Especially having lived in West Wales for several years, Shrewsbury was part of the triangle of A&E's covering the area, but with significantly better roads to reach it.
Emergency care at Telford only is a grave concern for ourselves & those who like us live in the SW of Shropshire.
Distance to medical services is already a problem in this rural area. Separating the different types of care does not improve the service. If there is no emergency care in one place you will have to be rushed somewhere else. Being in hospital is a frightening experience. Being a long way from home doesn't help. Having fewer visits from family because of the distance doesn't help.
Transport is my perennial concern. At least if services remain in Shrewsbury if I have to take a taxi in an emergency the cost will not be as much as if I had to go to Telford.

The other options don't really make sense. We need emergency care in Shrewsbury and I am sure Telford families need it in Telford. We currently travel for some planned care re cancer treatment to Telford but the parking is very limited.
Please leave as is.... unacceptable to alter.
Fragmentation is wasteful, damaging and in some cases dangerous. Distance from West, and south West Shropshire to Telford, Wolverhampton and Stoke is a serious problem. We ignore the Welsh patients at our peril. If we lose the income from Welsh patients that is yet another nail in the coffin for Shropshire services.
Longer travel.
The travel time for the more remote areas. The already disadvantaged people are even more disadvantage. The options are focused on the money side (where would get the best income) rather than the best care.
Distance main concern.
I live near Shrewsbury Hospital and have always over 15 years found all my needs met there, and well. Change is not always for the best.
It is impossible to complete the options without a proposed location for a new site being given.
To develop one new site will limit availability.
Shrewsbury should still have planned and emergency care.
Where is the new site?

<b>Postcode TF</b>
No EC is worrying.
I think removing emergency care from either site would be dangerous as the time to travel elsewhere for emergency care could mean people won't get treatment in time.
I have only one preference as the services cover such a large area that travel times from outlying regions are already bad enough. If anything I would like to see quick response vehicles stationed at strategic points in the county - tasked with life & death critical emergencies.
Improve on the traqs facility. They seem not to do/contribute enough. Waiting time is hideous. A lot goes wrong in the time wasted.
People will lose their lives if there is nowhere close
I do not drive so it is better that if I have not to drive far in emergency.
D is a concern as we need our emergency care.

In terms of planned care - travelling a little further isn't necessarily a bad thing but having to travel further for EC could cause more harm than good. It may be an ill-educated guess/assumption, but surely travelling further in an emergency could impact on survival rates?
Any move of women & children's unit from Telford would cause too many patients to be disadvantaged.
Shropshire has had a louder voice in Future Fit so far and Telford must get a balanced outcome.
It is already a distance to travel and if you are very poorly you have to get to a hospital as quickly as you can. If it is not the right hospital that you are taken to then they can transfer you to the appropriate place but in the first instance it is necessary to get medical care as quickly as possible.
I don't think it is fair to deprive one area more than the other of services.
Have none only that people with no transport and are not able to get hospital transport. People on low incomes. Moving Maternity and women's and children's new unit is a no brainier.
I have no concerns really.
Where a new site would be.

<b>Postcode Other</b>
centralisation in a large rural area



## 7. Appendix

### 7.1 Digital Survey

#### SURVEY – WE NEED YOUR HELP



##### INTRODUCTION TO NHS FUTURE FIT

Your local NHS would like your help in shaping future services. NHS Future Fit is a programme of work that is looking at how healthcare services may be provided in the future across Shropshire, Telford and Wrekin and mid Wales.

There are already some very good health services for people across these areas. However, the needs of people are changing. We're all living longer and that means we need to use more services as time goes on. At the same time, your local NHS is striving to achieve the best quality standards possible against a backdrop of difficult economic times. It has become clear that the time has come to look again at how these services are designed and provided. Only by doing this, can we meet your needs and provide excellent healthcare services for the next 20 years.

##### **ABOUT THIS SURVEY – The deadline for completion is end May 2015.**

Future Fit teams are working with NHS staff and local people to find new ways to provide some health services. As part of this, they are looking at how people use hospital services and local health services in Shropshire and Telford and Wrekin. **The questions are about how you use health services now and how you would like to use them in the future.**

**Within this survey, the terms emergency care, urgent care and planned care are used. This is what they mean:**

**EMERGENCY CARE** – care you need if you have a life-threatening condition, and the quicker you are seen the better your chance of recovering fully. It is likely you will be taken to this service by an ambulance.

