

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

**Public Consultation**

**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 proposal for changing our hospital services and the two options we want your views on
- Tell you about our preferred option
- Detail what these changes will mean for 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)

## 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 79).

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.

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## Get in touch

This document is available in Welsh, in an Easyread format, as a Word document for use with screen readers and as a large print Word document. They 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)

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You can also read our summary consultation document at [www.nhsfuturefit.org](http://www.nhsfuturefit.org) This shorter document gives you the main information provided in this document.

## 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](https://facebook.com/nhsff)

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

## We want your views

Your feedback on this consultation will help us make sure we provide safe, high quality hospital services for our communities and future generations across Shropshire, Telford & Wrekin and mid Wales.

We would be grateful if you could take the time to read this document and complete our survey, which you can find on our website: [www.nhsfuturefit.org](http://www.nhsfuturefit.org). Alternatively, you can print the survey and return this free of charge to FREEPOST NHS FF CONSULTATION. No stamp is needed. All surveys must be received by the closing date of 12am (midnight) on 4 September 2018.

This document does include some medical and technical words. A definition of these words can be found in the glossary at the end of this document (page 84). Please contact us if you would like any part of the document explained.

## **A message from the GP leads in Shropshire and Telford & Wrekin:**

**Dr Jo Leahy, Chair, NHS Telford & Wrekin CCG and Dr Julian Povey, Chair, NHS Shropshire CCG**

Every patient has the right to expect safe and high quality NHS care now and in the future.

As the Chairs of Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCGs) leading the NHS Future Fit process, we are committed to ensuring that our patients and communities across Shropshire, Telford & Wrekin and mid Wales receive the very best healthcare within available resources.

### **Where we are now**

At the Royal Shrewsbury Hospital in Shrewsbury and the Princess Royal Hospital in Telford, care is provided 24 hours a day, seven days a week to over half a million patients across Shropshire, Telford & Wrekin and mid Wales. A wide range of services are provided at both hospitals, from outpatient appointments and tests, to planned operations and procedures. Care and treatment is also provided for patients in an emergency situation.

In recent years, it has become more difficult to make sure there is the right number of highly skilled medical, nursing and other healthcare staff at both hospitals to provide this wide range of services for patients. In some cases, this has led to a poorer service. For example, some patients have had to wait longer to see a doctor in an emergency, or they have had their operations cancelled. This is unacceptable and we need to improve.



A local and national shortage of doctors, nurses and other health professionals has led to difficulties in recruiting and this problem is getting worse. To try to manage this, The Shrewsbury and Telford Hospital NHS Trust (the provider of our hospital services) has had to rely heavily on temporary staff. This has had an effect on the service provided, as highlighted in the recently published Care Quality Commission (CQC) report\*.

If we continue the way we are now, we do not believe that all of our patients will receive safe, high quality care and treatment all of the time. The only way we can make the improvements we need to make is by changing the way we deliver services at our two hospitals. Doing nothing and staying as we are is simply not an option.

\*The Shrewsbury and Telford Hospital NHS Trust CQC report August 2017

## **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.**

## 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 64.

**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 the same hospital as they do now for emergency and urgent care

\*Based on the number of patients attending Royal Shrewsbury Hospital and Princess Royal Hospital A&E departments during 2016-17. For a more detailed explanation see page 29.

## How we designed the model of care

Our proposed model of hospital care has been designed by members of the public and over 300 clinicians, GPs and social

care professionals. Under either option it ensures that a wide range of hospital services will still be available at both hospital sites and, importantly, stay within the county. This includes outpatients, urgent care services, tests and patient wards. We believe that by changing our hospital services in this way, we will make sure patients receive safe, high quality NHS care now and in the future.

In recent years, we have made changes to our hospital services, such as the Shropshire Women and Children's Centre at Telford and the Treatment Centre at Shrewsbury. Whatever the outcome of this consultation, the money that has already been invested in our services will not be wasted and these hospital spaces will continue to be used for patient care in the future.

## 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 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 and 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. These were taken into account as part of the CCGs' decision-making process in considering their preferred option.

**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

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)

Our proposed model has also undergone rigorous independent testing and scrutiny to ensure that it meets all the relevant standards. You can read more about this on page 70 and on our website [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

## 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.

## How we will make a decision

The views and suggestions of everyone who responds to this consultation are an important part of how we will make a decision. However, we also have to complete a number of pieces of work before any final decisions are made. These have been requested by the West Midlands Clinical Senate, NHS England and members of the CCG Governing Bodies.\* No decision can be made after the end of the formal public consultation until this work has been completed. They include making sure that:

- more work is done to model the care we will need to deliver in the community (read more on page 79)
- the CCGs are confident that options are affordable (read more on page 66)
- we look at what we might need to do to lessen the impact for women and children and older people, their families and carers, particularly around travel (read more on pages 60 and 76)
- we understand how the Urgent Care Centre at the Planned Care site will be staffed by skilled professionals to deliver the high level of care required for children (read more on page 26)
- we understand the effect of the proposed changes on the demand for both emergency and non-emergency ambulance and patient transport services (read more on page 60)
- we consider new ways of working in the future, including new staff roles (read more on page 83)

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 in the middle of this document. 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)

*\* The conditions were requested at the Joint Committee of the two CCGs in August 2017. The wording of all conditions and details of the extra work to be completed can be found in the Pre-Consultation Business Case at: [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 our hospitals provide high quality, safe services are provided for all patients for the long term. We want to make sure that, wherever possible, patients are seen by the right person at the right time in the right place. At the moment, we know that this is not always happening.

All our hospital staff work extremely hard to deliver the very best service to our patients across Shropshire, Telford & Wrekin and mid Wales. However, it is becoming more difficult to make sure that we have enough doctors, nurses and other healthcare staff to provide a 24-hours a day, seven days a week service at both our

hospitals. Although a similar picture can be seen across the country, this problem has a greater impact in Shropshire and Telford & Wrekin as we have two hospital sites that are less than 20 miles from each other that currently provide many of the same services.

