

# **Have your say on improving hospital services for people in Shropshire, Telford & Wrekin and mid Wales**

## **Public Consultation Summary**

**30 May 2018 to 4 September 2018**

**NHS Future Fit Programme led by:**

**NHS Shropshire Clinical Commissioning Group and  
NHS Telford & Wrekin Clinical Commissioning Group**

## About this consultation

This consultation is being led by NHS Shropshire Clinical Commissioning Group (CCG) and NHS Telford & Wrekin Clinical Commissioning Group (CCG). We are the organisations that are responsible for buying and making decisions about healthcare services in Shropshire and Telford & Wrekin on your behalf.

This document aims to:

- Set out why we need to make changes to the services provided at the Royal Shrewsbury Hospital and the Princess Royal Hospital
- Explain our proposed model for changing our hospital services and the two options we want your views on
- Tell you about our preferred option
- Detail what these changes would mean to you and your family
- Explain how people and organisations across Shropshire, Telford & Wrekin and mid Wales can get involved and what happens next
- Seek your views by asking you to fill out our survey at [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

This is a summary version of the main consultation document which you can view on our website [www.nhsfuturefit.org](http://www.nhsfuturefit.org) You can also request a copy by calling 0300 3000 903 (24-hour answer machine).

The main document includes more detail on how we reached the options we are asking for your views on, including the appraisal process and securing the money we need. It also includes

information about what our preferred option would mean for you and your family, the assurance process we have followed, our plans for out of hospital care and a glossary.

## **What is not covered in this consultation**

This public consultation is about the services delivered at the Royal Shrewsbury Hospital and the Princess Royal Hospital. Alongside this consultation, we are working with patients, carers, members of the public and the voluntary sector to look at ways in which we can improve our local health services. This work is part of the Shropshire and Telford & Wrekin Sustainability and Transformation Partnership (STP) and includes making it easier for people to see a GP, speeding up cancer diagnoses and treating people closer to home.

This consultation does not ask you about any services that are not located at either the Royal Shrewsbury Hospital or the Princess Royal Hospital. This includes community hospitals, community midwife-led units and community services. In the future, we may need to ask for your views on any proposed changes to these services. (You can read more about this on page 51 of the main consultation document).

This consultation also does not ask your views on the location of adult cancer day services, which are currently provided at the Royal Shrewsbury Hospital. Whatever the outcome of this consultation, adult cancer day services would stay at the Royal Shrewsbury Hospital. However, outside of this consultation, The Shrewsbury and Telford Hospital NHS Trust is exploring opportunities around how some adult cancer day services could be provided at the Princess Royal Hospital in the future.

## Get in touch

This document is available in Welsh, in an Easyread format, as a Word document for use with screen readers and a large print Word document. These are on our website at:

[www.nhsfuturefit.org](http://www.nhsfuturefit.org)

If you would like this document in a different format or another language please call 0300 3000 903 (24-hour answer machine) or email: [nhsfuturefit@nhs.net](mailto:nhsfuturefit@nhs.net)

Aby uzyskać ten dokument w innym formacie lub języku skontaktuj się z nami pod numerem 0300 3000 903 (całodobowa automatyczna sekretarka) lub wysyłając email: [nhsfuturefit@nhs.net](mailto:nhsfuturefit@nhs.net)

0300 اگر آپ یہ دستاویز کسی مختلف شکل یا دیگر زبان میں چاہیں تو براہ کرم پر ایمیل [nhsfuturefit@nhs.net](mailto:nhsfuturefit@nhs.net) گھنٹے جوابی مشین) پر فون یا 24 (3000 903 کریں۔

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਕਿਸੇ ਹੋਰ ਫੋਰਮੈਟ (ਰੂਪ) ਜਾਂ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ **0300 3000 903 (24 ਘੰਟੇ ਦੀ ਜਵਾਬ ਦੇਣ ਵਾਲੀ ਮਸ਼ੀਨ)** 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ: [nhsfuturefit@nhs.net](mailto:nhsfuturefit@nhs.net) 'ਤੇ ਈਮੇਲ ਕਰੋ

**You can contact us in the following ways:**

Telephone: 0300 3000 903 (24-hour answer machine)

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

By post: FREEPOST NHS FF CONSULTATION

Twitter: @NHSFutureFit

Facebook: facebook.com/nhsff

Website: All documents and supporting information are available at: [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

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## A new model of hospital care

We are proposing to change the hospital services provided at the Royal Shrewsbury Hospital and the Princess Royal Hospital, Telford, so that:

- one hospital provides emergency care services (including women and children's inpatient services) and
- the other hospital provides planned care services.

Both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week.

Our preferred option is for the Royal Shrewsbury Hospital to become the Emergency Care site and the Princess Royal Hospital to become the Planned Care Site. We are asking for your views.

**Emergency care is unplanned care that patients receive in a life or limb-threatening situation.**

**Urgent care is care for illnesses and injuries that are not life or limb-threatening but require urgent attention.**

**Planned care is operations, procedures and appointments that are planned in advance.**

Almost 80%\* of patients would continue to go to same hospital as they do now for emergency and urgent care

24/7 Urgent Care Centres at both hospitals

## Why we chose the preferred option

Having the Emergency Care site at the Royal Shrewsbury Hospital would mean:

- it can continue to be a Trauma Unit
- fewer people would have to travel further for emergency care
- it would better meet the future needs of our older population, especially in Shropshire and mid Wales
- it offers the best value for money over the long term

You can read more about this on page 35.

