

Document version control

Version	Date	File Name	Status
Version 1	18.07.17	Future Fit long consultation document version 1.1 - 18 July 2017	Adapted from earlier CSU version and includes comments from Readers Group in June 2017
Version 1.2	20.07.17	Future Fit long consultation document version 1.2 - 20 July 2017	Continued to adapt CSU version and includes comments from SaTH
Version 1.3	21.07.17	Future Fit long consultation document version 1.3 - 21 July 2017	Continued to adapt CSU version and includes comments from SaTH
Version 1.4	24.07.17	Future Fit long consultation document version 1.4 - 24 July 2017	Circulated at Shropshire CCG and Telford CCG Exec meetings for comments Sent to Consultation Institute for comments
Version 1.5	25.07.17	Future Fit long consultation document version 1.5 - 27 July 2017	Incorporates comments from Alison Smith, Telford CCG and Consultation Institute. Circulated at Readers Group meeting 27.07.17
Version 1.6	27.07.17	Future Fit long consultation document version 1.6 - 27 July 2017	Incorporates comments from Shropshire CCG Execs and Readers Group. Circulated at Telford CCG Exec meeting and Future Fit Programme Board
Version 1.7	01.08.17	Future Fit long consultation document version 1.7 – 1 August 2017	Incorporates comments from Christine Morris, Telford CCG and Shropshire Healthwatch
Version 1.8	03.08.17	Future Fit long consultation document version 1.8 – 3 August 2017	Incorporates amends from Pam Shreier, Debbie Vogler, Louise Jones and Emma Pyrah.
Version 1.9	10.08.17	Future Fit long consultation document version 1.9 – 10 August 2017	Incorporates amends from the Consultation Institute. To be circulated at the Shropshire CCG and Telford & Wrekin CCG Board meetings on 15 and 16 August 2017
Version 1.10	21.08.17	Future Fit long consultation document version 1.10 – 21 August 2017	Incorporates amends from Shropshire CCG and Telford & Wrekin CCG Board meetings Submitted to NHS England Assurance Process for comments
Version 1.11	23.08.17	Future Fit long consultation document version 1.11 – 23 August 2017	Incorporates additional amends from Future Fit communications and engagement team
Version 1.12	05.09.17	Future Fit long consultation document version 1.12 – 5 September 2017	Incorporates comments from CCG Chairs, Execs and local GPs plus feedback from NHS England Assurance Process. To be circulated to CCG Boards 12 & 13 September

Front cover

[Include Future Fit branding]

Shropshire CCG logo

Telford & Wrekin CCG logo

Improving our hospital services in Shropshire, Telford & Wrekin

DRAFT Public Consultation document

Have your say on how we can make our hospital services fit for the future for our communities in Shropshire, Telford & Wrekin and mid Wales

[Consultation dates to be added here]

About this document

This consultation document has been produced by NHS Shropshire Clinical Commissioning Group (CCG) and NHS Telford & Wrekin Clinical Commissioning Group (CCG) – 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 believe we need to make changes to the services we provide at the Royal Shrewsbury Hospital and the Princess Royal Hospital
- Explain our proposed model for changing our hospital services and the two options we want your views on
- Tell you about our preferred option
- Detail what these changes will mean for you and your family
- Tell you how doctors and other staff, patients and local communities have been involved in developing this proposed model of care and how we reached these options
- Explain how you can get involved and what happens next

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. Alternatively, you can complete a paper copy of the survey which you will find in the middle pages of this document on page xx. Please return this free of charge to FREEPOST [insert address]. All surveys must be received by the closing date of XXpm on XXMonth 2017.

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 x) but please contact us if you would like any part of the document explained.

Get in touch

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

If you would like this document in a different format or another language please call **xx or email xx**

Jeśli chcesz, aby ten dokument był w innym formacie lub języku, zadzwoń

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਜਾਂ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ ਕਿਰਪਾ ਕਰਕੇ ਕਾਲ ਕਰੋ

اگر آپ اس دستاویز کو مختلف شکل یا زبان میں پسند کریں گے تو براہ کرم کال کریں

You can also request a copy of our Summary Consultation document. This shorter document gives you the main information provided in this document.