We are finding it harder to recruit and keep the doctors and nurses that we need to care for patients at our two hospitals, particularly within our Accident and Emergency (A&E) departments and critical care services. Staff shortages have meant that our doctors have had to be on-call more often or work extra hours across two hospital sites in order to keep patients safe. We have also had to recruit temporary staff that are not as familiar with our hospitals and have therefore needed additional support.

All this has placed increasing pressure on our doctors and nurses who feel they cannot continue to work the number of hours a week that they do now. It has led to some doctors 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. As new and more complex treatments and technologies have become available, a doctor's training has become more specialised. For example, 10 years ago, a surgeon would carry out a number of different types of surgery. Now, a junior doctor

training to be a surgeon will choose a specialist field of surgery, for example breast surgery, and become an expert in that field.

It is proven nationally that having expert surgeons lead to better results for patients. This is obviously great news, however this means that our surgeons are unable to perform operations to the necessary standards in fields of surgery that are outside of their expertise. As a result, 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.**

### **Did you know?**

We need 20 consultant doctors to run our two A&E departments, 24-hours a day, seven days a week. Currently we only have five permanently employed consultants in post. This means that we have had to rely on a high number of temporary consultants. We have not successfully recruited a consultant to work in one of our A&E departments since 2012.



**Case study: Transforming emergency care in Northumbria**

In 2015, Northumbria Healthcare NHS Foundation Trust opened England's first purpose-built, dedicated, specialist emergency care hospital. This transformed urgent care services across Northumbria and North Tyneside. A year later, they were one of only a handful of trusts nationally who met the four hour 95% performance standard in 2015/16.

## Providing better care to our patients

Our doctors and nurses recognise situations every day where care would have been provided to a much higher standard if we had separate sites for emergency and planned care. **Research carried out by NHS England found that having a single Emergency Care site with a dedicated Emergency Department where specialist doctors treat the most serious cases is proven to be safer. It also provides better results for patients and reduces the amount of time they have to stay in hospital.**

At the same time, **having a single Planned Care site would mean that patients would not have to wait as long for their operation. Beds at the Planned Care site would be protected for planned operations. As a result it would be highly unlikely that an operation is cancelled because a bed is unavailable due to a patient being admitted in an emergency.** This is currently happening across our two hospitals because emergency patients have to take priority. It would also make sure that our doctors, nurses and other healthcare staff have the very best facilities and equipment available to them in one place.

**Did you know?** During 2016-17 approximately 450 operations at our two hospitals had to be cancelled at short notice as a bed was not available due to an emergency admission.

## Changing the way we treat patients in an emergency

Across England, hospitals are transforming their urgent and emergency care services so that patients receive safer, faster and better care.

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.**

Patients who have less serious conditions would be treated more quickly by doctors and nurses who would not have to leave them to attend to someone who is more poorly. Patients with more serious illnesses and injuries would be seen in an Emergency Department. Here there would be a greater number of doctors and nurses with the specific training, expertise and experience that they need.

Having a separate Emergency Care Site would also mean we can provide a new, larger Ambulatory Emergency Care Unit. This is a way to assess and treat patients which we have introduced at our two hospitals. This unit allows some patients to be assessed, diagnosed and treated by our specialist teams and then go home the same day. We know that this model of care works. Preventing some patients from having to stay in hospital can have a positive effect on their health, especially the elderly, as lying in a hospital bed can make patients more weak and disorientated and slow down their recovery.

However, we are limited in our current buildings to deliver these services in the way we would like. **Our proposed model of hospital care would mean that more patients would benefit from a larger Ambulatory Emergency Care department. This would be located next to the Emergency Department.**

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

Both our existing hospital sites were built many years ago. Although we have invested in some new buildings in recent years, we now have many outdated areas that have become more difficult and more costly to look after. They do not provide the modern environment for delivering high quality services that our patients rightly expect and need. We know that building standards have now greatly improved and new hospitals are built to higher specifications that are based around the needs of the patient.

**Our proposed model of hospital care would allow us to improve our existing buildings and create some new buildings.** Facilities would be designed to meet the needs of our patients, their families and staff. This would help to make sure that patients are kept as comfortable as possible during their stay in hospital. This includes wards with more space for patients, nurses and visitors and more single rooms with en-suite facilities, improving privacy and dignity for patients.

### **Our population is changing**

Over half a million people across Shropshire, Telford & Wrekin and mid Wales use our two hospitals. This covers a very large geographical area of approximately 2,500 square miles. Shropshire, Telford & Wrekin and mid Wales are three very

different areas with different populations and therefore different health needs. There is also huge variation in where our communities live, ranging from areas of densely populated housing to sparsely populated rural villages.

We are 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 which 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. The health service in Shropshire and Telford & Wrekin has to live within its financial means. As CCGs, we must be able to afford the health services we buy for our patients. Equally, the provider of those health services, The Shrewsbury and Telford Hospital NHS Trust, has to deliver these services at the price we can afford. As part of this, the Trust continues to focus on using beds more efficiently to improve performance.

In the future, we need to be more efficient with our limited resources. We need to use our staff, technology, beds and buildings in a way that benefits patients and their families most. We believe that our proposed model of hospital care, together with the out of hospital care services being developed, do this. More importantly, this would improve the quality of care provided

to our patients. **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 79.

