



Cyngor Cymuned CERI / KERRY Community Council

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RESPONSE TO NHS FUTURE FIT SURVEY

I am writing to you on behalf of Kerry Community Council in response to the proposals set out in the NHS Future Fit public consultation document.

Kerry Community includes around 2000 people and is situated in south east Montgomeryshire in the county of Powys. It includes the villages of Kerry, Sarn and Dolfor and surrounding areas. We border rural south west Shropshire (e.g. Anchor, Bettws-y-Crwyn) where English communities will face similar challenges to our own. The rural nature of mid Wales means that our community already faces significant challenges in accessing hospital services. A Dolfor resident with access to a car must drive one hour (34 miles) to their nearest general hospital in Shrewsbury. Alternatives include Princess Royal Hospital in Telford (48 miles), County Hospital in Hereford (48 miles), Bronglais Hospital in Aberyswyth (46 miles) and Maelor Hospital in Wrexham (47 miles). Clearly these journeys present more considerable challenges to residents without access to a car, and in common with many parts of Powys we face significantly high levels of health access poverty compounded by our ageing population.

Access can also be very seasonal, and some parts of our community were snowed in for up to a week during the adverse weather in March. Also, with relatively few cross-border routes available, it only takes one major accident to "close the border", and if the A5/M54 is closed between Shrewsbury and Telford then it is fair to say that lives will definitely be lost.

SECTION 1: YOUR VIEWS ON THE PROPOSED MODEL OF CARE

In response to Question 1, members of the Council are understandably concerned that under both options the proposed model of care will mean that more care for more of our residents would in future be provided further away. We are offered a stark and frankly unacceptable choice between travelling further for life and limb-threatening emergency care, or travelling further for planned care.

These proposals cause a significant level of anxiety for our residents and will create an additional economic, social and psychological burden for people already facing significant disadvantage in access to health. This includes increased direct cost of travelling to appointments and the anxiety of not being able to visit loved ones facing an extended stay in hospital.

Some residents have highlighted the challenges they have already faced following the relocation of women and children's services to Telford in 2014 – for example in facing a daily round trip approaching 100 miles to see a poorly baby in the neonatal unit. We are also aware of similar challenges following the relocation of stroke services to Telford.

Regular contact with family and friends can be vital in aiding recovery. Contact with loved ones can be particularly vital in addressing disorientation for people in hospital suffering cognitive and sensory impairments. There is an added challenge for frail elderly people for whom Welsh is their first language and who may struggle to

communicate with staff following stroke or other neurological conditions, or during the disorientation of major infections.

Whilst we would not wish for any community to face reductions in their access to hospital services, we note that Telford already has many alternative hospital facilities which are closer than our nearest hospital in Shrewsbury. These include Royal Shrewsbury Hospital (16 miles), New Cross Hospital in Wolverhampton (20 miles), Manor Hospital in Walsall (23 miles), Russell's Hall Hospital in Dudley (23 miles), Stafford Hospital (25 miles), Sandwell Hospital (27 miles), Stoke Hospital (31 miles) and major hospitals in Birmingham (e.g. 33 miles).

Both Option 1 and Option 2 would, therefore, appear to be considerably biased on favour of access for communities of eastern Shropshire and Telford & Wrekin, over those in western Shropshire and mid Wales.

It is our view that the proposed model of care will mean significantly more travel time and cost for Kerry, Dolfor and Sarn residents and for our neighbours in south west Shropshire. This risks reducing the opportunities to treat time-dependent conditions (e.g. stroke) which may in turn further reduce clinical outcomes for patients resulting in increased mortality or long term disability following major illnesses and injuries. Socially, it will create separation for families at an anxious time. Psychologically this may also have an adverse impact on recovery and re-ablement as patients will be able to spend less time with loved ones who understand what is "normal" for them and the circles of support available to enable them to return home.

SECTION 2: YOUR VIEWS ON OPTION 1

Q2a STRONGLY AGREE

Q2b REASONS

Whilst we would prefer that no care should move further away from our residents, on balance we significantly prefer **Option 1** as this maintains access to the life and limb-saving care without adding further travel to what is already a long journey.

