



Report	Background and context of "Future Fit" Consultation
Author	Katie Blackburn, Chief Officer, Powys CHC
Date	8th January 2019
Status	For information, discussion and decision

Note: On 4th December 2018, the Powys CHC Executive Committee delegated decision-making authority to the Montgomeryshire Local Committee.

The Chief Officer of Powys CHC has prepared this briefing on the basis of:

- Attendance at meetings/ events
- Consideration of the comprehensive analysis undertaken by Participate Ltd.
- Assurance from PTHB that the Participate analysis is aligned to the responses received from Powys residents
- Consideration of submissions by 20 Powys stakeholders

Powys CHC has not seen, nor had access to, the individual consultation responses. Whilst this would appear to be contrary to paragraph 41 of The Guidance (see section 3 below) legal advice indicated that an English NHS body could not be compelled to disclose individual consultation responses; the Chief Officer is happy to elaborate further at the meeting of the Montgomeryshire Local Committee.

1. Background:

The Future Fit public consultation, led by Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCGs), ran for 15 weeks from 30 May to 11 September 2018.

It asked people from Shropshire, Telford & Wrekin and Mid Wales for their views on the future of hospital services provided by The Shrewsbury and Telford Hospital NHS Trust at the Royal Shrewsbury Hospital in Shrewsbury and the Princess Royal Hospital in Telford.

The consultation focused on the CCGs' proposed new model of hospital care which would involve one hospital providing emergency care services (including women and children's inpatient services) and the other hospital providing planned care services. Under this proposal, both hospitals would have an Urgent Care Centre that is open 24-hours a day, seven days a week.

The consultation asked for people's views on this proposed model of hospital care and the two options in which it could be delivered:

Option 1: The Royal Shrewsbury Hospital becomes an Emergency Care site and the Princess Royal Hospital becomes a Planned Care site

Option 2: The Princess Royal Hospital becomes an Emergency Care site and the Royal Shrewsbury Hospital becomes a Planned Care site

To support the consultation, a consultation document was produced which was available on the Future Fit website and distributed widely throughout the 15 weeks.

This document outlined the following:

- The reasons why local hospital services need to change
- The CCGs' preferred option (Option 1) and the reasons for this preference
- Detail on what services would be provided at both hospitals, what services would be provided on the Emergency Care site and a the Planned Care site
- Information on what the proposed changes would mean for people and their family
- Information on how doctors, nurses and other staff and patients have been involved
- Background information on the Future Fit Programme and how the CCGs arrived at the options they are asking for people's views on
- Information and ideas around improving travel and transport and out of hospital care.

A survey was also developed which featured both inside the consultation documents and online on the Future Fit website. People were asked to take part in the consultation by either completing the survey, writing or emailing their views or attending a meeting or event.

Consultation specialist, Participate Limited, was commissioned to provide an independent report of the findings based on the feedback from the formal consultation. In developing this report, Participate undertook the following activity:

- Analysed 18,742 completed surveys
- Reviewed letter and email correspondence
- Reviewed feedback received at a range of stakeholder meetings
- Developed a coding framework based on the responses received, to extract key themes from the consultation