**In summary, by making changes to our hospitals, it will help to make sure that:**

- Our communities receive safer, high quality and sustainable hospital services
- Patients receive the very best care in the right place at the right time
- Patients receive their care within better facilities
- We can continue to have two vibrant hospitals in our county
- Patients' operations are highly unlikely to be cancelled due to an emergency admission
- We reduce waiting times for patients across both our hospitals
- We attract the very best doctors, nurses and other healthcare staff to work at our hospitals
- We have the right level of highly skilled doctors, nurses and other healthcare staff working across our two hospitals

## The options we are asking for your views on

Our proposed model is for one hospital to become an Emergency Care site and the other hospital to become a Planned Care site, with a 2 hour Urgent Care Centre at both hospitals. There are two options we are asking your views on:

<p><b>Option 1:</b></p> <p><b>Emergency Care site is</b>  <b>Royal Shrewsbury Hospital, Shrewsbury</b></p> <p><b>Planned Care site is</b>  <b>Princess Royal Hospital, Telford</b></p>
<p><b>At the Royal Shrewsbury Hospital:</b>  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</p> <p><b>At the Princess Royal Hospital:</b>  Planned inpatient surgery  Day case surgery  Endoscopy  Breast inpatient services  Medical wards</p> <p><b>At both sites:</b>  24-hour Urgent Care Centre  Adult and children's outpatient services</p>



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 44.

\*A glossary of terms used above can be found on page 86 or 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 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

**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.**

\*A glossary of terms used above can be found on page 86 or 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 offer more services 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, then 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 needs 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

## **Almost 8 out of 10 (80%) patients would continue to go to the same hospital as they do now for emergency and urgent care**

### **How is this worked out?**

These numbers are based on the fact that around half of the people who currently attend our A&Es go to the Princess Royal Hospital and the other half go to the Royal Shrewsbury Hospital.

We know that around six out of every 10 people who currently attend our A&Es do not actually need emergency care. They need urgent care. In the future, these people would be treated at one of our 24-hour urgent care centres at either the Princess Royal Hospital or the Royal Shrewsbury Hospital. In other words, they would be going to the same hospital as they do now for their urgent care.

Around four out of 10 people who attend our A&Es do need emergency care as they have a life or limb-threatening illness or injury. In the future, all of these people would need to be seen at our new Emergency Care site. For around half of these people (that's two in 10 people) they would go to the same hospital for emergency care as they do now. This means that the other half (two in 10 people) may have to travel further than they do now for emergency care.

### **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 as 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 blood tests, x-rays or scans. The vast majority of 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 44 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 built 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 do these changes 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 11year 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 high risk)	✓	x (unless high risk)	✓
I am usually fit and well and booked in to have a routine operation where I	x	✓	x	✓

need to stay in hospital overnight				
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 (as now)	x Transferred to Trauma Centre out of county (as now)	x Transferred to Trauma Centre out of county (as now)	x Transferred to Trauma Centre out of county (as now)

## 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. Choosing a preferred option has been a very difficult decision. The decision was reached following lots of discussion and careful consideration of the results of the financial and non-financial analysis, along with the findings of several independent reports. You can read more about the results of our financial and non-financial analysis on page 66.

## Catchment area of our hospitals

This map shows the current location of our two hospitals and the geography of the population we serve



## 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 58.

### **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 63.

## **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)

## What our preferred option (Option 1) would mean for you and your family

Situation	I live nearer to the Princess Royal Hospital	I live nearer to the Royal Shrewsbury Hospital	I live in the mid Wales area
<p><b>I need emergency care – I have a life- or limb-threatening illness or injury</b></p> <p><i>For example, I have severe blood loss or loss of consciousness</i></p>	<p>I would go to the new Emergency Department at the Royal Shrewsbury Hospital</p> <p><b><i>During 2016-17, almost 120,000 people attended our A&amp;Es. Out of these, almost 45,000 needed emergency care.</i></b></p> <p>This would be a change to where you go now. You should receive safer, faster, better care.</p> <p>This is because</p>	<p>I would go to the new Emergency Department at the Royal Shrewsbury Hospital</p> <p><b><i>During 2016-17, almost 120,000 people attended our A&amp;Es. Out of these, almost 45,000 needed emergency care.</i></b></p> <p>There would be no change to where you go now. You should receive safer, faster, better care.</p> <p>This is because</p>	<p>I would go to the new Emergency Department at the Royal Shrewsbury Hospital</p> <p><b><i>During 2016-17, almost 120,000 people attended our A&amp;Es. Out of these, almost 45,000 needed emergency care.</i></b></p> <p>There would be no change to where you go now. You should receive safer, faster, better care.</p> <p>This is because</p>

	patients with illnesses and injuries that are not life or limb-threatening would go to a 24-hour Urgent Care Centre.	patients with illnesses and injuries that are not life or limb-threatening would go to a 24-hour Urgent Care Centre.	patients with illnesses and injuries that are not life or limb-threatening would go to a 24-hour Urgent Care Centre.
<p><b>I need urgent care – I have an illness or injury that is not life or limb-threatening but requires urgent attention</b></p> <p><b><i>For example, I have a scald, a suspected fracture or a chest infection</i></b></p>	<p>I would go to the 24-hour Urgent Care Centre at the Princess Royal Hospital</p> <p><b><i>Over 75,000 of our patients that currently attend our A&amp;Es could be treated at our new 24-hour Urgent Care Centres at either hospital</i></b></p> <p>There would be no change to where you go</p>	<p>I would go to the 24-hour Urgent Care Centre at the Royal Shrewsbury Hospital</p> <p><b><i>Over 75,000 of our patients that currently attend our A&amp;Es could be treated at our new 24-hour Urgent Care Centres at either hospital</i></b></p> <p>There would be no change to</p>	<p>I would go to the 24-hour Urgent Care Centre at the Royal Shrewsbury Hospital</p> <p><b><i>Over 75,000 of our patients that currently attend our A&amp;Es could be treated at our new 24-hour Urgent Care Centres at either hospital</i></b></p> <p>There would be no change to</p>