Under Option 1 the Emergency Centre is in Shrewsbury and, therefore, the care for the majority of conditions for which our residents experience an extended stay in these hospitals is likely to be in Shrewsbury. This maintains an emergency hospital within approximately one hour / 34 miles rather than extending this to nearly 50 miles.

We note that there would be benefits in women and children's services, and stroke services, returning to Shrewsbury, following the scandalous decision to close these services in Shrewsbury earlier this decade. This would put right a great wrong inflicted on the communities of western Shropshire and Powys.

We recognise that under Option 1 the majority of planned care would, in fact, remain in Shrewsbury – through outpatient appointments and procedures, diagnostic tests and scans, as well as complex planned surgery. However, our residents would face an extended journey for routine operations and we urge The Shrewsbury and Telford Hospital NHS Trust, the Clinical Commissioning Groups, Powys Teaching Health Board and Welsh Government to work together to:

- Identify opportunities to bring more planned care closer to home here in Montgomeryshire (for example, by establishing a surgical theatre in Newtown)
- Identify opportunities to reduce travel for planned care, for example through tele-healthcare facilities in local GP practices
- Focus on travel and transport, including helping people facing long journeys to plan their appointments and tackle the discrimination faced by older people as Welsh travel passes do not extend to cross-border travel to England
- Maintain and strengthen services at Gobowen which are so valued by our communities here in mid Wales, alongside our services in Shrewsbury.

SECTION 3: YOUR VIEWS ON OPTION 2

Q3a STRONGLY DISAGREE

Q3b REASONS

Whilst we would prefer that **no** care should move further away from our residents, on balance we significantly prefer Option 1, as this maintains access to the life and limb-saving care without adding further travel to what is already a long journey of 34 miles.

Under Option 2, the Emergency Centre is in Telford and therefore the care for the majority of conditions for which our residents experience an extended stay in these hospitals is likely to be in Telford. This means a round trip of

around 100 miles to see a loved one in hospital at an anxious time, as well as a journey of nearly 50 miles to the nearest emergency hospital for someone experiencing a life or limb threatening emergency. We find the existing distance to Shrewsbury hospital a challenge, but the additional journey to Telford could really prove to be the difference between life and death for people in rural western Shropshire and mid Wales.

We cannot understand why it is reasonable to propose an option that would leave such a significant area of the UK with such severe "access poverty", particularly in comparison to the many alternatives available in the Telford area.

SECTION 4: ANY OTHER COMMENTS

Q4a OTHER FACTORS

We are concerned about the WELSH LANGUAGE impact. An admission to hospital can be a disorientating time, particularly for someone experiencing cognitive or sensory impairment. If their first language is Welsh, their secondary language skills may be further impaired during a time of illness. This can make it difficult to communicate their needs and wishes if other Welsh language speakers are not available. Locally people tell us that when attending Royal Shrewsbury Hospital they have experienced Welsh Language speaking staff but that this is not generally the case at Telford Hospital. They express concern that the transfer of more care for more acutely unwell people from Shrewsbury to Telford would, therefore, have an adverse impact on the experience, safety and outcomes for Welsh language speaking patients.

We are concerned about TRAVEL AND ACCESS. Travel to Shrewsbury is already a significant journey for our residents and their neighbours. This would be significantly increased if more services were moved to Telford. Local residents tell us that on balance they would prefer that services for acutely unwell people – including regular visiting over an extended period to relatives facing a long stay in hospital – remained closer as the overall burden of travel for one-off planned operations and procedures is easier to address. We are particularly concerned that older people's travel passes are not applicable for cross-border travel and we would urge the UK Government to work with Welsh Government to ensure that in future the border is not a barrier to older people's travel. We also note that if the road from Shrewsbury to Telford is closed then there are few alternatives for nearby care for people in mid Wales, whilst people in Telford have multiple alternatives. The availability of emergency care in Shrewsbury is, therefore, of significant strategic importance for our communities.