## Listening to you

This consultation is the result of a huge amount of work which has been carried out by the NHS Future Fit programme. Future Fit was set up in 2013 in response to the Government's 'Call to Action' which asked NHS staff, patients, the public and politicians to come together and agree what changes are needed to make our local NHS services fit for the future.

From the beginning, Future Fit has been led by doctors, nurses and other healthcare staff – the people who deliver our services day in, day out. Many members of the public across the county took part in our 'Call to Action' survey and events and accepted that there was a need to make big changes. They have since taken an active part in the design and development of the model of hospital care and been involved in the process we have gone through up to this point.



Over the last four years, we have listened to and involved thousands of local people, including NHS staff, patients and community groups. We have held a series of public roadshows, focus groups, conducted surveys and delivered presentations to a wide range of audiences, from parish councils to young people's forums to senior citizen forums. We have conducted two Integrated Impact Assessments (IIAs) which assess the potential impact and equality effects of the changes we are proposing. The IIAs were taken into account as part of the CCGs' decision-making process in considering their preferred option.

Thank you to everyone who has been involved so far. Together, we have developed a proposed model that we believe will deliver improvements to how we care for our patients and ensure that we maintain two vibrant hospitals. You can read more about how we have engaged with people on our website [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

**The key themes you told us you wanted were:**

- NHS services should be more 'joined up'
- Help me understand how to access the right urgent care services
- Assess and treat me promptly and in the right place
- Admit me to hospital only when necessary
- Make my stay in hospital short, safe and effective
- Try to care for me at home, even when I am ill

## We want your views

As CCGs, we have a legal responsibility to involve you when we are considering making significant changes to our NHS services and we take that responsibility very seriously. We are planning to make considerable changes to our hospitals to improve patient care so it is vital that we get this right and your views will help us. Once a decision is made, nothing will happen overnight. It will take about five years from now for any change to be fully implemented and we will continue to involve patients and the public over the coming years.

We want as many people as possible to respond to this 14-week consultation by 12am (midnight) on 4 September 2018. You can do this by completing our survey online at [www.nhsfuturefit.org](http://www.nhsfuturefit.org) or completing a paper copy of the survey. If you are printing the survey, please return your completed survey free of charge to FREEPOST NHS FF CONSULTATION. Throughout the consultation period, we will be holding a number of events where you can find out more about the proposed changes and share your views. For more information, including dates of events near you, please visit [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

## Why change is needed

### Providing high quality, safe services

The main reason we need to change our hospital services is to make sure high quality, safe services are provided for all patients for the long term. Wherever possible, we want patients to be seen by the right person at the right time in the right place. At the moment, we know that this is not always happening.

It is becoming more difficult to make sure that we have enough doctors, nurses and other healthcare staff to provide many of the same services, 24 hours a day, seven days a week at both our hospitals. A local and national shortage of doctors, nurses and other healthcare professionals has led to difficulties in recruiting and we have had to employ temporary staff. The increasing pressure that this has placed on our doctors and nurses has led to some of them leaving to take up jobs at other hospitals where they can enjoy a better balance between their work and their personal lives. **We believe that, by having a separate Planned Care site and Emergency Care site, it would attract more doctors and nurses to work at both our hospitals in the future.**

### Changes to the way doctors are trained

Another reason why change is needed is because our services have to fit in with the different way that doctors are now being trained. Junior doctors training to be a surgeon will now choose a specialist field of surgery, for example breast surgery, and become an expert in that field. This makes it more difficult to always have the right number of expert surgeons at both our

hospitals who can carry out emergency and planned operations. **Our proposed model of hospital care would help make sure that we have the right number of expert surgeons at both our hospitals to meet the needs of all our patients.**

### **Providing better care to our patients**

Currently, some patients have had to wait longer to see a doctor in an emergency or they have had their operations cancelled. **Having a separate Planned Care site and Emergency Care site would mean that patients would not have to wait as long for their operation. It would also be highly unlikely that an operation is cancelled because a bed is unavailable due to a patient being admitted in an emergency.**

### **Changing the way we treat patients in an emergency**

The existing model of A&Es is becoming outdated. At our two A&Es, we are treating patients with minor injuries, for example a sprained ankle, alongside those with a life-threatening illness, such as a stroke. **By creating a separate Emergency Care site with a dedicated Emergency Department and a 24-hour Urgent Care Centre at both hospital sites, patients would be safely and quickly seen in the right place by the right doctors, nurses and other healthcare professionals.**

### **Providing better facilities for patients**

Both our existing hospital sites were built years ago and they no longer provide the modern environment for delivering high quality services that our patients rightly expect and need. **Our proposed model of hospital care would allow us to improve our**

**existing buildings and create some new buildings. New facilities would be designed to meet the needs of all our patients, families and staff.**

### **Our population is changing**

Over half a million people across Shropshire, Telford & Wrekin and mid Wales use our two hospitals. These are three very different areas with different populations and therefore different health needs. We are also living longer. This is great news but this means a growing number of people have more than one condition linked with old age, for example heart disease or dementia. There are also more people living with long-term health conditions, for example diabetes, or have more complex health needs that require regular hospital care. This puts greater demand on the NHS. **Our proposed model of hospital care takes into account the expected changes in our population over the coming years and look at how the best care can be provided for everyone.**

### **Being more efficient with our resources**

Although providing safe and high quality services for the future is the main reason for change, finances have to be taken into account. In the future, we need to be more efficient with our limited resources. We need to use our staff, technology and buildings in a way that benefits patients and their families most. **By making these changes to our hospitals, we can be more efficient so our money goes further and our staff are able to work more efficiently.**

## Reducing the time people spend in hospital

This consultation focuses on making changes to our acute hospital services. However, it forms part of the wider work known as the Sustainability and Transformation Partnership (STP). The projects within the STP are being delivered by health and care professionals in the NHS and local authorities. They are working together with voluntary and community sector organisations to improve the health and care of the local population.