	<p>now but you should be seen quicker. This is because patients with more serious conditions would go to the Emergency Department at the Royal Shrewsbury Hospital.</p>	<p>where you go now but you should be seen quicker. This is because patients with more serious conditions would go to the Emergency Department at the Royal Shrewsbury Hospital.</p>	<p>where you go now but you should be seen quicker. This is because patients with more serious conditions would go to the Emergency Department at the Royal Shrewsbury Hospital.</p>
<p><b>I need planned care</b></p> <p><b><i>For example, I have a planned operation</i></b></p>	<p>Most patients would go to the Princess Royal Hospital</p> <p><b><i>During 2016-17, there were over 50,000 planned operations at our two hospitals</i></b></p> <p>For most patients, there would be no change to where you go now. You would only</p>	<p>Most patients would go to the Princess Royal Hospital</p> <p><b><i>During 2016-17, there were over 50,000 planned operations at our two hospitals</i></b></p> <p>For most patients, this would be a change to where you go now. You would only</p>	<p>Most patients would go to the Princess Royal Hospital</p> <p><b><i>During 2016-17, there were over 50,000 planned operations at our two hospitals</i></b></p> <p>For most patients, this would be a change to where you go now. You would only</p>



	<p>go to the Royal Shrewsbury Hospital if you are having a complex planned operation or have a condition that may need the support of the critical care team.</p> <p>Your operation is highly unlikely to be cancelled because of a lack of beds due to an emergency admission</p>	<p>go to the Royal Shrewsbury Hospital if you are having a complex planned operation or have a condition that may need the support of the critical care team.</p> <p>Your operation is highly unlikely to be cancelled because of a lack of beds due to an emergency admission</p>	<p>go to the Royal Shrewsbury Hospital if you are having a complex planned operation or have a condition that may need the support of the critical care team.</p> <p>Your operation is highly unlikely to be cancelled because of a lack of beds due to an emergency admission</p>
<p><b>I have an outpatient appointment</b></p>	<p>Outpatient appointments are carried out at both our hospitals.</p> <p><b><i>During 2016-17, there were over 400,000 consultant-led outpatient appointments</i></b></p>	<p>Outpatient appointments are carried out at both our hospitals.</p> <p><b><i>During 2016-17, there were over 400,000 consultant-led outpatient appointments</i></b></p>	<p>Outpatient appointments are carried out at both our hospitals.</p> <p><b><i>During 2016-17, there were over 400,000 consultant-led outpatient appointments</i></b></p>

	<p><b><i>at our two hospitals</i></b></p> <p>For most patients there would be no change to where you go now.</p>	<p><b><i>at our two hospitals</i></b></p> <p>For most patients there would be no change to where you go now.</p>	<p><b><i>at our two hospitals</i></b></p> <p>For most patients there would be no change to where you go now.</p>
<p><b>My 5 month old child is poorly and needs to stay in hospital overnight</b></p> <p><b><i>For example, they have a chest infection and are not feeding</i></b></p>	<p>They would go to the Royal Shrewsbury Hospital</p> <p><b><i>During 2016-17, around 4,000 children had an overnight stay at the Women and Children's Unit at the Princess Royal Hospital</i></b></p> <p>This would be a change to where your child goes now</p>	<p>They would go to the Royal Shrewsbury Hospital</p> <p><b><i>During 2016-17, around 4,000 children had an overnight stay at the Women and Children's Unit at the Princess Royal Hospital</i></b></p> <p>This would be a change to where your child goes now</p>	<p>They would go to the Royal Shrewsbury Hospital</p> <p><b><i>During 2016-17, around 4,000 children had an overnight stay at the Women and Children's Unit at the Princess Royal Hospital</i></b></p> <p>This would be a change to where your child goes now</p>
<p><b>My child is having chemotherapy treatment</b></p>	<p>They would go to the Royal Shrewsbury Hospital</p>	<p>They would go to the Royal Shrewsbury Hospital</p>	<p>They would go to the Royal Shrewsbury Hospital</p>

	<p><b><i>During 2016-17, 170 children received care at the Children's Cancer Unit at Telford</i></b></p> <p>This would be a change to where your child goes now</p>	<p><b><i>During 2016-17, 170 children received care at the Children's Cancer Unit at Telford</i></b></p> <p>This would be a change to where your child goes now</p>	<p><b><i>During 2016-17, 170 children received care at the Children's Cancer Unit at Telford</i></b></p> <p>This would be a change to where your child goes now</p>
<p><b>I am having a consultant-led birth</b></p> <p><b><i>For example, I am having a planned caesarian section</i></b></p>	<p>I would go to the Royal Shrewsbury Hospital</p> <p><b><i>During 2016-17, over 4,000 women had a consultant-led birth at the Women and Children's Centre at Princess Royal Hospital</i></b></p> <p>This would be a change to where you go now</p>	<p>I would go to the Royal Shrewsbury Hospital</p> <p><b><i>During 2016-17, over 4,000 women had a consultant-led birth at the Women and Children's Centre at Princess Royal Hospital</i></b></p> <p>This would be a change to where you go now</p>	<p>I would go to the Royal Shrewsbury Hospital</p> <p><b><i>During 2016-17, over 4,000 women had a consultant-led birth at the Women and Children's Centre at Princess Royal Hospital</i></b></p> <p>This would be a change to where you go now</p>

<p><b>I am pregnant and have a scan booked with my midwife</b></p>	<p>I would go to my nearest midwife-led unit</p> <p><i>During 2016-17, over 20,500 women had a maternity scan at one of our midwife-led units</i></p> <p><i>During 2016-17, almost 650 women gave birth in one of our midwife-led units</i></p> <p>There would be no change to where you go now</p>	<p>I would go to my nearest midwife-led unit</p> <p><i>During 2016-17, over 20,500 women had a maternity scan at one of our midwife-led units</i></p> <p><i>During 2016-17, almost 650 women gave birth in one of our midwife-led units</i></p> <p>There would be no change to where you go now</p>	<p>I would go to my nearest midwife-led unit</p> <p><i>During 2016-17, over 20,500 women had a maternity scan at one of our midwife-led units</i></p> <p><i>During 2016-17, almost 650 women gave birth in one of our midwife-led units</i></p> <p>There would be no change to where you go now</p>
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## 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 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. More information about Trauma Units can be found on page 38.