**URGENT CARE** – care for an injury or illness that you feel needs to be treated that day, but is not life-threatening.

**PLANNED CARE** – an operation or test for which you are given a time, date and place.

**DATA PROTECTION**

**This survey is being undertaken by Participate on behalf of NHS Future Fit.** Participate is an independent organisation, working with your local NHS and care providers. Anything you tell us will stay anonymous. At the end of the survey you can choose to give us your contact details so that we can keep you up to date with the work. If you do give us your details, they will not be passed on to anyone outside the NHS, and you will not be identified in any reports. Any information you give will only be used to help improve the buying, delivery and quality of NHS services. All your answers will be kept securely, and treated as confidential.

**FOR COMPLETION BY <ORGANISATION>**

<b>DATE</b>	
<b>TIME</b>	
<b>LOCATION (If Applicable)</b>	
<b>REFERENCE NUMBER (Participate use only)</b>	

**HOSPITAL SERVICES used in the last 2 years**

The next three questions are about hospital services and how you may have used them. This includes large hospitals with Accident & Emergency (A&E) services, smaller community hospitals and some minor injury units.

**Q1. From the following list, which hospital services have you used in the last 2 years and where did you use them? <PLEASE TICK WHICH APPLIES. IF NONE USED IN LAST 2 YEARS LEAVE BLANK & GO TO Q2>**

Service	Tick if used	Name of facility if known
A&E		
Maternity		
Paediatrics (Babies and children)		
Orthopaedics (Bones and muscles)		
Other Specialist (Heart, stroke, cancer etc)		
Therapies (Help with pain relief or to heal e.g. physiotherapy)		
Treatment without staying (Outpatients)		
Other hospital use, please state:		

**Q2. How long do you think it takes, or would take you, to get to the following hospital and community hospital services in Shropshire, Telford & the Wrekin (please try to answer even if you haven't used the services, think of the one nearest to you). <PLEASE TICK ALL THAT APPLY. ONE TICK PER SERVICE>**

Service	0 to 15 mins	16 to 30 mins	31 to 45 mins	46 to 60 mins	60+ mins
A&E					
Maternity					
Paediatrics (Babies and children)					
Orthopaedics (Bones and muscles)					
Other Specialist (Heart, stroke, cancer etc)					
Therapies (Help with pain relief or to heal e.g. physiotherapy)					
Treatment without staying (Outpatients)					
Other, please state:					

**Q3. How do you usually travel to reach local hospital services in Shropshire, Telford & the Wrekin? <PLEASE TICK ALL THAT APPLY>**

Travel by....	Please tick
By car	
Hospital transport services	
Use the bus	
Use the train	
Taxi	
Walk	
Other please state:	

**PLANNED CARE**

The next three questions are about operations, appointments with a specialist or tests that have been planned for you.

**Q4. Have you experienced any of the following within the last 2 years at a large hospital (has A&E), community hospital or clinic? < TICK ALL THAT APPLY. IF NONE MOVE TO Q8>**

Service	Please tick	
	Large hospital	Community hospital or clinic
Major operation requiring critical care and overnight stay		
Planned operation with overnight stay		
Planned operation/other procedure but home the same day		
Cat or MRI scan		
Blood test		
X-Ray or ultrasound scan (excluding for pregnancy)		
Appointment with a specialist		

**Q5. What ONE THING would have improved your own planned care and why?**

**Q6. If you had a planned care appointment in the last 2 years, was it cancelled on the day of the appointment? <PLEASE TICK ONE>**

	Please tick		Please tick
YES		NO	

**Q7. If you answered YES to Q6, please tell us what happened.**

**EMERGENCY AND URGENT CARE SERVICES**

The next four questions are about services that you hadn't planned to use, but needed to use for an accident or injury.

**Q8. Have you or someone you care for used emergency or urgent care services in the last 2 years to treat any of the following injuries/illnesses and where did you go?**

**<PLEASE TICK WHICH APPLIES. IF NONE USED IN LAST 2 YEARS GO TO Q10>**

Injury or Illness	Tick if used	Facility used if known
Broken/dislocated bone		
Sprained muscle/tendon		
Cut which needed stitches		
Eye problems		
High temperature/fever		
Breathing difficulties		
Stomach/bowel problems		
Stroke		
Heart attack		
Serious head injury		
Other, please state:		

**Q9. What ONE thing would improve your experience of emergency care and why?**

**Q10. Other than Accident & Emergency (A&E) where would you go for an injury or condition that isn't life threatening?**

**Q11. How long do you estimate it would take for an ambulance to reach you at your home in an emergency? <PLEASE TICK WHICH APPLIES>**

Ambulance driving time	Please tick
0–14 minutes	
15 – 30 minutes	
31 – 45 minutes	
46 – 1 hour or more	
More than 1 hour	
Don't know	
Other (please tell us how long)	

### **DAY-TO-DAY CARE AND HELP**

The next question is about the day to day care you and your family may need.