For all requests, please contact us:

Telephone: **xx** [answer machine]

Email: **future@xxxxxxxxxx**

By post: Future Fit Programme Office
Oak Lodge
William Farr House
Mytton Oak Road
Shrewsbury SY3 8XL

All documents are also available to view at our website: www.nhsfuturefit.org

Contents (TBC once finalised)

A message from the GP leads in Shropshire and Telford

Why change is needed

The options we are asking your views on

Our preferred option

What services would be provided at both hospital sites?

Emergency Care site: What services would be based there?

Planned Care site: What services would be based there?

Have your say: A pull-out survey for you to fill in and tell us your views

What do these changes mean for you and your family

Travelling to our hospitals

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

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

How we have followed an assurance process

Ensuring equality

What is not covered in this consultation

How you can get involved

What happens next

Glossary

A message from the GP leads in Shropshire and Telford

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

As NHS doctors in Shropshire, we are committed to providing the very best healthcare to our patients and communities across Shropshire, Telford & Wrekin and mid Wales. As with many other NHS organisations across the country, we are faced with a series of challenges.

Where we are now

We are struggling to provide the same wide range of services for patients at both our hospitals - the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital. A local and national shortage of doctors, nursing and other health professionals has led to difficulties in recruiting for some time and this problem is getting worse. To try to manage this, The Shrewsbury and Telford Hospital NHS Trust has had to rely heavily on agency and locum staff and this has had an effect on the service provided, as highlighted in the newly published Care Quality Commission (CQC) report.

In recent years, because of these staffing problems, it has been more difficult to make sure there is the right number of highly skilled medical, nursing and other healthcare staff at both hospitals to treat patients. In some cases, this has led to a poorer service for patients, for example they 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.

We do not believe that we will be able to provide safe, high quality care and treatment for all of our patients all of the time, if we continue to be provide care in the way we do now at both hospitals. 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. We believe our proposed model of hospital care will make sure we provide safe, high quality NHS care now and for future generations.

A new model of hospital care

This consultation document outlines our proposed model of hospital care which could transform our hospital services to be some of the best in the country.

A new model of hospital care

We are proposing to change the services we provide at the Royal Shrewsbury Hospital and the Princess Royal Hospital, Telford, so that one hospital provides emergency care services and the other hospital provides planned care services. Both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week.

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

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

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

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

Over 60%* of people who attend our current A&E departments in Shrewsbury and Telford would continue to go to their local hospital to receive the urgent care they need.

Most people would continue to go to the same hospital as now

The proposed model, which has been designed and agreed by 300 clinicians and social care professionals, as well as members of the public, is ambitious. In recent years, we have made changes to our hospital services, such as the 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.

Whichever option is approved, our proposed model 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.

Our preferred option is for the Emergency Site to be based at the Royal Shrewsbury Hospital and the Planned Care site to be at the Princess Royal Hospital. You can find out more about why this is our preferred option on page xx. Although we have a preferred option, we will not make any final decision until we have considered the views of everyone who responds to this consultation.

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.

*Based on the number of patients attending Royal Shrewsbury Hospital and Princess Royal Hospital A&E departments during 2016-17

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 senior citizen forums.

The key themes you told us you wanted were:

- Be 'joined up' and responsible for my care
- Help me understand and access urgent care services appropriately
- 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.futurefit.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 our website 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 invest a considerable amount of money in changing our hospitals so it is vital that we get this right and your views will help us. Once a decision is made, nothing will happen overnight. It will take about five years from now for any change to be fully implemented and we will continue to involve patients and the public over the coming years.

We want as many people as possible to respond to this 13-week consultation by [xxpm on Date 2017]. You can do this by completing our survey online at www.nhsfuturefit.org or completing a paper copy of the survey on page xx of this document. Please return your completed survey free of charge to the address on page 1 of this document. Throughout the consultation period, we will be holding a number of events where you can find out more about this consultation and share your views. For more information, including dates of events near you, please visit www.nhsfuturefit.org

[insert photos and signatures]

**Dr Jo Leahy, Clinical Chair
NHS Telford and Wrekin CCG**

**Dr Julian Povey, Clinical Chair
NHS Shropshire CCG**

Why change is needed

Providing high quality, safe services

The main reason we need to change our hospital services is to make sure we provide high quality, safe services 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 amount 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.**

Did you know? We need 12 consultant doctors to run our two A&E departments. Currently we only have five consultants across both our A&E departments. They have to be on-call one full weekend, day and night, every month. This means they could be working 12 days in a row. Similar hospitals have enough consultants so they only need to be on call about four times a year.