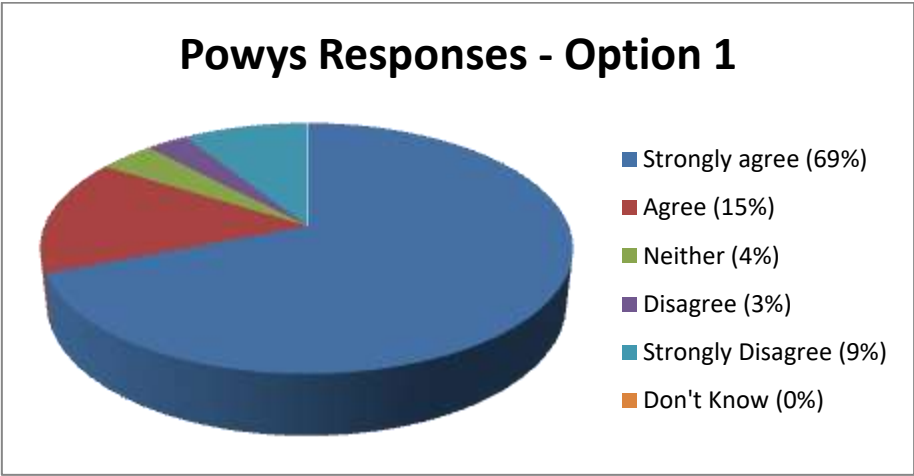
2. Analysis of responses

Source: Participate Limited

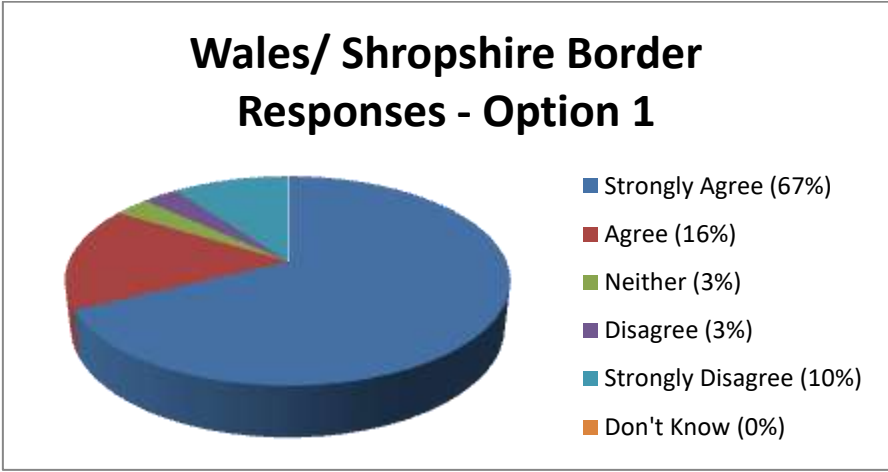
Total number of responses:

Area	<i>n</i>	%
Telford and Wrekin	9525	51%
Shropshire	3519	19%
Wales/ Shropshire borders	1604	8%
Powys	1463	8%
Postcode refused	1770	9%
Out of area	861	5%
TOTAL	18742	100%

Responses to Option 1 - "To what extent do you agree that Option 1 [The Royal Shrewsbury Hospital becomes an Emergency Care site and the Princess Royal Hospital becomes a Planned Care site] would meet your needs or the needs of the people you care for, or those of the group or organisation you represent?"

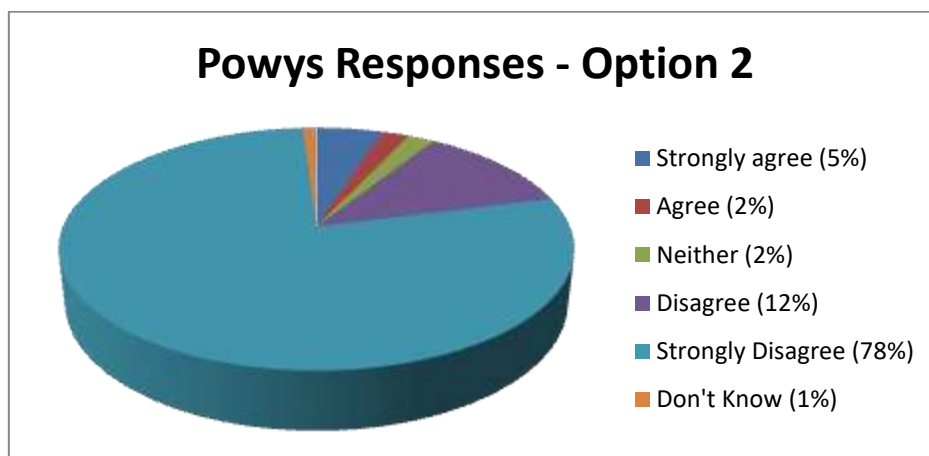


	<i>n</i>	%	
Strongly Agree	1009	69	} 84%
Agree	219	15	
Neither	59	4	
Disagree	44	3	} 12%
Strongly Disagree	132	9	
Don't Know	0	0	
TOTAL	1463	100	