**Q12. Please think about your own and your family's needs, and what would help you to use local services instead of a hospital. <TICK ALL THAT APPLY>**

Statement	Please tick
I don't need any help	
I would like more help from my GP surgery	
I would like more healthcare at home so I don't need to go to hospital	
I would like more healthcare to be available in my local community	
I would like more support for me as a carer	
I would like the local NHS to make more use of technology to help me to get care more easily	
Other help or support, please state:	

## **NHS FUTURE FIT PROPOSAL**

The next eight questions are about the way emergency, urgent and planned health services may be provided for people in Shropshire, Telford and Wrekin and mid Wales. NHS Future Fit is working with NHS staff and local people to find ways of providing services in large (those with A&E) and community hospitals.

There are already some very good health services for people across these areas. However, the needs of people are changing and your local NHS is striving to achieve the best quality standards possible against a backdrop of difficult economic times. It has become clear that the time has come to look again at how these services are designed and provided.

From your own experiences of using services, we would like your initial thoughts on 6 possible options of how services could be provided. NHS Future Fit is in the very early stages of planning and no formal decisions (consultation) have taken place yet. There will be other opportunities to give your views when the options have been developed further.

Some of the options separate emergency care from planned care. This could make better use of staff and facilities, and help support local services. Main hospital services could be provided at Shrewsbury or Telford, or on a new site which has not yet been decided. It is assumed that large hospitals (those with A&E) will continue to provide urgent care and outpatient appointments in all options.

### **The terms emergency care, urgent care and planned care are used, this is what they mean:**

**EMERGENCY CARE** – care you need if you have a life-threatening condition, and the quicker you are seen the better your chance of recovering fully. It is likely you will be taken to this service by an ambulance.

**URGENT CARE** – care for an injury or illness that you feel needs to be treated that day, but is not life-threatening.

**PLANNED CARE** – an operation or test for which you are given a time, date and place.

**Q13. From the list below, please write numbers 1 to 6 against the options. Place 1 against the option you prefer the MOST, followed by 2, 3, 4, 5 down to 6 against the option you prefer the least. Each number should only be used ONCE.**

Options	Shrewsbury	Telford	New Site (location not yet known)	Insert numbers 1 to 6
A	Stay the same as now with planned and emergency care at both.		No new site	
B	Planned care	Emergency care	No new site	
C	Emergency care	Planned care	No new site	
D	No emergency or planned care		Planned care and Emergency care	
E	No emergency care	Planned care	Emergency care	
F	Planned care	No emergency care	Emergency care	

**Q14. Please tell us the reason(s) why you rated the options as you did.**

**Q15. Please explain any concerns you have about the options.**



At present, maternity services which are led by consultants are based at Telford. Do you think these services should be located with emergency care?

**Q16. How strongly do you agree or disagree that the consultant-led maternity services should be located alongside Emergency Care? <PLEASE TICK ONE OPTION>**

Statements	Please Tick
Strongly Agree	
Agree	
Neither Agree nor Disagree	
Disagree	
Strongly Disagree	
Don't Know	

**Q17. What are your reasons for the answer you have given to Q16?**

**Q18. For the following services, please state the ONE factor that would matter the most to you when using these services. <REFER TO DESCRIPTIONS OF SERVICES>**

Service	One thing that would matter most
Emergency care	
Urgent care	
Planned care	

**Q19. What would an Urgent care service need to offer you so that you would feel confident using it instead of Emergency Care for a non-life threatening condition?**

**ANY OTHER COMMENTS**

**Q20. Please tell us anything else you feel we should think about when looking at future hospital services in Shropshire, Telford and the Wrekin.**

**MONITORING INFORMATION**

The following questions help us to ensure that we have spoken to a broad mix of people. Please tell us how you describe yourself by answering these questions. Your replies will be strictly confidential, and will not be linked with any other details you may give us.