We haven't successfully recruited a consultant to work in one of our A&E departments since 2012.

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 will help make sure that we have the right number of expert surgeons at both our hospitals to meet the needs of all our patients.**

Providing better care to our patients

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, provide better results for patients and reduce the amount of time they have to stay in hospital.**

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.

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 we expect no operation to be 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 more poorly. Patients with more serious illnesses and injuries would be seen in an Emergency Department with 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 them 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 also allow more patients to benefit from a larger Ambulatory Emergency Care department which would be located next to the Emergency Department on the Emergency Care site.**

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 all our patients, families and staff which 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 around 70,000 people who live in 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 also living longer which is great news but this means a growing number of people have more than one condition linked with old age, for example heart disease and 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 has tried to consider the expected changes in our population over the coming years and look at how we provide the best care 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 and the health service in Shropshire, Telford & Wrekin has to live within its financial means. As CCGs, we must be able to afford the services we want to buy for our patients. In turn, the provider of those services, The Shrewsbury and Telford Hospital NHS Trust, has to be able to deliver those services at the price we can afford.

In the future, we need to be more efficient with our limited resources. We need to use our staff, technology and buildings in a way that benefits patients and their families most and we believe that our proposed model of hospital care does that. **By making these changes to our hospitals, we can be more efficient so our money goes further and our staff would be able to work more efficiently.**

You can read more about how we reached these two options on page **xx**.

Reducing the time people spend in hospital

This consultation focuses on making changes to our hospital services. However, it forms part of the wider work that our doctors and nurses are also leading on as part of our Sustainable Transformation Partnership (STP). This is a complex project which includes looking at ways we can reduce the number of times patients need to come to hospital, and how, through new technologies, we can treat and care for more patients at home or in a community setting. It also involves developing neighbourhood-based plans where patients are seen and treated in their local community by medical, nursing and therapy teams. You can read more about this on our website www.nhsfuturefit.org

In summary, by making changes to our hospitals, we can make sure that:

12

- we provide safer, high quality and sustainable hospital services for our communities
- our patients receive the very best care in the right place at the right time
- we provide improved services for patients within better facilities
- we can continue to have two vibrant hospitals in our county
- patients' operations are not 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

DRAFT

The options we are asking 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 24-hour Urgent Care Centre at both hospitals. There are two options we are asking your views on:

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.

Option 1:

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

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

At the Royal Shrewsbury Hospital:

24-hour Emergency Department (ED)
Critical Care Unit
Ambulatory Emergency Care Unit (AEC)
Emergency surgery and medicine
Complex planned surgery
Women and children's consultant-led inpatient services

At the Princess Royal Hospital:

Planned inpatient surgery
Day case surgery
Endoscopy
Breast inpatient services
Medical wards

At both hospitals:

24-hour Urgent Care Centre
Adult and children's outpatient services
Day Case Renal Unit
Diagnostic services (tests)
Midwife-led unit
Antenatal Day Assessment Unit
Early Pregnancy Assessment Service (EPAS)
Maternity outpatients and scanning

This is our preferred option. You can read more about the reasons for this and how we reached this decision on page **xx**

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
Diagnostic services (tests)
Midwife-led unit
Antenatal Day Assessment Unit
Early Pregnancy Assessment Service (EPAS)
Maternity outpatients and scanning

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, cancer services and most women and children's services.

24-hour Urgent Care Centres

New Urgent Care Centres would be based at both hospitals, providing care 24 hours a day, every day of the year for illnesses and injuries that are not life or limb-threatening but require urgent attention. They would be much larger than our existing Urgent Care Centres and be staffed by highly skilled Advanced Practitioners (senior health professionals) and GPs 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 will 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 infections
- ✓ a range of other accidents and illnesses that may currently be treated at an A&E department, for example, a suspected broken arm, minor burns and scalds, cuts that need 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 will be able to treat most patients (over 60%) who currently attend to one of our existing A&E departments
- Patients would be able to access a range of tests, including x-rays and blood tests in one place
- 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 the psychiatric liaison team 24 hours a day, every day
- Patients would be seen more quickly by staff that have the knowledge and experience to treat their illness or injury.