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.



## How our doctors, nurses and other staff, and patients have been involved

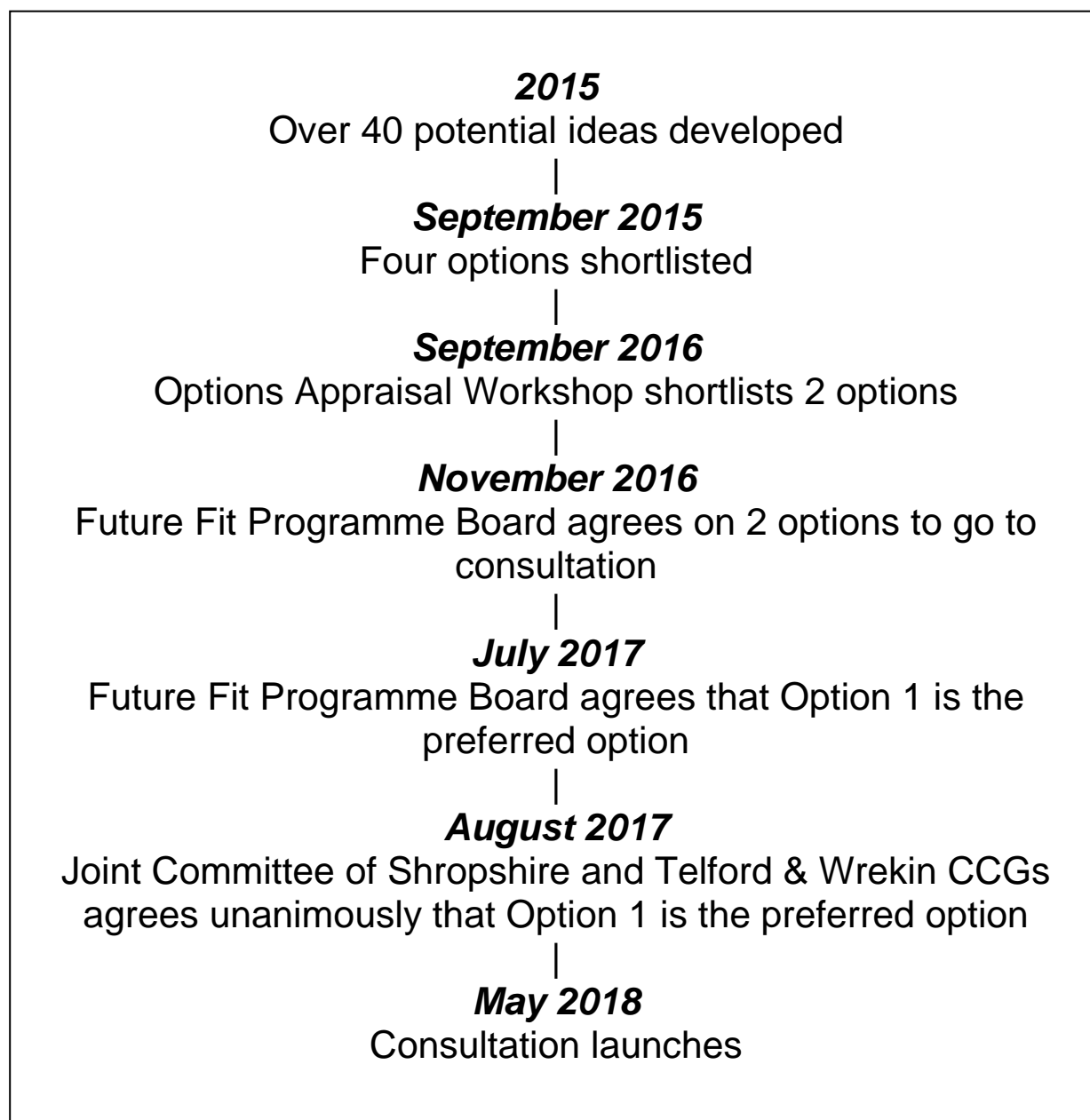
We know that a wide range of people have an interest in local health services and want to have their say and help us make any changes. Over the last four years, we have made every effort to listen to and involve as many people as possible.

We have held more than 200 events across Shropshire, Telford & Wrekin and mid Wales and talked to thousands of patients, families, community groups and the wider public. This has included hosting focus groups, conducting surveys, giving talks to various groups and holding roadshows.

Many of our doctors, nurses, therapists, managers and other staff have also been very involved in helping us to get to where we are now. They have taken part in various meetings, working groups and events. Over 60% of consultants working at our two hospitals have been part of the planning and development of the proposed hospital model in meetings, workshops and speciality team discussions.

We will continue to engage with our staff, patients and wider communities throughout this consultation period and beyond. You can find more on our engagement process on our website: [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

## How we arrived at the two options we are asking your views on



Having listened to people's views and ideas our doctors, nurses and other healthcare staff initially considered more than 40 potential ideas on how we might change our hospital services. A robust process was carried out, which included a series of meetings, a feasibility study and shortlisting panel, these 40 ideas were narrowed down to the following four options:

**Option A:** Do nothing

**Option B (now known as Option 2):** Emergency Care at the Princess Royal Hospital and Planned Care at the Royal Shrewsbury Hospital

**Option C1 (now known as Option 1):** Emergency Care at the Royal Shrewsbury Hospital and Planned Care at the Princess Royal Hospital

**Option C2:** Emergency Care at The Royal Shrewsbury Hospital and Planned Care at The Princess Royal Hospital with women and children's inpatient services retained at the Princess Royal Hospital.