Many of the projects within the STP are looking at ways we can develop out of hospital care services. This is where patients are seen and treated in their local community by a co-ordinated team of medical, nursing, therapy, mental health and learning disabilities teams. They are also looking at how we can reduce the number of times patients need to come to hospital. Also, when people do need hospital care, how we can more quickly assess, treat and discharge those who are well enough to go back home or into community care. You can read more about this on page 51 of the main consultation document.

## The options we want your views on

### **Option 1:**

**Emergency Care site is  
Royal Shrewsbury Hospital, Shrewsbury**

**Planned Care site is  
Princess Royal Hospital, Telford**

#### **At the Royal Shrewsbury Hospital**

24-hour Emergency Department (ED)

Critical Care Unit

Ambulatory Emergency Care Unit (AEC)

Emergency surgery and medicine

Complex planned surgery

Women and children's consultant-led inpatient services

#### **At the Princess Royal Hospital:**

Planned inpatient surgery

Day case surgery

Endoscopy

Breast inpatient services

Medical wards

#### **At both hospitals:**

24-hour Urgent Care Centre

Adult and children's outpatient services

Day Case Renal Unit

Tests (diagnostics)

Midwife-led unit

Antenatal Day Assessment Unit

Early Pregnancy Assessment Service (EPAS)

Maternity outpatients and scanning

This is our preferred option. Having the Emergency Care site at the Royal Shrewsbury Hospital would mean:

- it can continue to be a Trauma Unit
- fewer people would have to travel further for emergency care
- it would better meet the future needs of our older population, especially in Shropshire and mid Wales
- it offers the best value for money over the long term

You can read more about this on page 35.

\*A glossary of terms used above can be found on the website:  
[www.nhsfuturefit.org](http://www.nhsfuturefit.org)



## **Option 2:**

**Emergency Care site is  
Princess Royal Hospital, Telford**

**Planned Care site is  
Royal Shrewsbury Hospital, Shrewsbury**

### **At the Princess Royal Hospital:**

24-hour Emergency Department (ED)

Critical Care Unit

Ambulatory Emergency Care Unit (AEC)

Emergency surgery and medicine

Complex planned surgery

Women and children's consultant-led inpatient services

### **At the Royal Shrewsbury Hospital:**

Planned inpatient surgery

Day case surgery

Endoscopy

Breast inpatient services

Medical wards

### **At both sites:**

24-hour Urgent Care Centre

Adult and children's outpatient services

Day Case Renal Unit

Tests (diagnostics)

Midwife-led unit

Antenatal Day Assessment Unit

Early Pregnancy Assessment Service (EPAS)

Maternity outpatients and scanning

A glossary of terms used above can be found on the website:  
[www.nhsfuturefit.org](http://www.nhsfuturefit.org)

## **What services would be provided at both hospital sites?**

Whatever the outcome of this consultation, patients would continue to be able to have their outpatient appointments, tests and scans at both the Royal Shrewsbury Hospital and the Princess Royal Hospital in Telford. Both hospitals would also provide urgent care services and most women and children's services.

### **24-hour Urgent Care Centres**

New Urgent Care Centres would be based at both hospitals, providing care 24 hours a day, every day of the year for illnesses and injuries that are not life or limb-threatening but require urgent attention. They would be larger than our existing Urgent Care Centres and see a wider range of patients. They would be staffed by highly skilled senior health professionals who are specifically trained to deliver urgent care for adults and children.

The centres would be organised so patients receive a quicker, more direct service from the moment they arrive. Outside the doors there would be patient drop-off areas and spaces for ambulances. Patients would be able to walk in (or carry in a child) at any time and be quickly assessed and treated for:

- A wide range of minor injuries and illnesses, such as a minor eye injury or chest infection

- A range of other accidents and illnesses that may currently be treated at an A&E department, for example, a suspected broken arm, minor burn or scald, a cut that needs stitches or a sporting injury

If a seriously ill patient went to an Urgent Care Centre, or in the unlikely event that a patient became critically unwell in the centre, they would be quickly assessed and cared for by skilled clinical staff. If needed, they would be quickly and safely transferred to the Emergency Department at the Emergency Care site or out of the county to a Trauma Centre, as they are now.

## How different would the new Urgent Care Centres be?

- By opening 24 hours a day, the new centres would be able to treat most patients who currently attend one of our existing A&E departments
- A range of accidents and illnesses that may currently be treated in an A&E department could be treated here in the future. For example, a suspected broken arm, a minor burn or scald or a cut that need stitches
- Ambulances responding to 999 calls would take patients to their nearest 24-hour Urgent Care Centre if paramedics assessed that was the right place for them to be treated
- There would be improved facilities for children, including a dedicated children's waiting area and treatment rooms that are separate from the adult areas
- Both Urgent Care Centres would have access to mental health assessment rooms and a psychiatric liaison team 24 hours a day, every day
- Patients would be seen more quickly by staff that have the knowledge and experience to treat their illness or injury.

