Shropshire Council

Date: Monday, 3 December 2018

Time: 10.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Amanda Holyoak, Scrutiny Committee Officer
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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

6 Future Fit (Pages 1 - 248)

To receive a report analysing the results of the formal consultation on Future Fit and ancillary papers. The following papers will follow on 26/11/18:

Future Fit Consultation Findings Report 2018
Summary of Key Stakeholders Responses
Summary of Individual Responses
Executive Summary: Draft Equalities Impact Assessment Report
Travel and Transport Draft Mitigation Plan
Shropshire Care Closer to Home Transformation Programme Update Report
Neighbourhoods Programme in Telford Update Report

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Agenda item:
Joint HOSC 3rd December 2018

Title of the report:	Report to the Joint HOSC on the Future Fit Consultation Findings Report
Author of the report:	Participate Ltd.
Presenter:	Debbie Vogler and Pam Schreier in attendance

Purpose of the report

Please find enclosed the Future Fit Consultation Findings Report, which has been written by independent consultation specialists, Participate Ltd. This brings together the analysis of all the feedback from the Future Fit consultation, including surveys, letters and emails. It also includes the key themes that emerged from the engagement events that were held during the consultation This includes public consultation events, engagement with seldom heard groups and meetings with councils and Local Joint Committees.

Summary

To update the Joint HOSC on the feedback received as part of the Future Fit consultation.

Recommendations:

The Joint HOSC is asked to:

Receive the consultation findings report.

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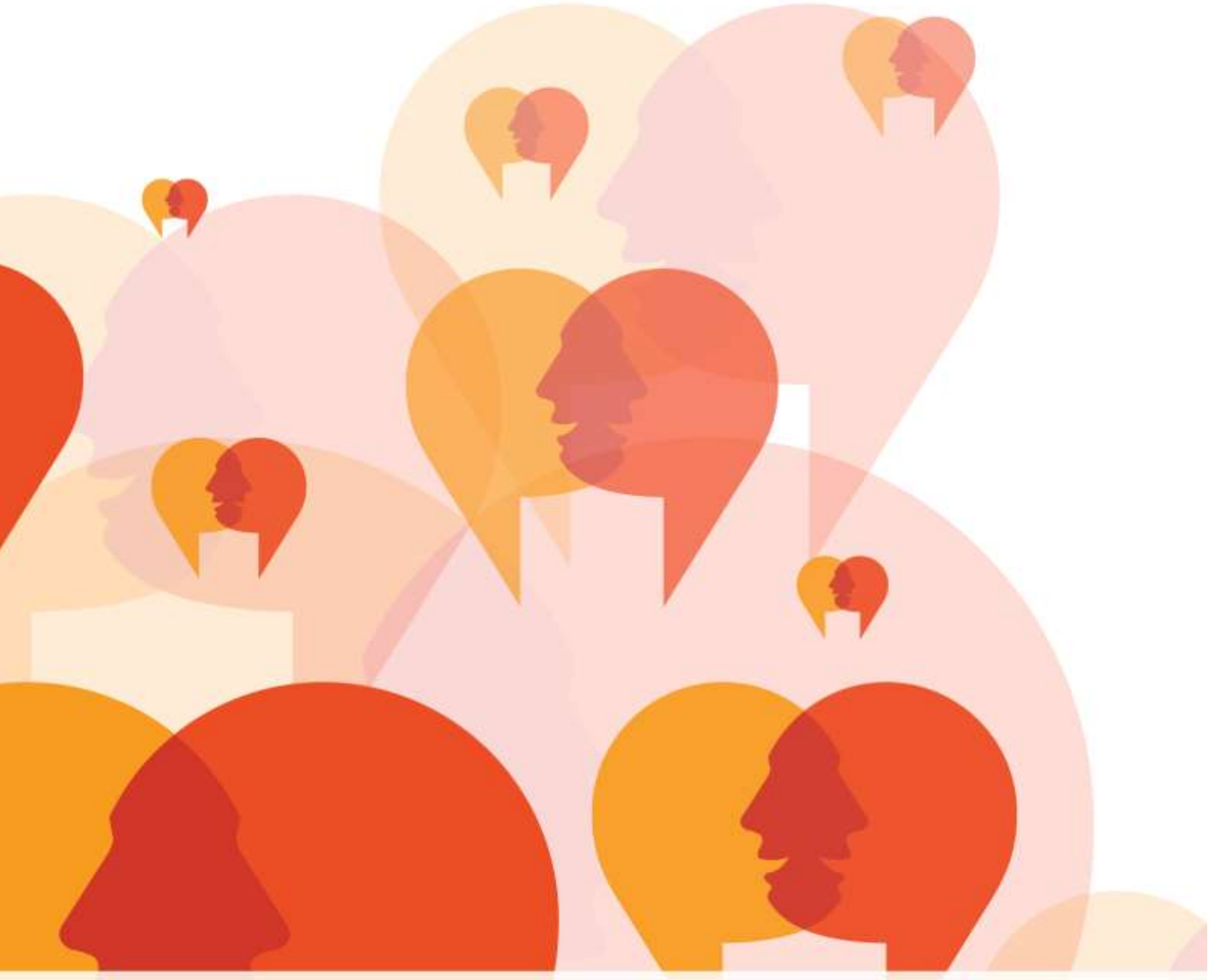
FUTURE FIT

Consultation Findings Report
November 2018



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Document Control Sheet

Client	Future Fit
Document Title	Consultation Report
Version	03
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Author	Participate & Qa Research
Date	November 2018
Further copies from	info@participate.uk.com

Document History			
Version	**Date**	**Author**	**Comments**
01	4th November 2018	Participate	Narrative to add
02	6th November 2018	Participate	More narrative added with further interrogation needed
03	12th November 2018	Participate	More stakeholder summary added. Further work needed on the meetings notes
04	16th November 2018	Participate	Narrative added to meeting notes

Contents

Introduction

Participate Ltd has been commissioned by Shropshire and Telford & Wrekin CCGs to independently analyse and report upon the data from their Future Fit public consultation in relation to the future of the services provided at the Royal Shrewsbury Hospital in Shrewsbury and Princess Royal Hospital in Telford. The following summary report sets out the analysed and thematic data from the consultation that concluded in September 2018. All detailed responses outside of the survey have also been shared with the CCGs for review.