We reached the two options we are consulting on following a robust and thorough appraisal process.

## **Non-financial appraisal**

In September 2016, an Options Appraisal workshop took place which invited representatives from over 50 stakeholder organisations from across Shropshire, Telford & Wrekin and mid Wales to form a panel. This included Shropshire and Telford & Wrekin CCGs, The Shrewsbury and Telford Hospital NHS Trust,

Powys Teaching Health Board, Shropshire and Telford & Wrekin Councils, Powys Community Health Council (CHC), Healthwatch Shropshire, Healthwatch Telford & Wrekin, the Welsh Ambulance Service, the West Midlands Ambulance Service, NHS England and patient representatives.

The panel looked at the non-financial impact each option would have on four key criteria:

1. Accessibility – this looked at travel time for people accessing planned, emergency and urgent care
2. Quality – this was about examining quality, safety and patient experience, including critical journey times for life-threatening conditions
3. Workforce – this examined staff shortages and our ability to recruit doctors, nurses and other healthcare staff
4. Deliverability – this looked in detail at the estates work needed to deliver the new buildings and the timescales required.

Panel members were asked to decide on the relative importance of each of the criteria and give them a weighting out of 100. Quality (incorporating safety and patient experience) was ranked the highest, followed by Workforce, Accessibility and Deliverability. This order of rating supported the results of a telephone survey.

Each member of the panel was given a range of information and evidence for each of the criteria before being asked to score each

option. As you can see from the table below, Option C1 (now known as Option 1) and Option B (now known as Option 2) received the highest scores on all four criteria:

Criteria	Agreed weighting	Total weighted scores			
		Option A	Option B*	Option C1**	Option C2
<b>Accessibility</b>	<b>25.1% (3)</b>	59.8	45.2	65.1	47.7
<b>Quality</b>	<b>31.2% (1)</b>	39.0	65.0	91.5	24.7
<b>Workforce</b>	<b>27.3% (2)</b>	26.0	67.0	76.8	26.2
<b>Deliverability</b>	<b>16.3% (4)</b>	19.6	40.5	42.4	22.2
	<b>100%</b>	<b>144.4</b>	<b>217.6</b>	<b>275.8</b>	<b>120.8</b>
	<b>Rank</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>

\*Option B is now known as Option 2

\*\* Option C1 is now known as Option 1 and is the preferred option

## Financial appraisal

The four shortlisted options have been fully evaluated in line with the requirements of the Department of Health Business Case Guidance and the HM Treasury to see which option represents the best value for money.

The financial appraisal looked at capital costs, i.e. the money we would need to build any new facilities:

- Option C1 (now known as Option 1) has a projected capital cost of £312 million

- Option B (now known as Option 2) has a projected capital cost of £250 million

The appraisal also considered the revenue costs, i.e. the costs needed to pay back the money we will borrow and the running costs for staff and buildings.

As a result of this financial appraisal, Option B (now known as Option 2) ranked first by a margin of 0.8% which equates to a difference in equivalent annual cost of £2.7 million over a 60 year period.

### **Securing the money we need**

As with all public finance, the availability of capital (the money needed to build and refurbish hospital facilities and buildings) is limited. We are part of a national process to obtain funding from the government and we are working with the national teams as they develop their plans. The Shrewsbury and Telford Hospital NHS Trust has the support of its regulator, NHS Improvement, in this programme being a priority for capital funding. We do know that not all of the money we need will come from the government. Some of the money will need to come from private funding. The work to secure all the money needed is ongoing and will continue as the required business cases are progressed.

### **Overall economic analysis**

To provide an overall benefit analysis, the equivalent annual costs were divided by the weighted scores from the non-financial appraisal to provide a cost per benefit point for each option.

This process resulted in a net cost per benefit point for Option C1 (now known as Option 1) of £1,175 compared to Option B (now known as Option 2) of £1,477.

Therefore, the combination of financial and non-financial appraisal demonstrates that Option C1 (now known as Option 1) provides the best value for money over the long term.

The detailed financial appraisal is available on our website [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

## **Final decision on the options that we are asking for your views on**

In November 2016, the Future Fit Programme Board decided that Option A (doing nothing) could not be an option because it was considered neither safe nor sustainable to continue as we are now (you can read more about the reasons why we need to change our hospital services on page 13).

The West Midlands Clinical Senate (expert clinical leaders who provide independent advice and guidance to commissioners) considered Option C2 (having the Emergency Care at The Royal Shrewsbury Hospital and Planned Care at The Princess Royal Hospital with women and children's inpatient services retained at the Princess Royal Hospital). It found that Option C2 presented a severe risk to the quality and safety of services for patients. Therefore it recommended that emergency care and women and children's inpatient services should be located on one site. For this reason, the Programme Board also discounted Option C2.

The Programme Board recommended to the Joint Committee of the Shropshire and Telford & Wrekin CCGs that a public

consultation should be held which asks for people's views on the two remaining options. These are Option B (now referred to in this consultation as Option 2) and Option C1 (now referred to in this consultation as Option 1).

In July 2017, the Programme Board confirmed Option 1 was its preferred option. This was then agreed unanimously by the Joint Committee in August 2017. You can read more about why this is our preferred option on page 45.

More information on all of the options we considered, supporting evidence and the appraisal report can be found on our website: [www.nhsfuturefit.org](http://www.nhsfuturefit.org)



## The assurance process we have followed

Since 2013 and throughout the Future Fit process, we have and continue to follow a robust assurance process. We have followed English and Welsh guidance and legislation to ensure that we engage with local people in the right way, at the right time.

We have involved patient representatives, voluntary and community sector organisations, Shropshire and Telford & Wrekin Healthwatch organisations and Powys Community Health Council in forming and developing our proposals and plans. This is in addition to the extensive work we have carried out with local GPs and clinicians to ensure the model of care we will adopt meets the needs of local people, both now and in the future.