## Women and Children's services

Most women and children would still receive care and treatment in the same place as they do now. The following women and children's services would be available at both sites:

- Midwife-led unit, including low-risk births and postnatal care
- Maternity outpatients including antenatal appointments and scanning
- Gynaecology outpatient appointments
- Early Pregnancy Assessment Service (EPAS)
- Antenatal Day Assessment
- Children's outpatient appointments
- Neonatal outpatient appointments

## Outpatient services

Most of our patients come into our hospitals to see their doctor, nurse or therapist in the Outpatient department. Under our proposed model, the vast majority of patients would continue to have their outpatient appointments at the same hospital they do now.

## Tests (diagnostics)

Many of our patients come in to hospital because their GP or hospital doctor has asked that they have some tests so that the right decision can be made about what treatment they need. These tests can be a blood tests, x-ray or scans. The vast majority of our patients would continue to go to the hospital that is nearer to their home for these tests.

## Emergency Care site: What services would be based there?

Patients with potential life or limb-threatening injuries or illnesses, such as a stroke, heart attack or severe blood loss, would be treated at the Emergency Care site. They would be taken there directly by paramedics in an ambulance or transferred immediately from one of our two new Urgent Care Centres.

**Emergency Department (ED):** A new purpose-built 24 hour single Emergency Department would deliver high quality, life-saving treatment to adults and children.

**Critical Care Unit:** A state-of-the-art unit for patients who are critically unwell and need the highest level of care, such as life support.

**Ambulatory Emergency Care Unit (AEC):** A large unit would be created for patients that need same-day emergency care where they can be assessed, diagnosed, treated and go home the same day.

**Emergency surgery:** All patients that need an operation in an emergency would be treated on the Emergency Care site where a full surgical team would be available 24 hours a day, seven days a week.

**Emergency medicine:** Inpatient beds would be available for patients with specialist health needs who need to stay in hospital overnight. This includes cardiology, stroke\*, respiratory and acute medicine.

**Complex planned surgery:** Some patients may need to have their planned surgery on the Emergency Care site. This may be because the operation is complex or they have a condition that may need the support of the critical care team.

\* See page 34 for more information about stroke services

## **Women and children's consultant-led inpatient services**

All women and children's consultant-led inpatient services would take place at the Emergency Care site. This includes:

**Consultant-led maternity and neonatal services:** Inpatient facilities would be provided for pregnant women who need consultant-led care. This includes antenatal and postnatal wards, delivery suites and a neonatal intensive care unit.

**Children's inpatient services:** Children's inpatient services (if a child has to stay in hospital overnight) would take place here. The children's ward cares for children with serious illness and complex

problems who need care from specialist doctors and nurses. This includes children's surgery and children's cancer and haematology.

**Children's Assessment Unit:** Children who need assessment by the specialist children's team would be seen here.

## At both sites

**24-hour Urgent Care Centre:** A new centre would be provided at both hospital sites for patients who have an injury or illness that is not life or limb-threatening but requires urgent care.

**Outpatient Department:** Outpatient appointments for adults and children, including a Fracture Clinic, would take place at both hospital sites.

**Tests (diagnostics):** Tests such as x-ray, ultrasound, CT and MRI scanning would take place at both hospital sites.

**Day Case Renal Unit:** Kidney dialysis treatment would be available for patients at both hospital sites.

## Women and children's services:

Most women and children would continue to be able to go their local hospital for the care and treatment they need. This includes:

**Midwife-led unit:** Midwife-led services for pregnant women and their babies would be provided at both sites. This includes low-risk births and postnatal care.



**Maternity outpatients and scanning:** Pregnant women would be able to access outpatient appointments and scans at both sites.

**Early Pregnancy Assessment Services (EPAS):** Care for women with complications in early pregnancy up to 16 weeks would be provided at both sites.

**Women's services:** Gynaecology outpatient appointments and day case surgery would take place at both hospitals.

**Children's outpatients:** Children's outpatient appointments would take place at both hospital sites.

### **How would you be treated in an emergency?**

Our proposed changes to the way we deliver emergency care would mean that, in a life or limb-threatening emergency, patients from across Shropshire, Telford & Wrekin and mid Wales would be treated in a single, dedicated, purpose-built Emergency Department. Here, you would receive 24 hours a day, seven days a week care from specialist emergency doctors and nurses. This would lead to faster diagnosis, earlier treatment and improved clinical outcomes.

As happens now with our existing A&E departments, in an emergency situation, you would either arrive by ambulance or be brought to the Emergency Department at the Emergency Care site. These facilities would be designed to support our doctors, nurses and other healthcare staff in delivering the best possible clinical care. As soon as you arrive, you would be assessed by

the emergency clinical team who would decide on the best place for your care:

- If doctors decide that you do not need emergency care then you would be directed to the 24-hour Urgent Care Centre which would be based alongside the Emergency Department
- If needed, you would receive emergency care and treatment in the Emergency Department without delay
- As is the case now, if you suffer a major trauma, you may be brought to the Emergency Department to receive immediate lifesaving treatment before being transferred to a Trauma Centre

If you needed to stay in hospital overnight, this would be at the Emergency Care site. Following your emergency care, our aim would be to get you back home as soon as possible. However, depending on your condition, the doctors and nurses looking after you may decide that you need ongoing hospital care. Where this ongoing care takes place will depend on your condition and the care services you need. For many patients, this will mean they are transferred to the Planned Care site. Wherever possible, if a patient lives nearer to the Emergency Care site, our aim would be that they remain there for their ongoing care.

## Having a dedicated Emergency Care site would mean that:

- Patients would have full and immediate access to a variety of specialist doctors and nurses 24 hours a day, seven days a week
- We would continue to be a part of a network for trauma care with links to the trauma centres at Stoke-on-Trent and Birmingham
- We would have a separate Ambulatory Emergency Care (AEC) Unit where some patients who need emergency care can be assessed, observed, treated and discharged the same day, avoiding the need to stay in hospital overnight
- All of our consultants and specialist teams needed in an emergency would be located on one site, working together and learning from each other on a daily basis.