Context

The Future Fit public consultation, led by Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCGs), ran for 15 weeks from 30 May to 11 September 2018. It asked people from Shropshire, Telford & Wrekin and Mid Wales for their views on the future of hospital services provided by The Shrewsbury and Telford Hospital NHS Trust at the Royal Shrewsbury Hospital in Shrewsbury and the Princess Royal Hospital in Telford.

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

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

> **Option 1:** The Royal Shrewsbury Hospital becomes an Emergency Care site and the Princess Royal Hospital becomes a Planned Care site
>
> **Option 2:** The Princess Royal Hospital becomes an Emergency Care site and the Royal Shrewsbury Hospital becomes a Planned Care site

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

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

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

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

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

Consultation Methodology

Throughout the 15-week consultation, the Future Fit communications and engagement team delivered an extensive communications and engagement programme across Shropshire, Telford & Wrekin and mid Wales.

The plan was designed to achieve the following aims:

- Raise awareness of and provide information on the changes being proposed to a wide range of stakeholders, including:
    - Public, patients, carers and their representatives
    - Key stakeholders including partner organisations
    - Voluntary, community and social enterprise sector organisations
    - Staff across all partner organisations of the Sustainability and Transformation Partnership
    - Local Councillors, MPs and AMs
    - Joint Health Overview and Scrutiny Committee, Healthwatch Shropshire, Healthwatch Telford & Wrekin and Powys Community Health Council
    - Particular interest groups, including seldom heard groups and nine protected characteristics
- Involve stakeholders in discussions about the proposed changes and draw out any issues and concerns
- Support Future Fit to pay 'due regard' to equality duties in decision making
- Work with stakeholders to consider potential solutions to any issues raised
- Gather feedback which will inform the decision about the future model of hospital services
- Ensure the CCGs meet their statutory duties and legal obligations.

Principles for Consultation

Future Fit undertook the following key principles:

- Make sure the methods and approaches are tailored to specific audiences as required
- Identify and use the best ways of reaching the largest amount of people and providing opportunities for those within the nine protected characteristics

- Provide accessible documentation, including Easy Read, large print Word documents and Word documents for use with screen readers
- Ensure that Welsh language versions of all materials are produced
- Offer accessible formats including translated versions or interpreter facilities where required
- Have due regard for Equality and Diversity, ensuring that the consultation works to understand how people's differences, cultural expectations and social status can affect their experiences, health outcomes and quality of care
- Monitor consultation responses to ensure the views reflect the whole population and adapt activity as required
- Use different methods or direct activity to reach certain communities where becoming aware of any under-representation
- Arrange meetings so they cover the local geographical areas that make up Shropshire, Telford & Wrekin and mid Wales
- Arrange meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Purchase resources for delivering consultation activity from the local community wherever it is possible
- Inform partners of consultation activity and share plans

During the 15-week consultation period Future Fit organised a series of face-to-face engagement events across Shropshire, Telford & Wrekin and mid Wales.

Consultation Materials

Future Fit produced the following range of communication materials to support the consultation process, which were all available on the website and in paper format:

- Full consultation document with a pull-out survey, including equality monitoring
- Summary consultation document with a pull-out survey, including equality monitoring
- Easy Read consultation document
- Word versions of the full and summary consultation documents and survey
- Large print versions of the full and summary consultation documents and survey
- Poster and flyer
- Welsh versions of all materials

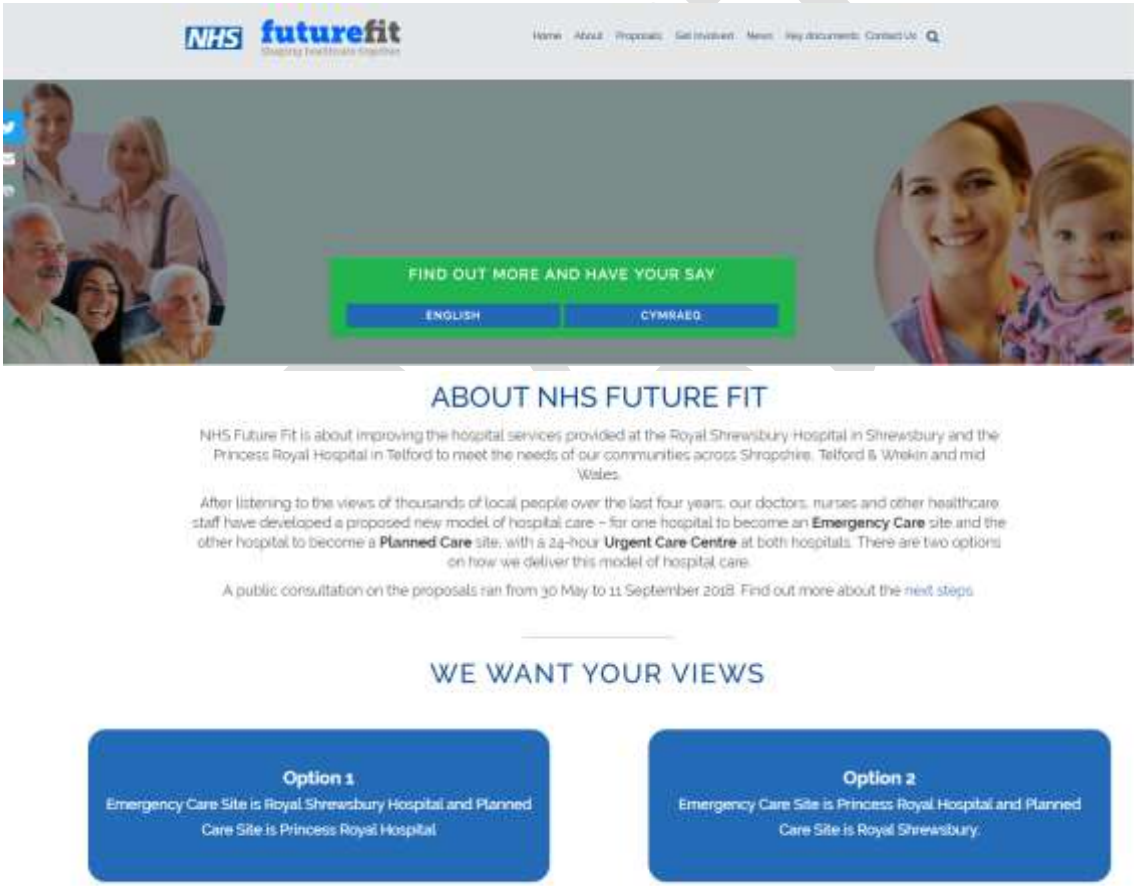
Following a request received during the consultation, a screen reader version of the online survey was developed.