**From the list below, how would you describe yourself? <TICK ALL THAT APPLY>**

I have one or more long term health condition	
I care for someone with a long term health condition	
I volunteer to help people with long term health conditions	
I don't have a long term health condition	
I have children 0-5 years old	
I have children 6 - 16 years old	
Other, please state	

**Are you? <TICK WHICH APPLIES>**

Male	
Female	
Transgender	
Other (please say what)	
Prefer not to say	

**How old are you? <TICK WHICH APPLIES>**

Under 18	
18-24	
25-34	
35-44	
45-54	
55-64	
65+	
Prefer not to say	

**Which of the following best describes your ethnicity? <TICK WHICH APPLIES>**

White British	
White Welsh	
White Other	
Black British	
Black African	
Black Caribbean	
Black Other	
Mixed Other	
Gypsy or Traveller	
British Asian	
Asian Indian	
Asian Pakistani	
Asian Other	
Chinese	
Prefer not to say	

**Do you consider yourself to have a disability? <TICK WHICH APPLIES>**

Yes	
No	
Prefer not to say	
If yes, please state:	

**How would you define your sexual orientation? <TICK WHICH APPLIES>**

Heterosexual (straight)	
Gay	
Lesbian	
Bisexual	
Other (please say what)	
Prefer not to say	

**What is your postcode?<PLEASE STATE>**

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## STAYING INVOLVED

**Thank you for your time and for sharing your experiences.**

If you would like to stay involved in NHS Future Fit, please provide your contact details. These details will be passed to NHS Shropshire CCG and NHS Telford & Wrekin CCG to keep you informed about Future Fit.

### <PLEASE TICK WHICH APPLIES>

I would like to be kept informed about NHS Future Fit	
I am happy to be involved in further research/activities for NHS Future Fit	

### How would you prefer to be contacted?

OPTIONS	PLEASE TICK	PLEASE PRINT CONTACT DETAILS
By Post		
By Email		
By Phone		

**Thank you for your time**  
**If you have any queries about NHS Future Fit, please use the details below.**

Email: [nhsfuturefit@nhs.net](mailto:nhsfuturefit@nhs.net)

Twitter: [@NHSFutureFit](https://twitter.com/NHSFutureFit)

Telephone: 0300 3000 903

[www.nhsfuturefit.co.uk](http://www.nhsfuturefit.co.uk)

**FREEPOST NHS Future Fit**

## 7.2 Discussion Guide

The discussion guides consisted of a main guide and an accessible version to be used where required. Handouts were also provided to assist the facilitator.

### *Main Topic Guide*

#### **INSTRUCTIONS FOR USE:**

- The questions can be phrased differently to accommodate different participants but please ensure you keep to the key themes of the discussion.
- Use the handouts as tools for discussion where suggested.
- Please make notes to record the discussion points as you will need to upload the information into the data capture log.
- Ensure the handouts used are clearly labelled and sent back to Future Fit along with the data capture log.

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#### *Introduction – 5mins*

- Explain who you are and your independence from Future Fit.
- **READ OUT:**
  - We're here to talk about shaping future health services
  - NHS Future Fit is about looking at how healthcare services are provided in the future across Shropshire, Telford and Wrekin and mid Wales
  - The Future Fit teams want to work with NHS staff and local people like you to find new ways to provide some health services
  - So we are here today to talk to you about how you use health services now and how you would like to use them in the future
  - I will talk you through proposals to manage emergency and planned hospital care differently to gather your thoughts.
- **TALK THROUGH HANDOUT 1 - DEFINITION OF HOSPITAL SERVICES**

#### **EXPLAIN:**

- The structure of the session and the purpose of the topic guide.
- Rules of the group – listening and being respectful of each other.
- Reporting & anonymity – all comments coded confidentially.
- Obtain permission for digital recorder (and switch on).

### *Warm Up – 5mins*

1. Ok let's get to know who everyone is. Starting with X please tell us briefly about yourself like where you live, and what you like to do in your spare time?

### *Usage & Access of Health Services – 10mins*

#### **READ OUT:**

We now want to talk about what services you have used and how you feel about them. To do this, we will use an 'OUTLINE OF A PERSON' so that you can make it resemble you! 😊

2. Please write on it all the health services you have used in the last 2 years  
**USE HANDOUT 2 – LARGE PRINTED OUTLINE OF GENERIC PERSON THAT THE PARTICIPANTS CAN WRITE ON TO PERSONALISE**
3. Which stand out as being a particularly good service and why?
4. What could be better and why?