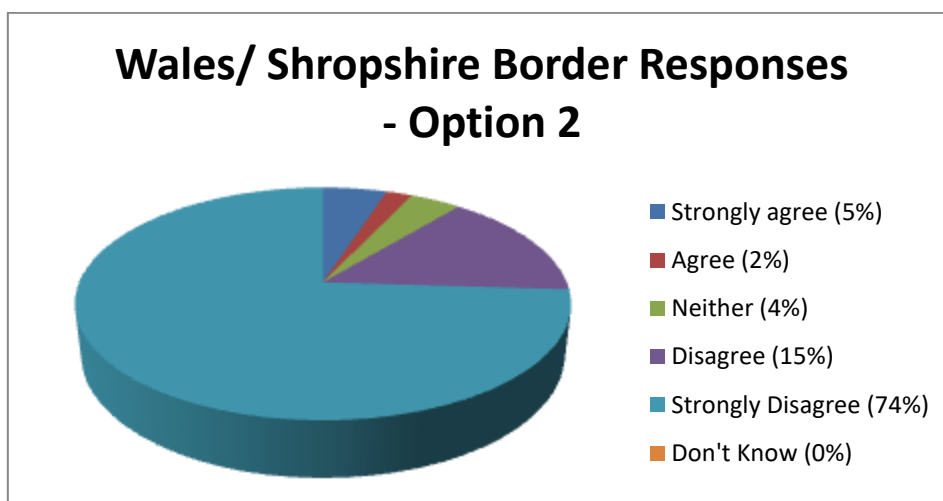


	<i>n</i>	%	
Strongly Agree	1075	67	} 83%
Agree	257	16	
Neither	48	3	
Disagree	48	3	} 13%
Strongly Disagree	160	10	
Don't Know	16	1	
TOTAL	1604	100	

Responses to Option 2 - "To what extent do you agree that Option 2 [The Princess Royal Hospital becomes an Emergency Care site and the Royal Shrewsbury Hospital becomes a Planned Care site] would meet your needs or the needs of the people you care for, or those of the group or organisation you represent?"



	<i>n</i>	%	
Strongly Agree	73	5	} 7%
Agree	29	2	}
Neither	29	2	
Disagree	176	12	} 90%
Strongly Disagree	1141	78	}
Don't Know	15	1	
TOTAL	1463	100	



	<i>n</i>	%	
Strongly Agree	80	5	} 7%
Agree	32	2	}
Neither	64	4	
Disagree	241	15	} 89%
Strongly Disagree	1187	74	}
Don't Know	0	0	
TOTAL	1604	100	

3. Role of Powys CHC Executive Committee:

(Delegated to Montgomeryshire Local Committee on 4 December 2018)

s.19(1)(b)(i) The Community Health Councils (Constitution, Membership and Procedures)(Wales)(Amendments) Regulations 2015

s.19(1)(b)(i) A Council.....(b) must give the Executive Committee responsibility for taking or delegating to another committee formed under these Regulations all final decisions on the exercise of the Council's functions, including, but not limited to –

- (i) Responding to all consultations on health services within the district of a council;

s.27 (7) The Community Health Councils (Constitution, Membership and Procedures)(Wales)(Amendments) Regulations 2015

s.27(7)(a) To confirm whether or not Powys CHC considers that the consultation has been adequate in relation to content or time allowed

s.27(7)(b) To confirm whether or not Powys CHC considers that the consultation has been adequate with regard to Powys CHC being consulted at the inception

s.27(7)(c) To confirm whether or not Powys CHC considers that consultation has been adequate in relation to the frequency with which Powys CHC has been consulted throughout the proposal and decision-making process

Guidance for Engagement and Consultation on Changes to Health Services (The Guidance) s. 40-43

40. Individually and collectively, the primary task of CHCs is to assess the impact of proposed changes on health services not to take a partisan role. If a CHC considers that there are other options to the proposal to be consulted upon by the responsible NHS body it should inform the NHS body at the earliest stage. The NHS should provide assistance to the CHC in considering such options.