Communications Activities

A range of communication activities supported the consultation, including:

NHS Future Fit Website

The NHS Future Fit website acted as a consultation 'hub', hosting the consultation materials and survey, details of upcoming events, informative videos, news items and frequently asked questions.



There were more than 24,000 visitors to the Future Fit website during the consultation period and more than 8,000 people completed the consultation survey online.

Social Media

Social media was used throughout the consultation to promote the consultation and to explain the proposals. NHS Future Fit accounts were created for Twitter and Facebook.

A suite of social media materials – including images and short video clips – was created and a social media schedule was developed to ensure consistent, continued activity across the social channels.

Social media was mainly used as a 'broadcast' communications channel that directed people to the website and to the programme of events to ask questions or to find out more about the proposals. For real-time engagement with the public, the Future Fit Twitter page hosted five 'Twitter chats' with SaTH clinicians throughout the consultation period, allowing anyone to pose questions to the clinicians and receive prompt answers.

Paid-for Facebook promotions were used in the second half of the consultation period to raise awareness of the consultation and to drive people to the Future Fit website. This paid-for activity targeted the geographical area served by the two hospitals generally as well as seldom-heard groups within the area. The paid-for activity provided a reach of more than 40,000 people and drove more than 500 people to the Future Fit website.

<u>Media Relations</u>

The Future Fit Communications and Engagement team worked closely with local journalists to create opportunities for promoting the consultation and explaining the proposals across online, print and broadcast outlets covering Shropshire, Telford & Wrekin and mid Wales.

Media relations activities included regular press releases, interviews with spokespeople from the two CCGs, SaTH and other organisations, panel interviews and features.

The communications team hosted reporters from BBC Radio Shropshire and the Shropshire Star at all 13 public exhibition events, facilitating interviews with key clinical and corporate spokespeople and responding to concerns raised by event attendees and local people to improve understanding of the proposals and to address misinformation.

The Communications and Engagement team also provided a press office function, responding to media enquiries and dealing with reactive media relations as required.

To supplement the media coverage, an advertising campaign was commissioned to raise awareness of the consultation and the programme of events and to signpost people to the Future Fit website. The campaign consisted of a total of eight days of 'page takeovers' on the Shropshire Star website, half-page adverts in all local editions of the Shropshire Star[1] on three occasions and one advert in the Express & Star.

While the direct impact of the print advertisements is difficult to measure, web analytics show that the online Shropshire Star advertising drove an average of 71.5 users per day to the Future Fit website: a total of 572 users across the campaign. Of these, 470 were new visitors to the site.

[1] Shropshire Star, Telford Journal, Shrewsbury Chronicle, Newport & Market Drayton Advertiser, Bridgnorth Journal, Oswestry Border, South Shropshire Journal

Have your say on Future Fit as consultation launches

By Lisa O'Brien | Telford | Health | Published: May 29, 2018

> The future of Shropshire's hospital services will be placed in the hands of the public tomorrow when a 14-week consultation on Future Fit finally launches.


The two options that are under consideration

Future Fit reforms vital for Shropshire's hospital services, says surgeon

By Lisa O'Brien | Shrewsbury | Health | Published: Jun 20, 2018

> A surgeon has argued that Shropshire's hospital services must change to make them fit for the future.

NEWS BRIEFING

First exhibition on A&E revamp

The people of Telford spoke out about the potential loss of their accident and emergency services, as the Future Fit consultation kicked off with its first public exhibition.

The exhibition is to be followed by another in Shrewsbury today, then by six more in areas including Newtown, Ludlow, Bridgnorth and Market Drayton.

The consultation on the future of Shropshire's health services, which one local Telford mayor called the county's "most important ever", is finally under way, with a public event in the town centre attracting dozens of respondents.

Members of the public packed out Meeting Point House on the first day of public consultation, while medical professionals spoke of their relief that the process had finally started.

Visitors to the exhibition were able to see a video detailing the plans and read the consultation document, which boils down the months of preparation into a booklet explaining the new proposed model, and the two options for the county's hospitals.

'Complete' A&E more important than location

Report by Rob Smith
rob.smith@shropshirestar.co.uk


Tammy Wood | Andrew Tapp | Subramanian Kumaran | Mark Cheetham

Doctors and members of the public like were pleased to see the long-alled Future Fit consultation finally under way yesterday.