## Planned Care site: What would be based there?

Most adults who have a planned operation as a day-case or as an inpatient would go to the Planned Care site.

**Planned inpatient surgery:** The majority of planned operations where adult patients have to stay in hospital overnight, would take place here, such as hip or knee surgery. (Complex planned surgery would take place on the Emergency Care site).

**Day case surgery:** Patients requiring surgery that don't need to stay in hospital overnight would be cared for on a Day Case Unit on the Planned Care site.

**Endoscopy:** A new endoscopy facility would be provided for day-case patients who require this procedure.

**Medical wards:** Medical beds would be provided for patients who need ongoing hospital care following their treatment on the Emergency Care site, wherever possible.

**Breast inpatient services:** Tests, treatment and care would be provided by a dedicated team in a specialist facility. Outpatient appointments and scans would continue to take place at both hospitals.

### At both sites:

**24-hour Urgent Care Centre:** A new centre would be provided at both hospital sites for patients that have an injury or illness that is not life or limb-threatening but requires urgent care.

**Outpatient department:** Outpatient appointments for adults and children, including a Fracture Clinic, would take place at both hospital sites.

**Tests (diagnostics):** Tests such as x-ray, ultrasound, CT and MRI scanning would take place at both sites.

**Day Case Renal Unit:** Kidney dialysis treatment would be available for patients at both sites.

### **Women and Children's Services:**

Most women and children would continue to be able to go to their local hospital for the care and treatment they need. This includes:

**Midwife-led unit:** Midwife-led services for pregnant women and their babies would be provided at both sites. This includes low-risk births and postnatal care.

**Maternity outpatients and scanning:** Pregnant women would be able to access outpatient appointments and scans at both sites.

**Early Pregnancy Assessment Services (EPAS):** Care for women with complications in early pregnancy up to 16 weeks would be provided at both sites.

**Women's services:** Gynaecology outpatient appointments and day case surgery would take place at both hospitals.

**Children's outpatient services:** Children's outpatient appointments would take place at both hospital sites.

### **Having a dedicated Planned Care site would mean that:**

- It would be highly unlikely that planned surgery would be cancelled due to an emergency admission
- Most planned surgeries would take place on one site separate from emergency patients. This would help to reduce the risk of patients getting an infection
- Following a patient's operation, they will be cared for by a specialist team of health professionals in a dedicated surgical ward
- Doctors and nurses delivering planned care would be brought together in one place, enabling them to learn from each other and provide an improved service

## Where would you go if you need to have an operation?

The majority of patients would have their planned operation (either as a day-case or as an inpatient) at the Planned Care site. Here, you would be cared for by specialist surgical teams before, during and after your operation.

As emergency care would not take place at the Planned Care site, it would be highly unlikely that a bed would be unavailable and therefore your operation should not be cancelled. This would also help to reduce the risk of you getting an infection.

If your doctor feels that you may need the support of the critical care team after your operation, then your operation would take place at the Emergency Care site. This may be because you have a pre-existing medical condition or you need a complex operation. If the doctors and nurses looking after you decide that you need ongoing hospital care, then you may be transferred to the Planned Care site for the remainder of your stay.

## What does this mean for you and your family?

This table explains where you would go to receive the care you need in different situations, under Option 1 and Option 2:

Situation	Where can I go for the care and treatment me or my family needs?			
	OPTION 1		OPTION 2	
	Shrewsbury is Emergency Care site	Telford is Planned Care site	Telford is Emergency Care site	Shrewsbury is Planned Care site
My 11 year old son has fallen off his bike and has a swollen ankle	✓	✓	✓	✓
My adult sister has an outpatient appointment	✓	✓	✓	✓
My child is having chemotherapy treatment	✓	x	✓	x
I need to have an x-ray	✓	✓	✓	✓
My grandma has to have a scan	✓	✓	✓	✓
My husband has a severe chest infection and needs to stay in hospital overnight	✓	x	✓	x
My mum needs to have day-case surgery	x (unless	✓	x (unless	✓



	high risk)		high risk)	
I am usually fit and well and booked in to have a routine operation where I need to stay in hospital overnight	x	✓	x	✓
My dad needs planned surgery but has a complex medical condition	✓	x	✓	x
My daughter has a leg injury and needs emergency surgery	✓	x	✓	x
My wife is having a consultant-led delivery	✓	x	✓	x
My adult brother has had a severe allergic reaction and needs life support	✓	x	✓	x
My child is poorly and needs to stay in hospital overnight	✓	x	✓	x
I have a scan booked in with my midwife	✓	✓	✓	✓
My neighbour has been involved in a serious car accident and has severe head and leg injuries	x Transferred to Trauma Centre out of county	x Transferred to Trauma Centre	x Transferred to Trauma Centre out of county	x Transferred to Trauma Centre

	(as now)	out of county (as now)	(as now)	out of county (as now)
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## What impact do these changes have on patient choice?