Women and Children's services

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

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

An independent clinical review has confirmed that women and children's consultant-led inpatient services (when women and children need to stay in hospital overnight or need specialist care) have to be based alongside the Emergency Department so that specialist doctors and services are on hand if needed.

Outpatient services

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

Tests (Diagnostics)

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

Emergency Care site: What services would be based there?

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

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

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

Ambulatory Emergency Care Unit: 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, 7 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.

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. 60% of the patients that currently attend our two A&Es would be treated in these centres

Outpatient Department: Outpatients 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 sites

Women and children's consultant-led inpatient services [separate box]:

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

* See page **xx** for more information about stroke services

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 that are medically poorly, need surgery or need the specialist care and support of the Oncology and Haematology team.

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 scanning at both sites

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

New model of Emergency Care [separate box]

Our new model of 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 one place. Here, you would receive 24-hours-a-day, seven-days-a-week care from specialist emergency doctors, resulting in faster diagnosis, earlier treatment and improved clinical outcomes.

Similar to our existing A&E departments, you would be able to drive (or be driven) straight to the Emergency Department or be brought via ambulance. These facilities would be designed to support our doctors, nurses and other healthcare professionals in delivering the best possible clinical care. As soon you arrive, you would be assessed by our medical teams 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 necessary, you would receive emergency care and treatment in the Emergency Department and may need to stay in hospital overnight. If, after a few days of an emergency stay in hospital, the doctors and nurses looking after you decide you need ongoing hospital care, then you may be transferred to the Planned Care site. Our aim for patients is that they receive any ongoing care closer to their home. Wherever possible, if a patient lives nearer to the Emergency Care site, they will 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 Emergency Ambulatory Care 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.

DRAFT

Planned Care site: What would be based there?

Adults who have a planned operation as a day-case or as an inpatient will go to the Planned Care Site.

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

Planned inpatient surgery: The majority of planned operations where adult patients have to stay in hospital overnight will take place here, such as orthopaedic 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

Outpatients: Outpatients 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

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

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: Pregnant women would be able to access outpatient appointments and scanning 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

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

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

Having a dedicated Planned Care site would mean that:

- ✓ planned surgery would not 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 will be brought together in one place, enabling them to learn from each other and provide an improved service

What does this mean for you and your family

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

Situation	Where can I go for the care and treatment me or my family needs?			
	OPTION 1		OPTION 2	
	Shrewsbury is Emergency Care site	Telford is Planned Care site	Telford is Emergency Care site	Shrewsbury is Planned Care site
My 11 year old son has fallen off his bike and has a swollen ankle	✓	✓	✓	✓
My husband 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 an infection and needs to stay in hospital overnight	✓	x	✓	x
My mum needs to have day-case surgery	x (high risk only)	✓	x (high risk only)	✓
I am booked in to have an operation	x (high risk only)	✓	x (high risk only)	✓
My wife is having a consultant-led delivery	✓	x	✓	x
My 34 year old 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	x Transferred to Trauma Centre	x Transferred to Trauma Centre	x Transferred to Trauma Centre

	out of county (as now)	out of county (as now)	out of county (as now)	out of county (as now)
--	---------------------------	---------------------------	---------------------------	---------------------------

What impact do these changes have on patient choice?

- Many services will remain at both hospital sites, for example 24 hour Urgent Care Centre, adult and children's outpatients, tests, midwife-led units, antenatal and postnatal care and some gynaecological procedures.
- Some services now are only available at one of the two hospital sites, for example acute surgery, acute Stroke, and children's inpatients
- Some patients now travel outside of county for 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 through neighbourhoods 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 we have to prioritise delivering safe, high quality and sustainable hospital services

Our preferred option

[insert map of Shropshire, Telford & Wrekin and mid Wales with location of hospitals]

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

Our analysis shows that both options 1 and 2 would provide better care for our patients compared to what they have now. 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 **xx**.