Tammy Wood knows more about spital services in Shropshire than st, with her husband John being Princess Royal Hospital nine times the last six years for a series of editions including a brain haem-rhage, heart failure and sepsis.

e said she was pleased that both ions would see one site become a plete centre for emergencies and ical care. Tammy, 53, said: "It is d to be able to sit down with the sultants and talk about things the funding. I am probably quite unusual in that I am not that bothered about accident and emergency moving to Shrewsbury. What I am concerned about is having a complete A&E, which isn't really happening at the moment. When my husband is being taken to hospital in blue lights at 2am and there is not a doctor in Telford that is my concern. I would happily spend another 10 minutes in an ambulance with a nurse to arrive at a fully-staffed A&E."

Subramanian Kumaran is a consultant who works in Shropshire's hospitals and said he was looking forward to a conclusion on the consultation. He said: "I don't have a preferred option, as I think both options will result in improvements and allow us to take on some services that currently people have to go to Stoke or Wolverhampton for."

Dr Andrew Tapp is a consultant and medical director of the women and children's care group in the county. He said: "I think it is so important people their say on this. I hope we have input from as many people as possible.

"This is a massively important decision for people in Shrewsbury, Telford, Mid Wales and many other areas."

Surgeon Mark Cheetham said he was pleased with how many people had turned up to the exhibition.

"It is obvious that people here are very passionate about their local hospitals, which isn't true everywhere."

itv NEWS

What's the future for emergency care in Shropshire?

CHARLOTTE CROSS ITV NEWS REPORTER

Engagement Activities

Public Exhibition events

Over 850 people attended 12 drop-in public exhibition events which took place at key locations across Shropshire, Telford & Wrekin and mid Wales. These 'marketplace' style events provided an opportunity for people to find out more about the consultation, meet doctors, nurses and other healthcare staff, ask questions and have their say. At each event, videos played on a loop, featuring senior decision makers and many clinicians, explaining the changes being proposed. Feedback was captured at the events and people were encouraged to fill out the survey. See the full list of in Appendix 1.

Pop-up Displays

More than 3,100 people attended one of the 74 pop-up displays that took place at high footfall and targeted venues across Shropshire, Telford & Wrekin and mid Wales. Venues included shopping centres, supermarkets, sports and leisure facilities, community centres and libraries. These events provided people with the opportunity to find out more about the proposed changes, access the consultation documents and survey and find out about their nearest Public Exhibition event. See the full list in Appendix 2

Patient Engagement

Future Fit attended 32 PPG and patient forum meetings and manned information stands to engage with patients, visitors and staff in medical practices and community hospitals. See the full list in Appendix 3.

Council Meetings

Future Fit attended 28 council meetings to provide updates and answer questions from councillors, partners and members of the public. Information was provided to councillors in Powys via foyer information sessions at Powys County Council on 8th June and 12th July See the full list in Appendix 4.

Scrutiny and Assurance

In line with a commitment to seek ongoing assurance around the programme, Future Fit attended 14 meetings to provide updates on the programme, answer questions and listen to any new ideas and suggestions. See the full list in Appendix 5.

Engagement with Partner Organisations

Future Fit provided regular updates to meetings of our partner organisations throughout the consultation. See the full list in Appendix 6.

Staff Engagement

Future Fit worked closely with local NHS and local authority communications and engagement colleagues to promote the consultation to staff through issuing regular toolkits. Each toolkit included:

- Latest press release that had been issued to the media
- Article for website/ intranet
- Dates and information on upcoming events
- Tweets and images for social media
- Links to the Future Fit website and consultation materials

Communications colleagues also received hard copies of all consultation materials to distribute in staff areas across their buildings.

Staff at both Shropshire and Telford & Wrekin CCGs were also invited to attend a monthly face-to-face briefing where they could find out updates on the consultation and ask questions.

Engagement with SaTH Staff

In the year leading up to the consultation and throughout the consultation, the Sustainable Services Group (SSG) team at The Shrewsbury and Telford Hospital NHS Trust (SaTH) continued to carry out regular face-to-face engagement with their staff through meetings, briefings and alternate weekly roadshows at the Princess Royal and Royal Shrewsbury hospitals. Throughout the consultation period, they also attended a wide range of meetings to engage with clinical and administrative staff and provide the opportunity for people to ask questions.

Engagement with Staff at Neighbouring Trusts

The Future Fit Communications and Engagement team visited neighbouring NHS organisations to engage with staff and patients of neighbouring NHS trusts. This included holding information stands at Ludlow and Whitchurch Community Hospitals (Shropshire Community Health NHS Trust) and the Redwoods Centre and Severn Fields Medical Village (Midlands Partnership NHS Foundation Trust). We also visited Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Trust to talk to NHS staff, answer questions and give out consultation materials.

The Powys Teaching Health Board Engagement and Communication team provided information to their own colleagues during the consultation via announcements, email updates, drop-in sessions and provision of consultation literature.

Elected Representatives

Meetings were held with councillors at both Shropshire and Telford & Wrekin Council prior to the start of the consultation on 17 May to discuss the upcoming consultation and answer any questions about the proposed model.

Future Fit was also discussed as part of the quarterly MP Health Briefing on 13 July, which was attended by MPs from across Shropshire and Telford & Wrekin.

Local MPs were sent regular communication which included updates on the consultation, a link to the website and materials to share with their constituents.

GP Communication

Prior to the start of the public consultation, the Future Fit team attended a Local Medical Committee (LMC) meeting which was attended by GPs from across Shropshire and Telford & Wrekin to update them of the upcoming consultation and provide the opportunity for them to ask questions.

At the start of the consultation, all 55 GP surgeries across Shropshire and Telford & Wrekin were sent a pack of Future Fit consultation materials, along with an electronic pack which included a FF presentation for their digital screens and electronic versions of the materials/ resources.

Throughout the consultation, GPs and practice managers were sent Future Fit updates as part of the CCGs' regular newsletter.

Primary care providers in mid and north Powys received emailed information via Powys Teaching Health Board and printed packs were distributed to GP practices at the start of the consultation. See Appendix 6 for the full list of GP engagement

Business Community

Future Fit engaged with local businesses throughout the consultation phase to ensure they captured the views of the working age population in Shropshire, Telford & Wrekin and mid-Wales. Shropshire, Telford & Wrekin Chamber of Commerce were sent consultation materials to send out to their members. See Appendix 8 for the full list of business engagement.