- Patients who currently receive their hospital care in Shropshire and Telford & Wrekin would continue to do so under our proposed model of hospital care
- Many services would remain at both hospital sites, for example urgent care services, adult and children's outpatients, tests, midwife-led units, antenatal and postnatal care and some gynaecology procedures
- Some services are currently only available at one of the two hospital sites, for example acute surgery, acute stroke and children's inpatients
- Some patients currently travel outside of our county to receive specialist care, for example major trauma and some cancer care
- Almost 80% of patients would continue to go to same hospital as they do now for emergency and urgent care
- The out-of-hospital care strategies that are being developed will offer patients more care closer to home and greater choice
- Any change to hospital services would mean that some patients have to travel further. However, our priority has to be around delivering safe, high quality and sustainable hospital services

## What impact do these changes have on stroke services?

Prior to summer 2013, stroke services were provided at both our hospitals. In response to staffing challenges during summer 2013, The Shrewsbury and Telford Hospital NHS Trust acted promptly, with the support of both CCGs, to secure safe, dignified stroke services for our patients and communities. This included the decision to bring together hyper-acute and acute stroke services to create one stroke service at the Princess Royal Hospital in Telford. Here, patients are assessed immediately by specialist medical stroke teams who have fast access to specialist treatment, scans and tests. Telford was chosen as the location for a single-site stroke service because it offered the best facilities and staffing model at that time. In early 2014, the Trust Board and the CCGs approved the continuation of the single-site stroke service at Telford until the longer term plans were agreed through the Future Fit programme.

Creating a single stroke unit at Telford has meant that some patients have to travel further in an ambulance, for example from across Shropshire and mid Wales. However, research by the Stroke Association found that stroke patients are more likely to have a better outcome if they receive care and treatment in a dedicated hyper-acute stroke unit. Whilst we know we still need to improve, we are able to provide a safer service on one hospital site than we could if acute stroke care was split over two sites. The agreed long term vision for stroke services is therefore to continue to have a single site for hyper-acute and acute stroke services.

Stroke is a life-threatening emergency and so it is vital that our stroke unit is based alongside the Emergency Department. It therefore has to be on the Emergency Care site. Option 1 would mean this service moves from Telford to Shrewsbury whilst Option 2 would mean the service stays in Telford.

Following a stroke, some patients need ongoing rehabilitation. Whatever the outcome of this consultation, stroke rehabilitation services would continue to be provided at both hospitals and at home, wherever possible. For those patients whose rehabilitation needs to be at hospital, we would aim for this to happen at the hospital nearest to where they live.

## **Our preferred option**

Having the Emergency Care site at the Royal Shrewsbury Hospital and the Planned Care site at the Princess Royal Hospital (Option 1) is the CCGs' preferred option.

Both options would improve the care received, the safety of patients and the experience compared to what we have now. Equally, under both options, some people would be affected by longer journey times for their planned care or emergency care.

## **Why is Option 1 the preferred option?**

The main reasons for Option 1 being our preferred option are explained here:

## **Having the Emergency Care site at the Royal Shrewsbury Hospital would mean it can continue to be a Trauma Unit**

When deciding on our preferred option, we had to consider what this would mean to patients who suffer a major trauma and need life-saving emergency care. A major trauma is defined as serious injuries that are life-changing and could result in death or severe disability. This includes serious head injuries, severe wounds or multiple fractures. In these life-threatening situations, paramedics quickly assess the severity of a patient's condition and decide on the best place to receive emergency care.

At the moment, if a patient suffers a major trauma in Shropshire, Telford & Wrekin or mid Wales, the most severely injured patients are taken straight to a Major Trauma Centre out of county, such as the University Hospitals of North Midlands in Stoke-on-Trent, Birmingham Children's Hospital or the Queen Elizabeth Hospital in Birmingham. A small number of patients are taken to a Trauma Unit to be stabilised before being transferred to a Major Trauma Centre. The Royal Shrewsbury Hospital is a Trauma Unit. Other nearby Trauma Units are based at Wolverhampton, Wrexham, Worcester and Hereford. After assessment, some trauma patients do not require a transfer to a Major Trauma Centre and can safely receive ongoing treatment in a Trauma Unit.

As CCGs, it is our responsibility to commission (buy) the appropriate emergency and Trauma Unit services for our patients. It is the responsibility of NHS England to commission the services delivered at Major Trauma Centres.

Trauma Networks set out the quality standards and requirements for a service to operate as a Trauma Unit or Major Trauma Centre. The North West Midlands and North Wales Trauma Network has advised that its preference has been for a Trauma Unit to be at the Royal Shrewsbury Hospital. This is because of its location and access for patients in the west of the region, mainly residents of mid Wales.

They have also advised that if the Trauma Unit was at Telford, there would be an increased risk for the group of patients from Powys as their transfer times to a Trauma Unit would be significantly increased. However, this may also affect some patients who live in some rural parts of Shropshire. More information about the things we might consider to reduce the risk on some people can be found on page 45.

### **Having the Emergency Care site at Shrewsbury would mean fewer people would have to travel further for emergency care**

We recognise that any option we choose would mean that some people would have to travel further for their emergency care or planned care. However, some journeys are time critical. Time-critical journeys are defined as when a patient's condition is considered to be life-threatening and they need emergency care. Information on current and future projected time-critical journeys from the West Midlands and Welsh Ambulance services has also helped us to choose our preferred option.

Our preferred option of the Emergency Care site being based at Shrewsbury would mean that fewer people would have longer time-critical journeys. More people would be disadvantaged under Option 2 (if the Emergency Care site was based at Telford) as

they would have to travel further to access emergency services. This includes communities across Oswestry, South Shropshire and mid Wales.

Both options would mean that overall, average journey times would slightly increase for patients. However, for patients who are already travelling longer distances in ambulances to a hospital, i.e. up to an hour, they would have to travel even further under Option 2.