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 for them to receive emergency care.

At the moment, if a patient suffers a major trauma in Shropshire, Telford & Wrekin or mid Wales, they may be taken to the Royal Shrewsbury Hospital, as this is our local Trauma Unit. 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 or the Queen Elizabeth Hospital in Birmingham. Some patients are taken to Shrewsbury first to be stabilised before being transferred to a Major Trauma Centre.

A National Trauma Network decides which A&E departments should be Trauma Units or larger, more specialist Trauma Centres. Not all A&E departments are Trauma Units. To decide where Trauma Units and Centres should be located, the Network looks at how far people have to travel. Trauma units are located as evenly as possible across the country to make sure that most patients live within a safe distance. In deciding the location of a Trauma Unit within our county, the Network looked at where patients that use both our hospitals live and where other Trauma Units are based, the nearest being Wolverhampton. The Network decided that Shrewsbury offers the best geographical cover for patients in Shropshire, Telford & Wrekin and mid Wales.

We have asked the views of North West Midlands and North Wales Trauma Network whose role is to coordinate trauma care services across our region. Their view is that the location of the Trauma Unit should continue to be the Royal Shrewsbury Hospital, for the reasons explained above, and therefore this has to be the Emergency Care site. The Trauma Network has been clear to us that it believes that if the Trauma Unit was at

Telford, there would be an increased risk of death or disability for some patients from mid Wales due to the additional travel times.

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.

Information on current and future projected time-critical journeys from the West Midlands and Welsh Ambulance Services has also helped us to make a decision on our preferred option. Time-critical journeys are defined as when a patient's condition is considered to be life-threatening and they need emergency care.

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.

We have an 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 return home. More than a quarter (27.5%) of all emergency admissions at our two hospitals are people aged 60 and over [IIA 2016]. 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. This has been another factor in deciding the preferred option to have the Emergency Care site at Shrewsbury.

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

We have ageing buildings across our two hospitals with some 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 achieve a satisfactory standard 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 xx.

Impact on Planned Care

In our lifetime, most of us will access hospital services for planned operations and procedures more often than emergency care. 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, however these are not time-critical journeys. During the consultation, we will listen to your suggestions on how we could help with travelling to our hospitals. You can read more about this on page xx.

DRAFT

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>I need emergency care</p> <p>For example, I have a life or limb-threatening illness or injury</p>	<p>I would go to the new Emergency Department at the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX patients received emergency care at one of our hospitals</i></p> <p>Depending on your condition, this could be a change to where you go now. You should receive safer, faster, better care.</p> <p>This is because patients with illnesses and injuries that are not life or limb-threatening would go to a 24-hour Urgent Care Centre.</p>	<p>I would go to the new Emergency Department at the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX patients received emergency care at one of our hospitals</i></p> <p>Depending on your condition, this could be a change to where you go now. You should receive safer, faster, better care.</p> <p>This is because patients with illnesses and injuries that are not life or limb-threatening would go to a 24-hour Urgent Care Centre.</p>	<p>I would go to the new Emergency Department at the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX patients received emergency care at one of our hospitals</i></p> <p>Depending on your condition, this could be a change to where you go now. You should receive safer, faster, better care.</p> <p>This is because patients with illnesses and injuries that are not life or limb-threatening would go to a 24-hour Urgent Care Centre.</p>
<p>I need urgent care as I have an illness and injury that are not life or limb-threatening but requires urgent attention</p> <p>For example, I have a scald, a suspected fracture or a chest infection</p>	<p>I would go to the 24-hour Urgent Care Centre at the Princess Royal Hospital</p> <p><i>During 2016-17, XX patients received urgent care at one of our hospitals</i></p> <p>There would be no change to 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>I would go to the 24-hour Urgent Care Centre at the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX patients received urgent care at one of our hospitals</i></p> <p>There would be no change to 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</p>	<p>I would go to the 24-hour Urgent Care Centre at the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX patients received urgent care at one of our hospitals</i></p> <p>There would be no change to 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</p>