Voluntary, Community and Social Enterprise (VCSE) Sector Engagement

Throughout the consultation, Future Fit captured people's views through face to face conversation using existing relationships with the voluntary, community and third sector. Networks and existing platforms to host conversations were used to ensure comments and views were captured by circulating the consultation documents and survey for community groups. This included alternative versions including Welsh, Easy Read and large print, with additional formats and translated documents available on request.

Reaching Seldom Heard Groups

Future Fit's aim was to reach groups that have been identified by the Equalities Impact Assessment with a focus on the nine protected characteristics. Over 150 meetings took place with seldom heard groups across Shropshire, Telford & Wrekin and mid Wales. They also provided community groups with a resource pack to host a focus group / meeting on our behalf. Through the consultation process they continued to review and update the Equalities Impact Assessment, remaining open to identifying groups and impacts that have not been identified by the work to date.

Additional seldom heard groups were contacted and provided with consultation materials for further circulation either in print form or via their own newsletters, websites and social media and these are also listed below.

In addition to these specifically focussed engagements, a significant number of other activities (within the previous lists) have also been identified as reaching specific seldom heard groups. This may be because the area they were held or because people from one of the nine protected characteristics were present. See Appendix 9 for full list of engagement with seldom heard groups.

Approach to Analysis

The body of this report contains the detailed analysis and feedback from all responses received. The raw coded data and the full set of responses have been passed to Future Fit for consideration within the decision-making process.

PLEASE NOTE: Some respondents may have answered the formal consultation survey, emailed a document/sent in letters and attended a meeting, giving responses which mirror each other in some aspects. Therefore, we have analysed the emailed documents/letters and meeting notes using the same process, but have separated the data findings within this report to ensure that responses are not double counted.

Individual comments from letters/emails and to the open ended questions within the survey have been coded into key themes, which have been broken down in terms of frequency with which a comment is made in the analysis. This enables the most frequent themes to emerge. Please note that comments can be multi-coded for themes, which is why the frequencies add up to more than the number of responses i.e. one response may be coded more than once due to the number of themes it contains. It should also be noted that:

- Through cross tabulation of the data by postcode we have aimed to extract the findings by different localities. However, not all respondents chose to supply their postcodes
- Themes have also been extracted by specific stakeholder groups and respondent types (where these can be identified) and these are outlined within the body of this report
- All data has been anonymised apart from detailed responses from public bodies where we have extracted the themes by organisation
- All detailed responses by letter and email have been reviewed by Future Fit in addition to the summary of findings within this report.

Summary of Findings

The data sections within this report set out the analysis and feedback from each dialogue method including the: survey data; meeting notes and; the letters/emails received.

- The analysis from 18,742 surveys
- Coding of 203 letters/emails from the public and other stakeholders
- Themes to have emerged from the consultation meetings and focus groups with seldom heard groups

The overall themes which have emerged throughout these dialogue methods are outlined within the summary of findings section below.

PLEASE NOTE – the detailed individual responses in addition to the survey data have been shared with Future Fit for review and consideration. A separate detailed analysis of this review and consideration has been produced by the Future Fit team and as such, we strongly advise that the separate analysis and the responses themselves are considered in addition to this summary report. In order to comply with GDPR, public body and other organisational responses are available in full and permission has been sought to share these. Any individual responses will not be made available in full, but will have been anonymised and then formed part of the detailed analysis.

The following main summary section outlines the most prevalent themes only. The detailed analysis from all dialogue methods is contained within the body of this report.

Survey Response Rate

- It should be noted that 51% of the 18,742 surveys received (combination of online and hard copy) were from the Telford and Wrekin area
- A contributing factor is that Telford & Wrekin Council undertook a household drop of the hard copy survey, together with their own campaign material supporting Option 2
- This meant that 5,979 out of the 10,168 hard copy surveys returned were received from the Telford & Wrekin area
- To ensure there would be no undue locality bias in the survey findings, the responses were cross tabulated by all localities
- The split by other localities is as follows:
    - 19% of all surveys were received from the Shropshire area

- 8% from the Wales/Shropshire border (where the first half of the postcode could either place the respondent in Wales or Shropshire)
- 8% from the Powys area
- 9% not stated
- 5% out of area.

Profiling of the Respondents

In general, the mix of respondents is broadly representative of the population mix of the Future Fit area apart from age, when the survey profiling data is compared to the 'Future Fit Equality Impact Assessment Report – November 2018'. The full breakdown is contained within the 'Profiling and Population Statistics' section of this report. Male respondents to the survey are slightly under-represented (36% of respondents were male compared to 49.5% of the population), but were more closely represented in the focus groups undertaken. Younger age groups (aged 16-26 years old) represent 4% of the responses, with 68% of all responses coming from respondents aged 48+ years old meaning that younger people are underrepresented. Around 20% of the responses came from respondents who are parents of children under 16 years old. In terms of ethnicity, 88% of those that answered this question described themselves as White-British and 6% as White-Welsh. Only 18 surveys in total were completed in Welsh and translated for analysis. 1% of respondents described themselves as White-Other European and 1% were accounted for as other Black, Asian, Minority Ethnic Groups. Future Fit undertook over 150 focus groups with people that represent the protected characteristics that may not have as strong a voice within the consultation survey findings. The themes from those meetings have been extracted and represented in this summary in addition to the specific focus groups section within this report. Finally, the majority (99%) of all survey responses are from members of the public.