### **It would better meet the needs of our older population, especially in Shropshire and mid Wales**

We know that older people use emergency hospital services more than any other age group. They are more likely to have an underlying health condition, experience a longer stay in hospital and be referred on for further stay rather than return home. More than a quarter (27.5%)\* of all emergency admissions at our two hospitals are people aged 60 and over. Those over 75 are the most likely of any age group to use emergency services.

The majority of our older population live in Shropshire and mid Wales and these numbers are growing at a faster rate than across Telford & Wrekin. Population projections estimate that by 2036, people aged 70 and over will account for 25% of the population of Shropshire and 29% in mid Wales, compared to 18% in Telford & Wrekin. This has been another factor in deciding our preferred option of having the Emergency Care site at Shrewsbury.

\*Future Fit Integrated Impact Assessment report 2016



## **Option 1 offers the best value for money over the long term**

We have ageing buildings across our two hospitals, with some in Shrewsbury dating back to the 1960s. We recognise that, in order to continue to have two vibrant hospitals, we need to invest in our buildings. A survey on the condition of the buildings at each site showed that a significant amount did not meet satisfactory standards and a substantial number of areas were found to be unacceptable, particularly at Shrewsbury. In the overall economic analysis of the options, which combines the result of the non-financial and financial appraisal, it is estimated that Option 1 would offer the best value for money over the long term. You can read more about how we reached our preferred option on page 43 of the main consultation document.

## **Impact on Planned Care**

In our lifetime, most of us will access hospital services for planned operations and procedures more often than emergency care. During 2016/17, the vast majority of patients were seen at our two hospitals for planned care compared to emergency care. This includes outpatient appointments, procedures or operations.

Under our preferred option, most people (75%) would be able to access non-complex planned care by car within 30 minutes. We recognise that, by having the Planned Care site at Telford, some people would have to travel further for their planned care. While we appreciate this may cause inconvenience, these are not time-critical journeys.

## Impact on Women and Children's Services

How women and children are cared for and treated has steadily changed over the years. The majority of children who need to come into hospital overnight for their specialist care now stay on average for one day. This is significantly less than 10 years ago. A lot of care can now be given as an outpatient whereas in the past, a child may have had to stay in hospital overnight.

Under our preferred option, any child needing specialist assessment, an overnight stay or an operation would go to the Emergency Care site at Shrewsbury for their care. For the small number of children who will need to be admitted into hospital, this would mean increased travel times for some families. However, the majority of children (approximately 700 a week) would still be able to receive care at their nearest hospital, either at the 24-hour Urgent Care Centre or in the children's outpatients department. As now, facilities would be provided at the Emergency Care site for parents to stay overnight with their child.

Under our preferred option, women who are having a high-risk birth or those needing medical assistance, either before or during labour, would be cared for at the Emergency Care site at Shrewsbury. Antenatal care, such as appointments and scans, would continue to be delivered at both sites. If you are having a high-risk birth but live closer to Telford, you would see your midwife and doctor at the Princess Royal Hospital for outpatient appointments, assessment and scans. Once you have had your baby at the Royal Shrewsbury Hospital, you may be offered the choice to receive the remainder of your care at the Princess Royal Hospital. It will mean that some women who currently have short

travel times will have to travel a little further for their consultant-led delivery. However, for those women who currently travel significantly longer distances, sometimes up to 60 minutes, their overall journey time will significantly decrease under the preferred option.

The vast majority of gynaecology services are now delivered as an outpatient or as a day case. Outpatient services will remain on both our sites. All high-risk day case care and inpatient gynaecology would take place at the Emergency Care site. We estimate that almost half (45%) of care would therefore be provided on the Planned Care site for women needing to access gynaecology services.

Whatever the outcome of the consultation, we will look at ways in which we can help lessen the impact that changes to our hospital services may have on our patients.

More information about travel times can be found in the Integrated Impact Assessment reports at [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

## Equality analysis

From the beginning of the Future Fit programme and up until this consultation period, we have tried to be as inclusive as possible. Our aim has always been that any proposals do not have an unfair impact on any particular person or group of people, regardless of their age, gender, ethnicity, any disability they may have, or any other protected characteristic.

## Meeting our public sector equality duties

The public sector equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not. These are sometimes referred to as the three aims of the general equality duty.

The Act explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

The details of the proposed changes to our hospital services are more fully described in the Pre-Consultation Business Case which is available on our website: [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

## **Integrated Impact Assessments**

We have undertaken two Integrated Impact assessments (IIAs) which assess the potential impact and equality effects of changes we are proposing. This also includes the impact of any potential move of women and children's inpatient services from Telford to Shrewsbury. These were taken into account as part of the CCGs' decision-making process in considering their preferred option. The IIAs followed a three-stage process:

- Scoping and listing of all potential impacts
- Assessing key impacts
- Assessing equality effects including those identified as having protected characteristics under The Equality Act (2010).

You can read the IIAs on our website [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

We have worked alongside partners in Shropshire, Telford & Wrekin and mid Wales in designing and delivering our

engagement activities. We have undertaken specific areas of work to involve seldom heard groups, including the nine characteristics that the Equality Act protects. This activity has been shared with everyone who has been involved in deciding which options we should take forward to a formal public consultation. This work has helped these decision makers by giving them better information on how they can promote and protect the wellbeing of our local communities.

## Travelling to our hospitals

Our two hospitals cover a very large geographical area, from Oswestry and Market Drayton in the north to Cleobury Mortimer and Clun in the south; Welshpool and Llanidloes in the west and Bridgnorth and Newport in the east. We recognise that any change to our hospital services would have an impact on travel for some of our patients, visitors and staff. Although you have told us that you want the best possible care when you have to go to hospital, we also understand that travel and transport will be an important factor for you and your family.