41. At the end of the consultation period, the CHC should have the opportunity to consider all comments received and record its own observations on them.

42. If the CHC agrees to the proposals in the consultation, the NHS body may proceed to implement its proposals subject to any other approvals or consents that may be required. The Welsh Assembly Government, local Assembly Members, the local council(s) and local Members of Parliament should be informed of this and a notice inserted in the local press informing the public that the proposals are to be implemented following CHC agreement. In normal circumstances it is considered that this stage should be reached within 4-6 weeks after the end of the public consultation period.

43. Where a CHC is not satisfied that proposals for substantial changes to health services would be in the interests of health services in its area or believes that consultation on any such proposal has not been adequate in relation to content or time allowed, it may take further action as set out in Section 7.

4. Consultation

4.1 Context

- PTHB and members of the Future Fit Programme Team have been regularly updating Powys CHC since the start of both the engagement and consultation stages.
- Powys CHC has attended the Future Fit Programme Board as an observer.
- The Chair and Chief Officer have received regular SITREPS/ updates during the consultation process (monthly/ weekly depending on the different stages of the process)
- Presentations and updates have been given to Full Council, Montgomeryshire Local Committee, Radnorshire and Brecknock Local Committee, Executive Committee and every meeting of the Services Planning Committee. (Details of specific dates can be provided if required).
- Powys CHC has been invited and attended the engagement events/ presentations listed above

4.2 Engagement Events:

Source: Participate Limited

Notes: It is possible that residents of North Powys also attended events across the border, but this is not identifiable in the analysis.



Indicates events that CHC members attended

Public Events

Date	Venue	Attendance
28 June 2018	Elephant and Castle Hotel, Newtown	114
30 August 2018	The Royal Oak Hotel, Welshpool	34
TOTAL		148 (17%)
TOTAL across T&W/ Shropshire/ Mid Wales		852

GP Engagement

Date (2018)	Venue	Attendance
28 June	Mid Powys GP Cluster	10
31 July	North Powys GP Cluster	10

Patient Engagement

Date (2018)	Venue	No. of people engaged
31 May	Newtown Health Forum	20
4 July	Llanidloes Patient's Forum	20
10 July	Llanfyllin Patient's Forum	20
26 July	Newtown Health Forum	20
31 July	Machynllyth Patient's Forum	20
TOTAL		100 (12%)
TOTAL across T&W/ Shropshire/ Mid Wales		859

Scrutiny and Assurance

Date (2018)	Meeting	Attendance
5 June	Powys CHC Full Council	23
10 July	Powys CHC Montgomery Local Committee	10
12 July	Powys CHC, Radnorshire and Brecknock Local Committee	10

Partner Organisations

Date (2018)	Organisation	Attendance
30 May	Powys Teaching Health Board	25
18 July	Powys Teaching Health Board	21

Seldom Heard Groups

Date (2018)		
9 July	Powys Older People's Partnership	10

Pop-up Displays

Date (2018)	Pop-up Displays	No. of people engaged
6 June	Machynlleth Market	100
13 June	Y Plas, Machynllyth	30
13 June	Llanidloes Library	80
14 June	Tesco, Newtown	100
14 June	Llanrhaeadr Community Centre	70
18 June	Y Plas, Machynllyth	120
23 June	Newtown Town Centre	180
25 June	Welshpool Town Hall	80
27 June	Montgomery Library	40
27 June	The Unicorn, Caersws	50
10 July	Llanidloes Sports Centre	30
13 July	Llanrhaedr-ym-Mochnant Church	20
13 July	Llanfyllin Youth and Community Centre	120
17 July	Horse and Jockey Inn, Knighton	40
19 July	Llandrindod Wells	50
19 July	Welshpool Town Hall	80
19 July	Llanfair Caereinion Health Centre	20
19 July	Tesco, Welshpool	100
21 August	Bear Lanes, Newtown	120
22 August	Herbert Arms, Kerry	35
TOTAL		1465 (47%)
TOTAL across T&W/ Shropshire/ Mid Wales		3146

In relation to s.27(7) of The Regulations [see above]

Does the Montgomeryshire Local Committee of Powys CHC consider that the consultation has been adequate in relation to content and time allowed?