#### **NOTE TO FACILITATOR:**

- Prompt them to look at **HANDOUT 1** indicating all the different types of health services they might have accessed as a reference
- Capture initial perceptions and experiences of hospital and local health services and note down responses
- Keep the discussion brief at this stage, explain that we can discuss in more detail later

### *Improvements – 35mins*

#### ***Planned Care Services – give definition from HANDOUT 1***

5. Who has used planned care services? Which ones have you used?
6. What would/could have made your experience of using these services better?
7. Have you experienced planned care appointments being cancelled in the last 2 years?  
How did this impact on you?

#### ***Emergency and Urgent Care – give definition from HANDOUT 1***

8. Who has used emergency and urgent care services? Which ones have you used?
9. What would/could have made your experience of using these services better?

10. Other than A&E where would you go for an injury or condition that isn't life threatening?
11. How long do you estimate it would take for an ambulance to reach you at your home in an emergency?

**NOTE TO FACILITATOR:**

- Participants to use their 'PERSON OUTLINE' for reference as to services they have used
- Prompt with definition of each care service
- Encourage the group to share their experiences, discuss and compare
- Note any key and common themes that are coming through on your own notes

**Day to Day Care and Help**

**READ OUT:** Thinking about your own and your family's needs.

12. What support could be provided for you or your family so that you may not need to use the hospital as often?

**NOTE TO FACILITATOR:**

- Prompt in terms of help from a GP, more local services etc.
- Capture common and key themes

**Travel to Hospital – 10mins**

13. What do you think is an acceptable average travel time for you to get to a large hospital (hospital with A&E) for care?
14. What do you think is an acceptable travel time for you to get to a smaller hospital or minor injury unit?

**NOTE TO FACILITATOR:**

- General discussion for perceptions and feelings about travel
- Determine the type of transport used for average travel times
- Capture common and key themes



**NHS Future Fit Proposal – 25mins**

**READ OUT:** NHS Future Fit is working with NHS staff and local people to find ways of providing services in large (those with A&E) and community hospitals.

There are already some very good health services for people across these areas. However, the needs of people are changing and your local NHS is striving to achieve the best quality standards possible against a backdrop of difficult economic times. It has become clear that the time has come to look again at how these services are designed and provided.

From your own experiences of using services, we would like your initial thoughts on 6 possible options of how services could be provided. NHS Future Fit is in the very early stages of planning and no formal decisions (consultation) have taken place yet. There will be other opportunities to give your views when the options have been developed further.

Some of the options separate emergency care from planned care. This could make better use of staff and facilities, and help support local services. Main hospital services could be provided at Shrewsbury or Telford, or on a new site which has not yet been decided. It is assumed that large hospitals (those with A&E) will continue to provide urgent care and outpatient appointments in all options.

**GIVE OUT HANDOUT 3 – THE OPTIONS**

On the handout please place numbers 1 to 6 against the options. 1 is the option you prefer the most down to 6 as the option you prefer the least.

**NOTE TO FACILITATOR:**

- Talk through the options
- The group does not have to reach consensus, they complete the sheet as individuals
- Discuss reasons for choices

15. What were your main considerations when making your choices?

16. What matters most to you when using .....?

- Planned care
- Emergency care

17. What would an urgent care service need to offer you so that you would feel confident using it instead of emergency care for a non-life threatening condition?

18. At present, maternity services which are led by consultants are based at Telford. Do you think these services should be located with emergency care? Give your views.

**NOTE TO FACILITATOR:**

- Encourage general group discussion
- Capture common and key themes
- Probe for reasoning for answer given

*Anything else...?*

19. Before we finish, is there anything else the NHS Future Fit team should think about when looking at future hospital services in Shropshire, Telford and Wrekin?

**NOTE TO FACILITATOR:**

- Capture any feedback

*Goodbye*

Thank you for all your hard work here today...

**NOTE TO FACILITATOR:**

- Thank them for their time
- Explain that the information collected will help feed into the Future Fit proposals
- Encourage them to stay involved – if they leave contact details Future Fit will contact them with how they can continue to be involved.