Perceived Impact of the Proposed Model

- The most frequently mentioned theme was that Shrewsbury (as in the preferred Option 1) would be too far for people to travel for emergency care, stating that Telford has a growing urban population which therefore needs its own 'A&E'
- However it should be noted that this theme was most prevalent from Telford & Wrekin survey respondents and meeting participants
- There was disagreement with the model from all localities in terms of people stating that two 'A&Es' are needed, one at each hospital site

- It was felt that travel was going to be a key issue if the proposed model was adopted, with irregular bus services (especially in rural areas), a lack of direct public transport to hospital sites and traffic congestion on the A5/M54
- There were also concerns about increased pressure on ambulance services and fears that there would be potential risks to lives with increased ambulance journey times
- It was also felt that Telford could be too far for people to travel for planned care, with a particular impact on carers (in Option 1)
- There were concerns about a perception of wasted investment into the Princess Royal Hospital in the past and how the proposed model (with the move of Women's and Children's) would be funded
- Some respondents felt that a provision for Powys should be the responsibility of the Health Board and others felt that Welsh residents should be entitled to their own services stating that this model would leave 'them worse off'
- There were concerns that the model will exacerbate already intense pressure on staff
- There were statements that there is no clear clinical evidence that the model will improve clinical outcomes
- Alternatively, there was some support stating that it is a sensible and fully integrated model.

Themes in Relation to Option 1

- 65% of all survey respondents *strongly disagree/disagree* with Option 1, however, most of these are from the Telford & Wrekin area (90% of all T&W respondents either strongly disagree/disagree). This finding also cross correlates with feedback across the meetings and letters/emails
- 31% of all respondents to this question *strongly agree/agree* with Option 1. Respondents from the Wales/Shropshire border and Mid Wales showed the highest levels of agreement with Option 1 (83% and 84% respectively)
- Interestingly, 51% of Shropshire respondents strongly agree/agree and 43% strongly disagree/disagree with Option 1. This finding demonstrates a fairly even split in terms of levels of agreement/disagreement in this locality
- Reasons for *disagreement* with Option 1 mainly focus on distance and that having emergency care at Shrewsbury could result in 'life threatening' situations with frequent traffic congestion on the A5. It was stated that: Telford needs its own A&E as it has a growing population; separating care between hospitals could cause undue

inconvenience; care for women and children should not be removed from Telford; the changes are too costly; there is no room for expansion at Shrewsbury; the population of Telford is younger and therefore more likely to require emergency care and; the population of Telford is more economically disadvantaged meaning they are likely to be unable to afford extra travel costs

- Reasons for *agreement* with Option 1 mainly focused on a perception that it may offer greater accessibility for people in an emergency situation; it could provide better quality services; Princess Royal Hospital is 'too far away'; patients in Telford could access emergency care in Shrewsbury or Wolverhampton; and the Shrewsbury site has more room for growth. It should be noted that these themes were frequently mentioned by people in the Shropshire and Mid Wales areas
- Themes also emerged in terms of a neutral position such as: there are negatives and positives to both options; there should be a provision of emergency and planned care at both sites; services could be overcrowded by either option; and a new centralised hospital would be a better solution.

Themes in Relation to Option 2

- 44% of all respondents to this survey question *strongly disagree/disagree* with Option 2, with the highest levels of disagreement coming from Shropshire, Wales/Shropshire border and Mid Wales (76%, 89% and 90% of respondents from those areas respectively)
- 50% of all survey respondents *strongly agree/agree* with Option 2, however, it should be noted that most of these are from the Telford& Wrekin area (77% of all T&W respondents strongly agree/agree)
- These findings demonstrate high levels of agreement for Option 2 from the Telford & Wrekin area
- Reasons for *disagreement* with Option 2 mainly focused upon: concerns about travel times to Telford in an emergency; both hospitals should provide the same care/services; Option 1 meets the needs of more people; travelling to Shrewsbury for planned care would be inconvenient
- Reasons for *agreement* with Option 2 mainly focused upon: care would be closer for families living in Telford; it is a more central position with easy access to road networks and public transport; it better suits nearby towns due to population demographics; women's and children's services should stay at Telford; the Telford

site has better facilities; travel to Shrewsbury for planned care is more acceptable and; it would result in reduced pressure on ambulance services

- Themes also emerged in terms of a neutral position such as: both options are problematic; and there isn't enough information to make an informed decision.

Themes in Relation to Emergency Care / Urgent Care

- It is apparent from the consultation responses from all sources that there is confusion amongst the general public in relation to the distinction between emergency/urgent care/A&E. There is a perception that an A&E will 'close' under either option proposed without an adequate emergency/urgent provision
- Concerns about loss of access and/or increased travelling times to access emergency care are paramount. Perceived increased risk to life and impact on the 'golden hour' are mentioned frequently along with strain on the capacity/skills of the ambulance service
- Themes relating to demographics /population growth occur frequently, e.g. is one emergency department sufficient for the entire populace, along with the view that Telford in particular will be disadvantaged due to its growing population
- It was felt that more explanation of what an Urgent Care Centre provides is needed and it should be considered that these could also be located on community hospital sites and/or MIUs (Minor Injury Units).

Themes in Relation to Planned Care

- Again, themes raised within the survey and other consultation responses point to a level of confusion around exactly what services/procedures will be included under 'planned care'. Transport and travel is linked to this theme again with concerns expressed about the distance to travel to access planned care. Another theme is apparent in relation to vulnerable groups accessing planned care, e.g. older people, (especially those living in rural areas) finding it difficult to use public transport. There is also concern that community care/care closer to home will not have sufficient resources to meet the needs of the population.
- Some specific themes were identified in relation to barriers to accessing care – these were mainly linked to communication. There was a view that hospital staff need to be skilled in terms of awareness/communication with people with dementia/learning

disabilities/autism. In addition, the issue of availability of Welsh signage and Welsh-speaking staff was also identified.

Themes in Relation Maternity / Children's Services

- There is a perception that money spent on the Women and Children's Unit at Telford has been 'wasted' under Option 1. A frequently occurring theme across all dialogue methods is the view that Telford has a younger/growing demographic who are therefore likely to need these services more.
- It is apparent that women (of childbearing age) have some specific concerns about the impact of the proposals. For example, increased travelling times/distances whilst in labour.