		Hospital.	Hospital.
<p>I need planned care</p> <p>For example, I have a planned scan, a planned outpatient appointment or a planned operation</p>	<p>Most patients would go to the Princess Royal Hospital</p> <p><i>During 2016-17, XX patients attended one of our hospitals for an outpatient appointment</i></p> <p>There would be no change to location for most patients. You would 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>My operation won't be cancelled because of a lack of beds due to an emergency admission</p>	<p>Most patients would go to the Princess Royal Hospital</p> <p><i>During 2016-17, XX patients attended one of our hospitals for an outpatient appointment</i></p> <p>There would be no change to location for most patients. You would 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>My operation won't be cancelled because of a lack of beds due to an emergency admission</p>	<p>Most patients would go to the Princess Royal Hospital</p> <p><i>During 2016-17, XX patients attended one of our hospitals for an outpatient appointment</i></p> <p>There would be no change to location for most patients. You would 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>My operation won't be cancelled because of a lack of beds due to an emergency admission</p>
<p>My child is poorly and needs to stay in hospital overnight</p>	<p>They would go to the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX children had an overnight stay at the Princess Royal Hospital</i></p> <p>This is a change to where your child goes now</p>	<p>They would go to the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX children had an overnight stay at the Princess Royal Hospital</i></p> <p>This is a change to where your child goes now</p>	<p>They would go to the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX children had an overnight stay at the Princess Royal Hospital</i></p> <p>This is a change to where your child goes now</p>
<p>My child is having chemotherapy treatment</p>	<p>They would go to the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX children had an overnight stay at the Women and Children's Centre at Princess Royal Hospital</i></p>	<p>They would go to the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX children had an overnight stay at the Women and Children's Centre at Princess Royal Hospital</i></p>	<p>They would go to the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX children had an overnight stay at the Women and Children's Centre at Princess Royal Hospital</i></p>

	This is a change to where your child goes now	This is a change to where your child goes now	This is a change to where your child goes now
I am pregnant and have a scan booked with my midwife	<p>I would go to my nearest midwife-led unit</p> <p><i>During 2016-17, XX women accessed one of our midwife-led units</i></p> <p>There is no change to location</p>	<p>I would go to my nearest midwife-led unit</p> <p><i>During 2016-17, XX women accessed one of our midwife-led units</i></p> <p>There is no change to location</p>	<p>I would go to my nearest midwife-led unit</p> <p><i>During 2016-17, XX women accessed one of our midwife-led units</i></p> <p>There is no change to location</p>
I am having a consultant-led birth	<p>I would go to the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX women had a consultant-led birth at the Women and Children's Centre at Princess Royal Hospital</i></p> <p>This is a change to where you would go now</p>	<p>I would go to the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX women had a consultant-led birth at the Women and Children's Centre at Princess Royal Hospital</i></p> <p>This is a change to where you would go now</p>	<p>I would go to the Royal Shrewsbury Hospital</p> <p><i>During 2016-17, XX women had a consultant-led birth at the Women and Children's Centre at Princess Royal Hospital</i></p> <p>This is a change to where you would go now</p>

Other hospital services

Stroke Services

Prior to summer 2013, stroke services were provided at both our hospitals. In response to short-term staffing challenges during summer 2013, The Shrewsbury and Telford Hospital NHS Trust acted promptly to secure safe, dignified stroke services for our patients and communities. This included temporarily bringing 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 stroke medical 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 staff structure.

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 shows that stroke patients are more likely to have a better outcome if they receive care and treatment in a dedicated hyper-acute stroke unit.

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.

The agreed long term vision for stroke services is to have a single site for hyper acute and stroke services. The location of a future single site stroke service therefore forms part of this consultation.

Adult Cancer Day Services

Currently adult cancer day services are provided at the Lingen Davies Cancer Centre at the Royal Shrewsbury Hospital. We know that patients want to receive their chemotherapy nearer to home and at the moment, some adult patients have to travel further for their treatment.

Our proposed model of hospital care does not include adult cancer day services so we are not asking for your views on the location of adult cancer day services as part of this consultation.

However, there are separate plans outside of this consultation to provide some adult cancer day services at the Princess Royal Hospital. This would mean that adult patients could have their chemotherapy treatment at either Shrewsbury or Telford. The costs for this will be raised through charitable fundraising. Unfortunately, it will not be possible to provide radiotherapy treatment at the Princess Royal Hospital so patients will continue to receive this at the Cancer Centre at the Royal Shrewsbury Hospital. This is because of the specialist equipment and buildings that are needed to provide radiotherapy.