Does the Montgomeryshire Local Committee of Powys CHC consider that the consultation has been adequate with regard to Powys CHC being consulted at the inception?

Does the Montgomeryshire Local Committee of Powys CHC consider that consultation has been adequate in relation to the frequency with which Powys CHC has been consulted throughout the proposal and decision making process?

5. Impact of proposed changes on Powys patients

Source: PTHB

5.1 Powys Emergency Department Attendances 2017/18:

- RSH: 5300
- PRH: 750

(Powys attendances at PRH include attendances linked to specialties currently based at PRH, e.g. paediatrics, strokes, obstetrics & gynaecology)

Under **Option 1**, there is a shift in emergency activity from PRH to RSH:

- the significant majority of Powys emergency department attendances would be at RSH.
- Powys emergency attendances at PRH would be the exception (for example, when a Powys resident is visiting the Telford area and needs the urgent care centre).
- some additional activity *may* move to RSH from other hospitals (e.g. Option 1 includes moving stroke, paediatrics and obs/gynae from PRH to RSH, which means that for some Powys residents RSH would become closer than current alternatives).

Under **Option 2**, there is a shift in emergency activity from RSH to PRH:

- the significant majority of cross-border emergency department attendances for life and limb-threatening illnesses and injuries would be at PRH. RSH would continue to have an Urgent Care Centre for accidents and illnesses needing same day treatment such as sprains & simple fractures, cuts and scrapes, scalds etc. However, this includes conditions that are treated at Minor Injury services in Powys which will remain unchanged.
- for some Powys residents, other alternatives may become closer than attending PRH (e.g. Bronlais, Maelor).

5.2 Powys Emergency Admissions 2017/18:

- RSH: 3900
- PRH: 1500

(Powys attendances at PRH include attendances linked to specialties currently based at PRH, e.g. paediatrics, strokes, obstetrics & gynaecology)

Under **Option 1**, there is a shift in emergency activity from PRH to RSH. It is anticipated that:

- the significant majority of Powys emergency admissions would be at RSH.

Under **Option 2**, there is a shift in emergency activity from RSH to PRH. It is anticipated that:

- the significant majority of Powys emergency department admissions would be at PRH.
- for some Powys residents, other alternatives may now become closer than attending PRH (e.g. Bronlais, Maelor).

5.3 Powys Chemotherapy attendances 2016/17:

- 2650 visits – nearly all of these visits are to RSH

Under both Options, the significant majority of chemotherapy activity remains at RSH.

During the consultation, respondents have asked PTHB to consider options for providing more chemotherapy closer to home for Powys residents (e.g. in county).

5.4 Powys Endoscopy attendances 2016/17:

- 1700 visits – mainly at RSH

Under **Option 1**, it is anticipated that some planned endoscopy appointments for Powys residents would move from RSH to PRH. For some Powys residents, other alternatives may now become closer than attending PRH (e.g. Llandrindod Wells, Bronglais, Maelor).

Under **Option 2**, it is anticipated that the majority of planned endoscopy appointments for Powys residents would take place at RSH.

During the consultation, respondents have asked PTHB to consider options for providing more endoscopy closer to home for Powys residents (e.g. in county).

5.5 Powys daycase surgery 2016/17:

- RSH: 2100
- PRH: 500

Under **Option 1**, SATH has estimated that around 1400 daycases would be at RSH and 1200 would be at PRH (i.e. an average of two day case attendances per day would move from RSH to PRH).

RSH activity would include specialities based at the Emergency Care Site including cardiology, ophthalmology, paediatrics etc. as well as higher-risk day surgery which must be undertaken at the Emergency Care Site due to the co-location with Critical Care.