Themes in Relation to Stroke Services

- Views on stroke services primarily appear to be linked to access to emergency care with concerns around travel to access care and ambulance response/journey times.
- Further specific comments/evidence in relation to stroke services was submitted by a campaign group. These comments related to concerns about the current standard of stroke care provided by SaTH and the view that the claimed benefits arising from consolidating stroke services onto a single site at the Princess Royal Hospital are misrepresented and are being used in a misleading way to justify the Future Fit model of centralising care for other emergency conditions.

Themes in Relation to Travel and Transport

- Travelling times and distance are frequently used as arguments against both proposed options – e.g. blue light times/increased risk/and difficulties with public transport to access planned care. Infrequent/rural bus services/lack of direct bus routes to hospitals/prohibitive costs for those accessing care and visitors/family members. Difficulties with cross-border travel (e.g. bus pass use) were also raised
- Travel difficulties and vulnerable groups are mentioned frequently. Especially in relation to older people, those in rural areas, and people with specific conditions that can make travelling more challenging, e.g. people with dementia, autism/learning disabilities, mental health issues/anxiety. Other groups with specific communication needs were also identified, e.g. patients with English as a second language or low literacy levels who may find it more difficult to understand public transport information when travelling to hospital appointments/for treatment.

- Another theme related to this is the need for sufficient community transport – it was perceived that this was already under pressure/insufficient to meet the need.
- There is a strong view that the parking provision is inadequate at both hospital sites in terms of the availability and cost.
- Some other themes are apparent in relation to travel and transport for vulnerable groups. As well as the practicalities faced in using public transport respondents also identified cost of travel and parking as a barrier for specific groups, e.g. carers in travelling with family members to appointments, people on low incomes (often carers) who may want to visit family members in hospital but find it difficult to pay for public transport/taxis or parking charges.
- One specific consideration raised was the impact on less frequent family visiting on the wellbeing/recovery of the patient.
- Another theme identified is that of the cost burden for those living in more rural areas who find that they have to travel farther to access services.

Themes in Relation to Finance

- The main themes around finance relate to a lack of clarity around how Option 1 will be funded, with some confusion as to why what is perceived to be the most expensive option is preferred, along with concerns around borrowing funding and paying it back. There was also a view that insufficient information was included in the consultation materials around funding more generally and the final plans in this regard.
- A theme was also evident in relation to the financial responsibilities of the Welsh NHS Health Board and what they are/or should be accountable for in terms financing any options. It was also apparent from responses across all dialogue methods that there is a perception that the main motivation for the changes is cost-cutting and the key issue is one of general underfunding of the NHS.

Themes Relating to Other Suggestions

- Themes were also evident relating to dissatisfaction with both proposed options, e.g. both hospitals should retain a full range of services, and it is 'not appropriate to make people choose/pitch communities against each other'. Other themes included the suggestion of a new hospital between the RSH and PRH. Another alternative view voiced was in relation to the 'Northumbria model' as an alternative option.

Evidence Files (Those detailed responses that reference other evidence to be considered)

From the detailed responses submitted there were 24 evidence files, that reference other models or information that should be considered. These have been passed to Future Fit in full for consideration along with all the other detailed responses outside of the consultation survey. Separate reports are available which include more detailed analysis of the stakeholder responses. They have also been coded for common themes and are contained within the 'Other Responses' section of this report. Evidence responses submitted included queries and alternative interpretations/evidence on a number of issues, including: demographic/population data, travel times, financial details associated with the proposals and previous iterations of the Future Fit proposals. One campaign group submitted evidence/queries regarding the performance of the consolidated stroke service at PRH.

Other evidence responses proposed alternative models, including: one based on the Northumbria model, a proposal for a new single site acute hospital for Shropshire, and a twin site district hospital system.

Key Stakeholders

Key stakeholders echoed many of the themes mentioned above. In addition some key considerations included (this is expanded upon within the key stakeholder section of this report and Future Fit have the full responses to review and consider and have produced an additional analysis):

- Voluntary sector representatives are keen to understand how community transport will be developed and supported along with community support/care closer to home.
- Shropshire Council is keen to see consideration given to the development of community health and social care services.
- Telford & Wrekin Council state clear support for Option 2 and have queried why the Northumbria model is not being considered. Concern has also been expressed around the implications for Option 1 arising from NHS Wales' establishment of a Major Trauma Network serving all of South and Mid Wales.
- Powys County Council strongly support Option 1 as set out in the consultation documents on the basis that the changes place quality at the centre including the availability of specialists in one centre of excellence

- Views from public representatives were variable depending on the area they represented and some were not supportive of either option. Key considerations included travel and the need to educate the public on the different types of hospital care, e.g. critical care/urgent care etc.
- Healthwatch Telford & Wrekin outlined a strong rationale for Option 2 and emphasised that any solution must be predicated on future statistics and be capable of providing a long term (30yrs+) solution for the county.
- Healthwatch Shropshire did not state a clear option preference, but emphasised the importance of considering transport issues and making a prompt decision following the consultation.
- The Welsh Health Boards outlined support for Option 1 and emphasised the importance of outreach and telemedicine/community transport/cross-border travel issues.
- Robert Jones & Agnes Hunt Orthopaedic Hospital is supportive of the preferred option subject to assurances that orthopaedic trauma surgeon rotas are taken into account.
- Wye Valley NHS Trust support the CCGs preferred option where the Royal Shrewsbury Hospital becomes the Emergency Care site and the Princess Royal Hospital becomes the Planned Care site.
- The Welsh Ambulance Services NHS Trust offered support for Option 1 pending the outcome of the ambulance modelling exercise and further dialogue around resourcing implications.
- Powys Community Health Councils' interim response states that views from members of the public suggest a clear consensus in favour of Option 1
- Midlands Partnership NHS Foundation Trust (Shropshire Care Group) is supportive of Royal Shrewsbury Hospital (RSH) becoming the centre for emergency care with Princess Royal hospital (PRH) becoming the centre for planned care. This is because the Redwoods Centre (inpatient mental health unit) is based in Shrewsbury neighbouring RSH, so it is important to have access to emergency acute care.