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 our staff, patients and visitors. 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.

Whatever the final decision, 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 to hospital in an emergency

National research tells us that, even in an emergency, for the majority of patients it is better to travel further to receive the right care to be treated by specialist doctors. Some people in our county are already travelling to a hospital outside Shropshire that is further from them to receive specialist care. An example of this is patients who need heart surgery, who are routinely treated at the University Hospitals of North Midlands in Stoke-on-Trent. Similarly, our ambulances are also taking people from across the county who have had a stroke and need specialist care to the Stroke Unit at the Princess Royal Hospital in Telford.

We are working with West Midlands and Welsh Ambulance Services to understand the impact that both options would have on local ambulance services. This work will help with the next phase of decision-making once the outcome of this consultation is decided.

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.

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:

- Providing additional parking facilities at both hospitals
- Working 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.

There will be opportunities for patients, families and staff to get involved in this in the future. You can read the full study at www.nhsfuturefit.org

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 a number of events across Shropshire, Telford & Wrekin and mid Wales and talked to thousands of patients, families, community groups, NHS staff and the wider public. We have asked your views and suggestions on how we can improve our hospitals and the care you receive from them. This has included hosting focus groups, conducting surveys, giving talks to various groups and holding roadshows.

We have also made special efforts to meet with and listen to seldom heard groups. This includes traveller communities, homeless people, people with disabilities, the Lesbian, Gay, Bisexual and Transgender (LGBT) community, people with mental health issues, Black Minority Ethnic (BME) communities and people who live in our more rural areas. You can find more on our engagement process on our website: www.nhsfuturefit.org

Listening to you

Initially, the idea was for around 90% of services to be delivered at one hospital site and 10% of services at the other hospital site. We listened to people telling us they wanted to keep services at their local hospital and as a result, we changed our thinking so we would have a more equal number of services across our two hospital sites and, where possible, provide care closer to patients' homes.

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



Having listened to the views and ideas of everyone, our doctors, nurses and other healthcare staff initially considered more than 40 potential ideas on how we might change our hospital services. Over time these 40 ideas were narrowed down to four options. These were:

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.

Reaching two options

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

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 people from 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), the Welsh and West Midlands Ambulance Services, NHS England, patient groups and Healthwatch.

Non-financial appraisal

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

1. Accessibility – this looked at travel time for the majority of 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
4. Deliverability – this looked in detail at the estates work needed to deliver the new buildings and the timescales required. It also took into account the results of a telephone survey which asked people’s views on how acceptable each option would be

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

Each member of the panel was given a range of information and evidence for each criteria before being asked to score each option. As you can see from the table below, Option C1 received the highest scores on all four criteria and was therefore ranked first:

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

*Option C1 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 has a projected capital cost of £312 million and Option B has a projected capital cost of £250 million. It also looked at 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 the financial appraisal, Option B ranked first by a margin of 0.8%. In monetary terms, this equates to a difference in equivalent annual cost (£2.7 million) over a 60 year period.

In the overall economic analysis, which combines the result of the non-financial and financial appraisal, Option 1 appeared to be the option that offers the best value for money over the long term.

As a result of this appraisal process, Option A and C2 scored the lowest.

Programme Board decision

The Future Fit Programme Board in November 2016 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 for this on page [x](#)). Option C2 was also discounted for clinical safety reasons. An independent clinical review confirmed that women and children's inpatient services have to be based alongside emergency care.

The Programme Board agreed two options were considered viable which we are now seeking your views on - 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 its preferred option which was then agreed unanimously by the Joint Committee of Shropshire and Telford & Wrekin CCGs in August 2017. You can read more about why this is our preferred option on page [xx](#).

More information on all of the options we considered, supporting evidence and the appraisal report can be found on our website: nhsfuturefit.org.