Other routine daycase activity may move from RSH to PRH - however, some Powys residents may now live closer to an alternative daycase provider than PRH (e.g. Llandrindod Wells, Bronglais, Maelor), and during consultation respondents have asked PTHB to consider options for providing more daycase surgery closer to home (e.g. in North Powys).

Under **Option 2**, there would some moves of daycase surgery from PRH to RSH, as well as some moves from RSH to PRH (e.g. higher risk day surgery which must be undertaken at the Emergency Site due to the co-location with Critical Care).

5.6 Powys planned inpatient (overnight) surgery 2017/18:

- RSH: 320
- PRH: 220

Under **Option 1**, some inpatient surgery would move from RSH to PRH (e.g. *routine* adult inpatient surgery would move to the Planned Care site).

Conversely, some inpatient surgery would move from PRH to RSH. For example, some planned inpatient surgery is for children and this would move from PRH to the Emergency Care Site (as paediatrics is based there).

Higher-risk planned inpatient surgery must be undertaken at RSH (due to the co-location with Critical Care).

Under **Option 2**, some inpatient surgery would move from PRH to RSH (e.g. routine adult inpatient surgery would move to the Planned Care site).

Conversely, some inpatient surgery would move from RSH to PRH. For example, higher-risk planned inpatient surgery must be undertaken at PRH (due to the co-location with Critical Care).

For some Powys residents, alternative hospitals may now be closer than services in PRH.

Under both Options, orthopaedic services at Gobowen are unaffected.

5.7 Powys outpatients appointments 2016/17:

- New: 19,000
- Follow up: 26,000

Approximately 85% of cross-border outpatient appointments for Powys residents are at RSH and approximately 15% at PRH.

Under both options, the balance of outpatient activity would remain broadly the same.

During the consultation, respondents have asked PTHB to consider options for providing more outpatient care closer to home for Powys residents (e.g. in county and/or through telehealthcare).

In relation to s.40 of The Guidance [see above]

Does the Montgomeryshire Local Committee of Powys CHC consider that they have had sufficient information and data to be able to assess the impact of these proposed changes on the residents of North Powys/ Mid Wales?

Does the Montgomeryshire Local Committee of Powys CHC consider that, had it felt that there were other options to consider then it had sufficient opportunity to raise these with the Future Fit Programme Board and

PTHB during the process (and at the earliest opportunity)?

6. Consideration of comments

Source: Participate Limited/ analysis of responses available

6.1 Summary comments received from key/ Powys stakeholders

Formal feedback was received from 34 key stakeholders, 20 of these were from (or related to) Mid Wales. [These included two late submissions].

Caersws Community Council

Option preferred: Option 1

Comments:

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

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

Option preferred: Neither

Comments:

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

Councillor, Powys County Council

(name redacted, currently awaiting approval to share as a named response)

Option preferred: Option 1

Comments:

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

Russell George AM for Montgomeryshire

Option preferred: Option 1

Comments:

- Concerns over travel times under both options. Option 2 would mean 100-mile round trip to visit relatives in emergency care in Telford
- Huge concern from ambulance staff who, under Option 2 would need to travel to Telford
- Concerns over day case surgery/ routine planned surgery and endoscopy moving to Telford therefore essential that some planned care is delivered locally in our community hospitals. Would be keen to work the SaTH & PTHB on this
- Concerns over parking facilities and public transport to both hospitals. Keen for UK and Welsh Government to work together to address inequity around older person's bus passes as creates barrier to accessing cross border healthcare

Hywel Dda University Health Board

Option preferred: Option 1

Comments:

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

Kerry Community Council

Option preferred: Option 1

Comments:

- Concerns around travel times, given rural nature of area.
- There are few cross-border routes available and this is made worse with adverse weather, an accident close to the border of if A5/ M54 is closed
- Concern that under both options, it will mean that more care for more residents will be provided further away
- Some residents already face a 100 mile round trip to visit the women and children's centre in Telford
- Regular contact with family and friends can be vital in aiding recovery, especially for people with cognitive and sensory impairment, elderly people and those for whom Welsh is their first language
- Telford has many alternative hospital facilities which are closer than our nearest hospital in Shrewsbury, e.g. Wolverhampton, Walsall, Dudley, Stafford, Sandwell, Stoke and Birmingham
- Option 1 maintains access to life and limb-saving care without adding further travel