Travel and transport has been a key factor in developing our proposed model of hospital care and deciding our preferred option. We have undertaken a Travel Impact Analysis to understand the impact any changes to our hospital services would have on patients across Shropshire, Telford & Wrekin and mid Wales. You can read this on our website: [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

Whatever the outcome of this consultation, the majority of patients would continue to go to the same hospital as they do now. However it will mean that some people will have to travel shorter distances and some will have to travel further for their care.

## Travelling further in an ambulance to get to the right place

Across England, sometimes it is necessary for ambulances to drive past an A&E department to get patients to the right place for the right treatment.

For example, as highlighted in a report by NHS England,\* patients who have suffered a heart attack now have a much better chance of survival. One reason for this is because paramedics are able to diagnose patients in an ambulance and make sure that the right

patients are taken to the right hospitals for the most advanced treatment. This often means that they will drive past the nearest A&E to get the patient to the right place.

This is already happening in our county, for example ambulances take patients who have had a stroke and need specialist care to the Stroke Unit at the Princess Royal Hospital in Telford. Similarly, patients from across Shropshire, Telford & Wrekin and mid Wales who need heart or lung surgery are routinely treated at the University Hospitals of North Midlands in Stoke-on-Trent.

Having separate hospitals for emergency and planned care would help to make sure that more patients are taken quickly by ambulance to the right place for the right care and treatment. West Midlands Ambulance Service and the Welsh Ambulance Service take patients from across Shropshire, Telford & Wrekin and mid Wales to our two hospitals. Both organisations have been involved in the Future Fit process and support our consultation. Detailed discussions will continue with the two ambulance services throughout the consultation process and beyond.

\* NHS England 'Transforming urgent and emergency care services in England' report November 2013

**Did you know?** During 2016-17, more than 33,000 patients were brought by ambulance to the A&E departments at Royal Shrewsbury Hospital and Princess Royal Hospital. Approximately 35% of these patients did not need A&E and could be treated at one of our 24-hour Urgent Care Centres in the future.



## **Travelling by ambulance to a Trauma Unit**

Some of our more seriously ill or injured patients have to be taken to the Trauma Unit at Shrewsbury. This is to provide them with the best possible emergency care.

If the Princess Royal Hospital became the Emergency Care site it would need to apply and be approved as a Trauma Unit. This would have an impact on some groups of patients, including those in mid Wales.

Some ideas of what we could work with partners on:

- Increasing the use of air ambulance
- Extending air ambulance flying time through more night approved landing sites
- Providing additional training to ‘upskill’ staff
- Having more paramedics
- Looking at potential technology advances over the next few years, e.g. mobile diagnostics
- Increasing access to a trauma doctor and/or more critical care paramedics in transit
- Reviewing the locations of hubs for ambulances and other emergency vehicles
- Taking patients to other Trauma Units including Hereford, Worcester, Wrexham or Wolverhampton

## **Improving car parking and travelling to our hospitals**

In 2016, The Shrewsbury and Telford Hospital NHS Trust asked independent experts to carry out a transport study which looked at travel and parking at our two hospitals. As a result of this study, a number of recommendations were put forward:

- Provide additional parking facilities at both hospitals
- Work with partner organisations to improve cycle paths, way-finding and facilities for cyclists
- Set up a travel and transport group to look at this work in more detail.

You can read the Transport Study at [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

### **Some ideas around how we could reduce the impact of additional travel times:**

- Provide patients and visitors with accurate, up-to-date information about their travel and parking choices, including costs
- Provide patients with information about schemes that offer assistance with travel costs
- Provide travel information with appointment letters
- Wherever possible, schedule appointment times that fit in with a patient's travel arrangements
- Work with public transport providers to look at ways in which public transport could be improved to both hospitals
- Explore opportunities for telehealth and other technologies to virtually link the two hospital sites.

During the consultation, we want to hear your views on how you think we could help lessen the impact that any changes to our hospital services may have on our patients and their visitors. In particular, whatever the outcome of the consultation, we need to understand fully how we can lessen the impact for anyone who may be more disadvantaged by any changes. For instance, this may include some women and children using the Emergency Care site and some older people using the Planned Care site.

## What happens next?

We will not make any decisions about the proposed options until after the public consultation has closed. Once the public consultation has closed, all responses will be carefully analysed by consultation specialists, Participate Ltd, who will then produce a report. The CCGs will read this report and carefully consider all feedback. The final decision will be made by a Joint Committee of Shropshire and Telford & Wrekin CCGs. All reports and details on the decision-making process will be available at:

[www.nhsfuturefit.org](http://www.nhsfuturefit.org)

## How you can get involved

Thank you for taking the time to read this document. We now want to hear your views and there are several ways you can do this:

**Fill out our survey** – on our website [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

**Attend an event:** Throughout the consultation period we will be holding a series of public exhibition events where you can meet our doctors, nurses and other healthcare staff, ask questions and find out more.

Wherever possible, we will also be attending meetings and events organised by individuals and organisations across the area, so let us know of any events or meetings we could attend. We will be publicising where you can come and talk to us on our website and in the local papers and on local radio.

**Write to us:** FREEPOST NHS FF CONSULTATION

**Email us:** [nhsfuturefit@nhs.uk](mailto:nhsfuturefit@nhs.uk)

**Call us:** 0300 3000 903 [24-hour answer machine]

**Twitter:** @NHSFutureFit

**Facebook:** facebook.com/nhsff