The assurance process we have followed

Throughout the Future Fit process, from 2013 onwards, 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 with local GPs and clinicians to ensure the model of care we will adopt meets the needs of local people 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. Representatives from tCI have taken on the role of quality assuring the formal public consultation. This involves a six-stage process:

- Scoping
- Project plan
- Documentation
- Mid-term review
- Closing date review
- Final report

As part of this process, tCI has offered guidance to make sure we are meeting the 'four tests' for reconfiguration, namely:

1. Strong public and patient engagement
2. Appropriate availability of choice
3. Clear, clinical evidence base
4. Clinical support

We are also mindful of the 'fifth' test introduced in 2017, which looks at patient care for any expected hospital bed closures.

TCI has provided feedback about this document to make sure local people have the information they need to make an informed decision. Half way through the formal consultation period, tCI will review how well we have engaged so far, making sure we are reaching the right people and providing the best opportunities for people to have their say. 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, tCI will do an independent review of the process and provide a final report that will summarise how our activity has met its rigorous assessment.

Scrutiny from health bodies

In developing proposals and plans, our activity has been scrutinised by Powys Community Health Council, the Joint Health Overview and Scrutiny Committee of Shropshire and Telford & Wrekin councils and has been subject to a formal assurance process by NHS England. These have all 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 on which we are consulting. 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

Ensuring equality

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 minority characteristic.

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. 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).

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.

Gathering a wide range of views on this consultation

We want to make sure that a wide range of people from across Shropshire, Telford & Wrekin and mid Wales have the opportunity to have their say on our proposed model of care and the two options. Throughout the consultation period, we will continue to work alongside our partners in Shropshire, Telford & Wrekin and mid Wales to help make sure that we are involving protected groups. We will make any adjustments and arrangements necessary to enable protected groups to participate fully in the consultation process.

This document is available in Welsh, in an Easyread format and also as a Word document for use with screen readers. On request we will translate this document into another language and/ or provide interpreters or British Sign Language (BSL) interpreters at events.

Our consultation survey on page xx asks respondents for information about themselves so that we can monitor and make sure we have gathered a diverse range of feedback. Halfway through the consultation, independent consultation experts, The Consultation Institute, will review the responses we have had to our survey so far and identify any gaps where we have not yet heard from certain groups of people or areas within our

population. Where necessary, we will update our engagement plan and make extra efforts to reach out to these communities. At the end of the consultation period, all feedback will be analysed by an independent company. This analysis will consider if any groups have responded significantly differently to the consultation or whether any trends have emerged which need to be addressed in the future.

You can find more information about how we have engaged with people, including how we are meeting our legal duty to involve all sections of society, on our website: www.nhsfuturefit.org

DRAFT

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. This consultation does not ask you about community hospitals, midwife led units or any community services.

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 more closer to home.

You can read more about these plans on our website 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 lots of ways you can do this:

Fill out our survey – on our website www.nhsfuturefit.org or on page xx of this document

Attend an event: From [date] to [date] we will be holding public meetings and attending events and meetings organised by individuals and organisations across the county. 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:

You can write to us at: Future Fit Programme Office
Oak Lodge
William Farr House
Mytton Oak Road
Shrewsbury SY3 8XL

Email us: xx@xx

Call us: xx [answer machine]

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 independent experts, Participate, who will then produce a report. The CCG Governing Bodies will read this report and carefully consider all feedback before making a final decision in early 2018.

All reports and details on the decision-making progress will be available on our website 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

Centre of Excellence

A centre for patients with a specific health need where specialist staff, equipment and facilities for the treatment of this particular illness or condition are all in one place

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 Clinical Commissioning Group and for Telford & Wrekin this is NHS Telford & Wrekin Clinical Commissioning Group

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

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

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

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

Shropshire Council and Telford & Wrekin Council have responsibilities for scrutinising health services within their areas. The Joint HOSC consists of elected Members of both councils and co-optees from each Authority's Health Overview and Scrutiny Committee. Its role is to scrutinise health issues that impact on communities across Shropshire, Telford & Wrekin. This has particularly focussed on changes to hospital services run by The Shrewsbury and Telford Hospital NHS Trust.

Haematology

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

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.

Obstetrics

The branch of medicine that deals with the care of women during pregnancy, childbirth and after delivery

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

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

The Shrewsbury and Telford Hospital NHS Trust is the main provider of district general hospital services for nearly half a million people in 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

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

DRAFT