- Benefits to women and children's services and stroke services returning to Shrewsbury

Kerry Community Council (contd)

- Urge CCGs, SaTH, PTHB and Welsh Government to work together to
 - identify opportunities for closer planned care, e.g. telehealthcare in GPs
 - tackle discrimination faced by older people re bus passes at the border
 - maintain and strengthen services in Gobowen
- Concerns around Welsh language impact
- Concerns around deprivation as parts of Newtown are amongst highest levels in mid Wales
- Concerns around impact on equality characteristics, particularly those with children with long term and life limiting conditions
- Option 2 would have an adverse impact on pathways and continuity of care of acutely unwell patients
- Option 2 would have negative impact on planned care and local recruitment as many consultants who visit local hospitals in Powys and provide outreach clinics are local
- Option 2 would have negative impact on pathways and continuity of care for orthopaedic patients

Llandrinio & Arddleen Community Council

Option preferred: Option 1

Comments:

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

Llandysilio Community Council

Option preferred: Option 1

Comments:

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

Llanfyllin WI

Option preferred: Option 1

Comments:

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

Llangurig Community Council

Option preferred: Option 1

Comments:

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

Mochdre with Penstrowed Community Council

Option preferred: Option 1

No Comments

Newtown & Llanllwchaiarn Town Council

Option preferred: Option 1

Comments:

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

North Powys Locality Cluster

Option preferred: Option 1

Comments:

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

Plaid Cymru - Party of Wales

Option preferred: Option 1

Comments:

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

Powys Community Health Council

Option preferred: Option 1

Comments:

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

Powys County Council

Option preferred: Option 1

Comments:

- Essential to ensure services are accessible to population of Powys
- Strongly support Option 1, however do acknowledge this brings challenges to informal carers and next of kin visiting patients at Telford
- Any new development must be culturally appropriate to people of Powys with all signage and public information in Welsh and English and language awareness training to staff
- Want greater flexibility in the provision of services, including greater emphasis on outreach services into mid Wales and use of digital care solutions. E.g. pre and post-op assessment services
- Plans need to be coordinated with Powys Council and PTHB plans for some planned care to be based in Newtown

Powys Teaching Health Board

Option preferred: Option 1

Comments:

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

- option 2 may reduce ability of Powys GPs to work closely with SATH consultants and could have adverse impact on GP recruitment

Powys Teaching Health Board (contd)

- impact on equality protected characteristics would be significantly worse under option 2 as acutely unwell people would have much reduced access to loved ones and family

Trefeglwys Community Council

Option preferred: Option 1

Comments:

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

Welsh Ambulance Services NHS Trust

Option preferred: Option 1

Comments:

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

- Would like to work with you to ensure ambulance delays during hospital handover are avoided as much as possible

Welsh Ambulance Services NHS Trust (contd)

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

Welshpool Town Council (late response)

Option preferred: Option 1

Comments:

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

Summary:

**19 out of the 20 responses prefer Option 1
1 response does not prefer either option**

6.2 Individual Responses

Disaggregated data is not available for the individual responses.

6.3 Themes from Powys consultation events

Public Meetings:

Themes raised in the public meetings by service area for Powys/mid-Wales.