To help us write this consultation document, we formed a reading group of patients from Shropshire, Telford & Wrekin and mid Wales. They have helped us decide what to include and how it should be written. They have also advised us on how we should consult with local people, including what methods we use and where we should hold and attend meetings.

## Working with the Consultation Institute

Our activity has been informed by advice from the Consultation Institute (tCI), a nationally recognised, independent, not-for-profit, best practice institute. TCI promotes high-quality public and stakeholder consultation in the public, private and voluntary sectors. TCI has taken on the role of quality assuring the formal public consultation.

This involves a six-stage process:

### 1. Scoping

2. Project plan
3. Documentation
4. Mid-term review
5. Closing date review
6. Final report

As part of this process, tCI has offered guidance to make sure we are meeting the 'five tests' for reconfiguration and are providing evidence in our documentation. The five tests are:

1. Strong public and patient engagement
2. Appropriate availability of choice
3. Clear, clinical evidence base
4. Clinical support
5. Patient care for significant bed closures – introduced by NHS England in April 2017

TCI has also provided feedback about our project plan and all of our consultation documents in order to make sure local people can receive the information they need to make an informed decision.

Halfway through the consultation, tCI will conduct a mid-point review. This will look at well we have engaged to make sure we are providing the best opportunities for people to have their say. TCI will also look at the responses to the survey to make sure we are gathering feedback from a wide range of people. This will allow us to make changes to our activity if necessary, to make sure that at the end of the consultation everyone has had a chance to be involved. At the end of the consultation, all feedback will be analysed by an independent company. This analysis will consider if any groups believe that they would be more affected

by the proposed changes to hospital services than other groups. It will also look at whether any trends have emerged which need to be addressed in the future. In addition, tCI will also carry out an independent review of the process and provide a final report that will summarise how our activity has met its rigorous assessment.

You can find out more about how we are engaging with people, including how we are meeting our legal duty to involve all sections of society, on our website at: [www.nhsfuturefit.org](http://www.nhsfuturefit.org)

## Assurance and scrutiny

In developing proposals and plans, our activity has been scrutinised by Powys Community Health Council and the Joint Health Overview and Scrutiny Committee of Shropshire and Telford & Wrekin councils. It has also been subject to a formal assurance process by NHS England. All organisations have provided challenge to our decision-making and the development of our business cases which support the need for change, the proposed model and the options which we are now consulting on. In addition, an Independent Review, conducted in summer 2017, looked back at all of our activity to date.

More information about the assurance and scrutiny processes, including the Independent Review can be found on our website 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). These assess the potential impacts and equality effects of the broader proposals and also any potential move of some of the women's and children's 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 out 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.

## Improving out of hospital care in Shropshire and Telford & Wrekin

As CCGs, we are clear that the way we deliver hospital services needs to change. Our new model of hospital care will be delivered over the next five years in conjunction with the Sustainability and Transformation Partnership (STP) work to develop out of hospital care services across Shropshire and Telford & Wrekin.

By doing this, we expect to be able to deliver improvements, such as:

- increasing the number of people attending hospital as days cases by making improvements in assessing, diagnosing, treating and discharging more people the same day
- helping more people to return home or into a community setting following a hospital stay by reducing the amount of time waiting to be discharged
- reducing the number people being admitted to hospital in the first place

### Expected changes to bed numbers

As our population grows and ages, demand for hospital care increases. Amongst other things, this puts a real pressure on the beds we provide across our hospitals. By making changes to how we deliver out of hospital care, we can manage this much better. Whilst our plans still include providing additional beds over the coming years, the increase will not be as significant as it would be if we did not change our community services.

The following table shows how, under our new model of hospital care, the bed numbers and types of beds we have across our two hospitals would change to meet the future needs of our patients:



	<b>Who will be cared for in these spaces?</b>	<b>Number of beds in the hospitals today</b>	<b>Expected number of beds in the future</b>
<b>Overnight beds</b>	Where patients stay if they need hospital care for more than one day. For example, a patient being treated for a severe chest infection.	<b>731</b>	<b>785</b>
<b>Day beds</b>	Where patients stay if they have had an operation but do not need to stay in hospital overnight. For example, a minor arm operation or investigation such as Endoscopy.	<b>91</b>	<b>105</b>
<b>Clinical trolley and recliner chairs</b>	Where patients that need to have some tests carried out and are seen by a hospital doctor but are very likely to go home that day. For example, an elderly patient that has had a fall.	<b>10</b>	<b>49</b>
<b>Critical Care beds</b>	Where patients who are very poorly are treated and cared for. For example, patients that are on life support.	<b>23</b>	<b>30</b>
<b>Neonatal cots</b>	Where poorly newborn babies are cared for. For example, a premature baby.	<b>22</b>	<b>22</b>
<b>Total</b>		<b>877</b>	<b>991</b>

## Five year plans

Both CCGs have in place five year plans which show how we will bring together primary, community and mental health services and learning disabilities with local authority, voluntary and the independent care sector to deliver the right care in the right place. There is no one size fits all. What might work in more urban areas may not be right for the more rural communities and we are continuing to involve local people in developing these plans.

These services include things like:

- Dedicated teams based in the Emergency Department who are responsible for the early identification, treatment, risk assessment and planning for frail elderly people and patients with long term conditions
- A focus on prevention, self-care and proactive care planning, particularly for those with long term conditions, so that people stay well for longer and are able to better cope in a crisis should their condition worsen
- A new model of diabetes care to provide additional support in community settings
- Supporting and enabling communities to help one another and promote positive, healthy life choices, including improved networks for people to improve antenatal wellbeing through to support for people in the end stages of their life
- Community teams working closely with GP practices to provide joined-up care out of hospital and closer to home for more vulnerable patients such as the elderly and those with long term and multiple conditions
- Developing staff and additional health services at GP practices

- Managing the care of the large numbers of frail elderly patients whose conditions could be managed in the community rather than them being admitted to hospital

If some of the ideas and plans involve changes to services then we may need to formally consult on these at a time in the near future. Before we make any decisions, we will ask you to be involved in any consultations and in designing any new services.

