Have your say on our proposal to change hospital services in Shropshire and Telford & Wrekin

We (NHS Shropshire and Telford & Wrekin Clinical Commissioning Groups) (CCGs) are proposing to make some changes to the hospital services at the Royal Shrewsbury Hospital and the Princess Royal Hospital, Telford. Our proposal for our hospital services is for one hospital to provide emergency care services and the other hospital to provide planned care services. Both hospitals would have an Urgent Care Centre that is open 24 hours a day, seven days a week. Here you would receive care for illnesses and injuries that are not life or limb-threatening but require urgent attention.

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. You can find out more about this in our Consultation document or on our website www.nhsfuturefit.org. Your views are important to us. Please complete and return this survey. You can find out more information, including the full Consultation document and an online version of this survey on our website: www.nhsfuturefit.org

This is survey is available in Welsh and in an Easyread format. You can also request this survey in a different format or another language by calling xx or emailing xx. Please contact us if you need any help filling out this survey.

Data Protection Statement: All information that you give in this survey will be processed on behalf of Shropshire and Telford & Wrekin CCGs by a company called Participate Ltd. This survey forms part of our consultation on improving our hospital services. The data will be used for that purpose only. All data will be held securely and the information you provide will be treated as confidential.

SECTION 1: Your views on our proposed model of hospital care

Q1a. Do you understand our proposed model of one hospital becoming a Planned Care site and the other hospital becoming an Emergency Care site?

Please tick \checkmark one box only.

I have a full understanding	I have some understanding	I have no opinion	I have a limited understanding	l do not understand
□ 1	 2	 3	4	

QIb.	Please use the box below to explain what you feel is positive about our proposed model.
QIc.	Please use the box below to describe anything that worries you about our proposed model.

	se the box belowed model.	to tell us what we o	could do to address a	ny worries you h	ave about our
	SI	ECHON 2: Your v	iews on Option Or	16	
Option I:					
_	ncy Care site is to al Hospital in Te	-	bury Hospital and	the Planned Ca	re site is the
Option I is the	preferred option	of our doctors, nur	ses and other health	professionals	
•	•	0 0	hospital services wou group or organisation		eds or the
Please	tick ✓ one box	only.			
I feel this option will fully meet needs	I feel this option will slightly meet needs	I feel this option will neither meet nor fail to meet needs	I feel this option will slightly fail to meet needs	I feel this option will fail to meet needs	l don't know
□ 1	Q 2	□3	Q 4	□ 5	□ 6
			ging our hospital serv		
·	,	•			

Q2d. Please use the box below to add any further comments on this option

SECTION 3: Your views on Option Two					
Option 2:					
_	ency Care site is Shrewsbury Hos	the Princess Royal spital.	l Hospital in Telfo	rd and the Plan	ned Care
Option 2 is no	ot the preferred op	otion of our doctors,	nurses and other he	alth professionals	
people	•	ion for our hospital s nose of the group or only.			e needs of
I feel this option will fully meet needs	I feel this option will slightly meet needs	I feel this option will neither meet nor fail to meet needs	I feel this option will slightly fail to meet needs	I feel this option will fail to meet needs	l don't know
1	 2	3	4	□ 5	Q 6
Q3c. What	DON'T you like al	pout this option for c	changing our hospital	services?	

	SECTION 4: Any other comments
Q4a.	Can you think of any other options? If so then please explain them in more detail
Q4b.	Now that you have told us your views, please use the box below to give any other comments about the proposed changes to our hospital services. (Please continue on a separate sheet of paper if you need more room)
	SECTION 5: About You
any ir	e can you fill in the following details about yourself. You will not be identifiable from information you give us. We are asking for this information to make sure we have sered a diverse range of feedback. Please tell us whether you are responding as a member of the public or on behalf of an organization (private or voluntary/charity)
	Please tick ✓ one box only.
	As a member of the public \square_1
On b	ehalf of an organisation (private or voluntary/charity)
Q5b.	If you are responding on behalf of an organisation please give the name of your organisation
	note — if you are responding as an organisation and would also like to respond as an individual (or vice- please complete a second survey. Please contact us to request any additional copies
Q5c.	If you are responding as a member of the public please provide us with your full postcode.

SECTION 6: More information about you

The following questions are not compulsory but by answering these, you would help us to make sure we are capturing the views of as many different people as possible

Q6.1. Are you?

Please tick ✓ one box only.

Male	1
Female	1 2
Transgender	 3
Prefer not to say	4

Q6.2. How old are you?

Please tick ✓ one box only

16-26	27-37	38-47	48-58	59-69	70+
1	 2	□3	4	□5	□ 6

Q6.3. Which of the following best describes your ethnicity?

Please tick ✓ one box only

White			Mixed/Multi Ethnic		
	English	1	White	and Black Caribbean	1 4
	Welsh	1 2	Wh	ite and Black African	1 5
	Irish	3		White and Asian	1 6
	Other European (please state)	Q 4		Arab	1 17
	Other (please state)	□ 5		Other (please state)	□ 18
Asian or Asian Brit	tish		Chinese or other e	thnic groups	
	Indian	G		Chinese	1 9
	Pakistani	1 7		Filipino	1 20
	Bangladeshi	□8		Vietnamese	1 21
	Other (please state)	1 9		Thai	1 22
Black				Other (please state)	□ 23
	Caribbean	1 10	Gypsy and Travelle	r	
	African	1 1		Irish	1 24
	British	1 12		Romany	1 25
	Other (please state)	□ 13		Other (please state)	□ 26

Q6.4. What is your religion or belief?

Please tick ✓ one box only

rieuse tiek vone box only		
Hinduism	1	Islam □5

Q6.7. Are you a pa	□2	□3	4		
, .				_ 5	□ 6
Please tick	rent of a child or ch ✓ one box only.	nildren under	16?		
	Yes	s	No		
		I	 2		
Q6.8. Do you cons		e a disability?			
Please tick	✓ one box only.				
	Yes	S	No		
			 2		
Q6.9. If you have a	nswered yes to que	stion 6.8 pleas	se state what the dis	ability is:	
,		·			
Q6.10. Are you a cal	rer for anyone? ✓ one box only.				
	Yes	s	No		
		1	 2		
		1			