Emergency care

Need more ambulances / concern about impact on ambulance service
Ambulances often stuck outside A&E
Reduce cardiac dependency on Stoke
Is Shrewsbury big enough to cope with the emergency service?
Risk travelling for emergency care
Ideally would have emergency services in both
Planned care on one site will provide better service
Will planned ops still be cancelled due to lack of beds?
Confusion about whether specific procedures will be done at Telford or Shrewsbury
Will hospital transport be available for planned care?
Concerns about communication between Shrewsbury & Telford re gynae outpatients
Which planned services/outpatients could be provided in Powys?
Concerns that Powys people have to wait longer for operations

Urgent care

Confusion around difference between A&E and emergency care / urgent care

Maternity/Children's services

Babies should be born closer to home (registration in Wales should be allowed)
Women and children's centre is needed in Telford

Stroke services

Support for stroke services at Shrewsbury

Travel/transport

Telford too far away/long busy road
Concern about cost of travel to Telford
Lack of parking in Telford
Getting to Shrewsbury is difficult
Concerns about travelling to Telford for planned care
Public transport from Welshpool to Telford is poor/need bus service
Concern about parking costs in Shrewsbury & Telford
Can't use bus pass to get to Telford

Finance

Concerns about cost of new provision in Shrewsbury

Pop-Up Displays

Themes raised by service area for Powys/mid-Wales.

Emergency care

Lack of potential for emergency hospital in Powys
Concern about surviving longer distance to trauma unit in emergency
Any further than Shrewsbury would be too far for emergency care
Telford would be too far in an emergency

Planned care

Confusion over which services count as planned
Impact on regular cancer treatment
Impact on access to specific outpatient-based services (e.g. Hummingbird Centre - Diabetes)

Maternity/children's services

Why did women and children's services move so far away?

Stroke services

Returning W&C and Stroke units to Shrewsbury best for west Shropshire and Powys

Travel/transport

Concern about transport in terms of regular visitation
Shrewsbury / Telford already a long trip to make for regular treatment
Challenges of winter travel for rural Shropshire/Powys
Welsh older person travel card doesn't work across border
Vulnerable families would find extra distances hard
Further away from Powys would mean more difficult visitation and support going home
Anxieties making long trips to visit
Concern about longer journeys for people with learning difficulties

Focus Groups

Themes raised in the focus groups by service area for Powys/mid-Wales.

Emergency care

Stress over travelling further to ED if ambulances aren't available
Positive impact of being treated closer to home
Concern about English ambulances being unfamiliar with rural Wales
Ambulances 'out of circulation' less if ED in Shrewsbury
Concern about ambulance capacity (increased older people demand)
Preferred emergency care being delivered closer to home

Planned care

Visiting Telford for routine procedures could be an issue
Pleased about less likelihood of cancelled planned care
Further distance for planned okay as longer to plan journey
Comfort knowing planned treatments more likely to go ahead

Maternity/children's services

Interest in bringing maternity services 'back' to Shrewsbury

Prefer Option 1 as having maternity services closer/more easily accessible

Travel/transport

Massive gap in Powys non-emergency transport services - vulnerable people having to walk home

On a very low income, £7 for train makes a big difference

Bus passes not working both ways Wales-England

Driving to Telford would be a struggle for elderly

Transport issues e.g. non-emergency transport not working

Easier to get to Shrewsbury

Extended visiting in Telford would be difficult

Carers may have to travel further

Public transport easier/cheaper to Shrewsbury

Deprivation - returning home from hospital by taxi an issue

In relation to s.41 of The Guidance [see above]

Having considered the comments received from Powys respondents, does the Montgomeryshire Local Committee of Powys CHC wish to record any observations?

7. The consultation proposal

In its submission to the Future Fit consultation on 11 September 2018, Powys CHC noted:

- A clear consensus in favour of Option 1
- The impact on patients and relatives/ carers having to travel to either hospital, but especially the difficulty to The Princess Royal Hospital, Telford. Noting this is particularly difficult for older people and people who do not have their own transport.
- The lack of public transport, particularly in rural areas
- The desire to have more services provided in Powys

In relation to s.42 of The Guidance [see above]

Does the Montgomeryshire Local Committee of Powys CHC still agree to the proposal contained within Option 1?

[That the Royal Shrewsbury Hospital becomes an Emergency Care site and the Princess Royal Hospital becomes a Planned Care site]

Is the Montgomeryshire Local Committee of Powys CHC satisfied that the proposals for this substantial change to health services would be in the interests of health services in Powys?