We are concerned about DEPRIVATION as parts of Newtown have amongst the highest levels of deprivation in mid Wales and already face significant journeys to access hospital care.

We are concerned about the IMPACT across equality characteristics. Locally people tell us that there would be an overall negative impact across all equality protected characteristics from both options, but significantly worse from Option 2 because acutely unwell people would have much reduced access to loved ones and family. This could place a particular burden on people in hospital who need close carer and family contact to support their care, for example, due to their religious needs, their sexuality, their physical or learning disability etc. Services in Telford are approaching a 100 mile round trip for our residents. They will, therefore, miss out on significant personal contact and care during their recovery from emergency surgery or emergency medical admission etc. Our children already face a considerable journey to consultant-led emergency care in Telford and this is a cause of extreme anxiety for local residents. This particularly affects those with children with long term and life-limiting conditions, including attending the specialist children's cancer unit.

We are concerned that Option 2 would have an adverse impact on PATHWAYS and CONTINUITY OF CARE for acutely unwell patients, leading to unnecessary admissions or extended length of stay. Speaking with local residents and healthcare workers they state that they can currently take steps to prevent hospital admission because of the reassurance that Shrewsbury is only thirty miles away and that local clinicians can undertake in-reach to RSH to visit patients and help them to return home. They are concerned that under Option 2 the ability to do this would be severely reduced, which may mean that patients are admitted to hospital who currently are not (i.e. unnecessary admissions). Additionally, it is more difficult to in-reach to support people to return home in a timely fashion (i.e. extended length of stay).

We are concerned that Option 2 may have an unrecognised negative impact on PLANNED CARE and on LOCAL RECRUITMENT as many of the consultants who visit local hospitals here in Powys and provide outreach outpatient clinics live locally to the area. We are concerned that if emergency care services move to Telford under Option 2 this will mean that newly appointed consultants will choose to live within call-out distance from that hospital and over time fewer consultants would live in western Shropshire or in mid Wales. We are further concerned that

- (a) this might have an adverse impact on availability for outreach outpatient clinics thus reducing the access to planned care for people in mid Wales in Option 2 and
- (b) this would make it more difficult for mid Wales GPs to develop and maintain close working relationships with consultants to support the planning and delivery of care for patients.

Whilst Option 2 professes to maintain access to Planned Care for mid Wales residents we are concerned that in reality this will not be the case. We also hear that GP recruitment is already challenging in rural mid Wales and we

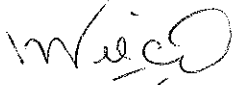
are concerned that this may be made worse if general practitioners feel that they no longer have a local emergency hospital available for their patients.

We are concerned that Option 2 may have an unrecognised negative impact on PATHWAYS and CONTINUITY OF CARE for orthopaedic patients. We note that the majority of planned orthopaedic care for local residents is provided at Gobowen. Locally, people have described how they have benefited from the consultants at Gobowen being the same team that they see in an emergency in Shrewsbury. They feel that this benefits both their planned care and their emergency care because the two hospitals work closely together. They are concerned that this will no longer be the case if the main emergency centre is in Telford.

Q4b OTHER COMMENTS

We recognise that in a sparsely populated rural area there are challenges in providing local specialist care. However, if Option 1 is implemented we would wish The Shrewsbury and Telford Hospital NHS Trust to work with Powys Teaching Health Board and Welsh Government to identify ways in which more planned care could be provided closer to home for Powys residents. For example, through the development of a new facility for outreach surgical and endoscopy procedures in Newtown and through improved tele-healthcare connections that enable people to have appointments via their local GP surgery or even in their own home. We would also urge the health board to work with Powys County Council and local transport providers to address the extreme travel and access poverty experienced by people in mid Wales.

This response draws on the comments and concerns raised by 35 attendees at an NHS Future Fit Drop-in session in The Herbert Arms in Kerry on 22 August 2018.



Cllr. Mrs V A Wildish