## ***HANDOUT 1 - DEFINITION OF HOSPITAL SERVICES***

### **EMERGENCY CARE =**

- Care you need if you have a life-threatening condition
- The quicker you are seen the better your chance of recovering fully
- Likely you will be taken to this service by an ambulance

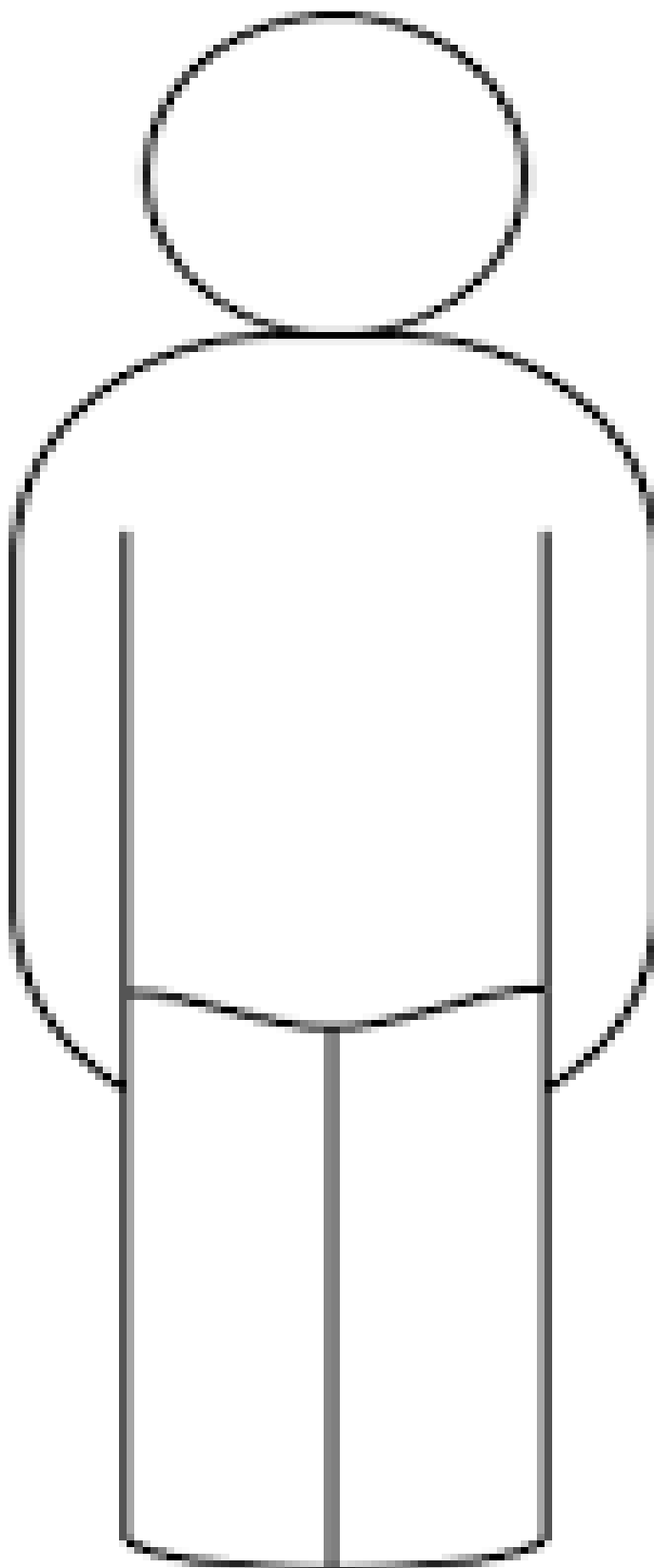
### **URGENT CARE =**

- Care for an injury or illness that you feel needs to be treated that day
- Not life-threatening

### **PLANNED CARE =**

- An operation or test for which you are given a time, date and place:
  - Planned operation
  - CAT or MRI scan
  - Blood test
  - X-Ray or ultrasound scan (excluding for pregnancy)
  - Appointment with a specialist

## ***HANDOUT 2 - HEALTH SERVICES USED IN LAST 2 YRS***



**HANDOUT 3 – NHS FUTURE FIT OPTIONS**

Options	Shrewsbury	Telford	New Site (location not yet known)	Insert numbers 1 to 6
<b>A</b>	Stay the same as now with planned and emergency care at both.		No new site	
<b>B</b>	Planned care	Emergency care	No new site	
<b>C</b>	Emergency care	Planned care	No new site	
<b>D</b>	No emergency or planned care		Planned care and emergency care	
<b>E</b>	No emergency care	Planned care	Emergency care	
<b>F</b>	Planned care	No emergency care	Emergency care	

**Note:** It is assumed that RSH and PRH will continue to provide urgent care and outpatient appointments in all options