## Changes to the ways our staff work

As our services change, then so does the work that our staff do. Traditional medical and nursing roles are changing. For example, in 2018 we will see Nurse Associates start at our hospitals. This is a national two-year training programme which will see staff trained to fill what are currently some of our Registered Nurse roles. Alongside this, we will develop our Advanced Practitioner (AP) roles in medicine and surgery. We have seen these staff working well in what have traditionally been junior doctor roles in the care of newborn infants, babies, children and young people for some years. APs will also take a lead role in running our new 24-hour Urgent Care Centres. Our non-clinical roles are changing too. As we progress towards ever increasing paperless systems, then people employed to create and move paper medical records will be retrained and their skills utilised elsewhere.

The Shrewsbury and Telford Hospital NHS Trust currently has a turnover of over 350 staff each year and so we are not expecting these changes to mean anyone will be made redundant. We aim to deliver the necessary changes in a planned way which will allow us to both keep our existing staff and recruit the very best new staff.

More information about all of the above is in our Pre-Consultation Business Case on our website 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) or print it and post if free of charge to FREEPOST NHS FF CONSULTATION

**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.net](mailto:nhsfuturefit@nhs.net)

**Call us:** 0300 3000 903 (24-hour answer machine)

**Follow us on Twitter:** @NHSFutureFit

## What happens next?

Your views will help us to make decisions about changes to our hospital services. 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)

## Glossary

### **Ambulatory Emergency Care Unit**

For patients that need same-day emergency care where they can be assessed, diagnosed, treated and go home the same day.

### **Antenatal care**

The care provided to a woman during her pregnancy.

### **Cancer services**

Hospital services where patients are treated for cancer.

### **Cardiology**

The area of medicine that deals with diseases and abnormalities of the heart.

### **Clinical Commissioning Groups (CCGs)**

NHS organisations that are responsible for buying and making decisions about healthcare services in your area on your behalf. For Shropshire this is NHS Shropshire CCG and for Telford & Wrekin this is NHS Telford & Wrekin CCG.

### **Commissioning**

Commissioning is the process for deciding the services required and selecting the most appropriate suppliers to deliver those services, in this case health services.

### **Critical Care Unit (CCU)**

For patients who are critically unwell and need the highest level of care.

### **Day Case Renal Unit**

Provides kidney dialysis treatment for patients.

### **Day case surgery**

Planned surgery that can be performed in a single day, usually without the need for the patient to stay in hospital overnight.

### **Early Pregnancy Assessment Service**

Provides care for women with complications in early pregnancy up to 16 weeks.

### **Emergency Care**

Unplanned treatment or surgery which needs to be performed immediately due to a life or limb-threatening illness or injury.

### **Emergency Department (ED)**

The department within a hospital where emergency care is delivered to patients.

### **Endoscopy**

A procedure where the inside of a patient's body is examined using an instrument called an endoscope.

### **Gynaecology**

The area of medicine that deals with women's diseases and medical conditions.

### **Haematology**

The area of medicine that involves the study and treatment of blood illnesses.

### **Healthwatch**

An independent consumer champion for the public, patients, health and care service users, and their carers and families. Our



local organisations are Healthwatch Telford & Wrekin and Healthwatch Shropshire.

### **Joint Shropshire and Telford & Wrekin Health and Overview Scrutiny Committee (HOSC)**

The Joint HOSC consists of elected members of Shropshire and Telford & Wrekin Councils. Its role is to scrutinise health issues that affect communities across Shropshire, Telford & Wrekin.

### **Inpatient**

A patient who needs to stay in hospital overnight.

### **Midwife-led unit**

A maternity unit which is managed by midwives who provide care and deliver babies for mums who are classed as low-risk.

### **Neonatal services**

A department in a hospital where babies who are born early, don't weigh very much or have a medical condition, receive specialist care.

### **NHS England**

NHS England leads the National Health Service (NHS) in England, setting the priorities and direction of the NHS to improve health and care.

### **NHS Improvement**

NHS Improvement supports foundation trusts and NHS trusts to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.

## **Orthopaedics**

Orthopaedics, or orthopaedic surgery, is concerned with conditions relating to bones and joints, e.g. the spine, hips, knees, hands and feet.

## **Outpatient**

A patient who is treated in a clinic during the day and doesn't need to stay in hospital.

## **Planned care**

Treatment or surgery which is booked in advance and is not an emergency. Patients are often referred for planned care by their GP.

## **Powys Community Health Council (CHC)**

An independent statutory organisation which represents the interests of patients and the public in the National Health Service in Powys.

## **Powys Teaching Health Board**

Responsible for meeting the health and wellbeing needs of the people of Powys, mid Wales.

## **Sustainability and Transformation Partnership (STP)**

Set up in 2016, this is a five-year partnership which sees NHS organisations and local authorities working together with local communities and the voluntary sector on a five-year plan to improve health and care in an area

## **The Shrewsbury and Telford Hospital NHS Trust**

Main provider of district general hospital services for the people of Shropshire, Telford & Wrekin and mid Wales. Their main service

locations are the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital in Shrewsbury.

### **Trauma Centre**

A specialist centre in a small number of hospitals which treats patients with the most serious and life-threatening injuries, such as serious head injuries, severe wounds or road traffic accidents.

### **Trauma Unit**

A hospital in a Trauma Network that provides care for most injured patients.

### **Urgent Care Centre**

A centre where a patient will be treated if they have an urgent but non-life or limb-threatening illness or injury.

### **Future Fit**

**Shaping healthcare together**

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