Profiling and Population Statistics

The following table sets out the responses in terms of the respondent profiling section of the survey.

Profile information	*n*	%
Gender		
Male	6569	36%
Female	11090	61%
Intersex	8	<1%
Other	19	<1%
Prefer not to say	350	2%
Gender reassignment?		
Yes	55	<1%
No	15375	94%
Prefer not to say	929	6%
Age		
16-26	775	4%
27-37	1732	10%
38-47	2149	12%
48-58	3102	17%
59-69	4399	24%
70+	5356	30%
Prefer not to say	542	3%
Ethnicity		
White - British	15783	88%
White - Welsh	1057	6%
White - Irish	77	<1%
White - Other European	113	1%
White - Other	54	<1%
Asian - Indian	107	1%
Asian - Pakistani	57	<1%
Asian - Bangladeshi	6	<1%
Asian - Other	10	<1%
Black - Caribbean	12	<1%
Black - African	10	<1%
Black - British	21	<1%
Black - Other	3	<1%
Mixed - White and Black Caribbean	32	<1%
Mixed - White and Black African	8	<1%
Mixed - White and Asian	22	<1%
Mixed - Arab	8	<1%

Profile information	n	%
Ethnicity Continued....		
Mixed - Other	24	<1%
Other - Chinese	13	<1%
Other - Filipino	7	<1%
Other - Vietnamese	1	<1%
Other - Thai	2	<1%
Other - Other	2	<1%
Gypsy - Irish	1	<1%
Gypsy - Romany	3	<1%
Gypsy - Other	16	<1%
Prefer not to say	484	3%
Religion		
Christianity	10375	59%
Hinduism	59	<1%
Judaism	22	<1%
Buddhism	63	<1%
Islam	75	<1%
Sikhism	44	<1%
Other	422	2%
Prefer not to say	5127	29%
No religion	1400	8%
Sexual orientation		
Heterosexual (straight)	15620	89%
Gay	135	1%
Lesbian	92	1%
Bisexual	115	1%
Other	80	0%
Prefer not to say	1493	9%
Parent of a child under 16?		
Yes	3553	20%
No	13623	77%
Prefer not to say	527	3%
Disability?		
Yes	3329	19%
No	13575	76%
Prefer not to say	907	5%
Are you a carer?		
Yes	2739	16%
No	14180	81%
Prefer not to say	690	4%
Base: 16,359-18,055		

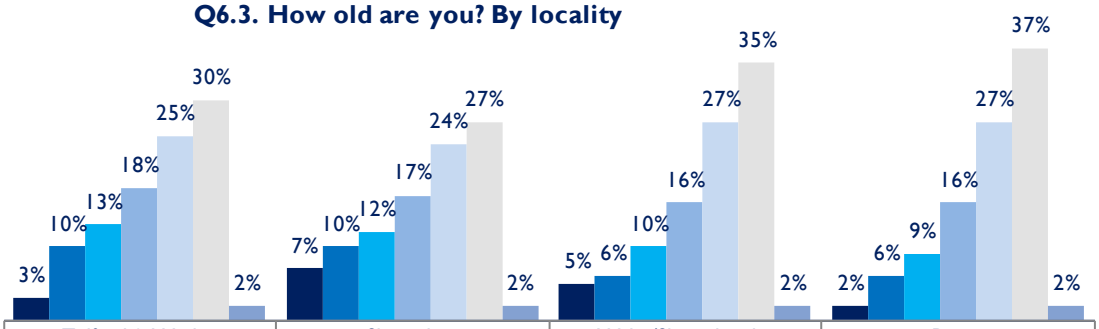
Comparison of Survey Profiling with the Demographics of the Future Fit Areas

The gender profile of the Future Fit Programme area is 49.5% male and 50.4% female[2], therefore males are under-represented and females are over-represented within the survey responses (with 36% male respondents and 61% female). This is not an unusual finding as response rates to surveys tend to have higher completion rates by female respondents.

In terms of age, 30% of survey responses were from the 70+ age group. The 16-26 age group represents only 4% of survey responses. The profile of participants in the protected characteristic focus groups is broadly similar to that of the survey respondents. However, over half (52%) of participants were female (47% male) in the focus groups, which is closer to the gender profile of the local population. In terms of age of the focus group participants, 31% were in the 70+ category and 28% were aged between 59 and 69. Only 4% of the focus groups participants were aged 16-26. Overall, 62% of participants had a disability and 15% had caring responsibilities.

Further detail on the breakdown of *survey* responses by age and locality is shown in the chart below.

Q6.3. How old are you? By locality



	Telford & Wrekin	Shropshire	Wales/Shrop border	Powys
16-26	3%	7%	5%	2%
27-37	10%	10%	6%	6%
38-47	13%	12%	10%	9%
48-58	18%	17%	16%	16%
59-69	25%	24%	27%	27%
70+	30%	27%	35%	37%
Prefer not to say	2%	2%	2%	2%

Source: Participate 2018 **Bases:** Telford & Wrekin: 9,304; Shropshire: 3,310; Borders: 1,554; Powys: 1,415

2 Future Fit Programme Stage four Equality Impact Report, September 2018

The chart above demonstrates that across all localities over 68% of all responses (with up to 80% in the Powys area) are from respondents aged 48+ years old.

In terms of age profile by area, the profile of survey responses is broadly reflective of the age profile of the Future Fit Programme area.[3] A slightly higher proportion of aged 50+ survey respondents are apparent in Powys compared with Telford and Wrekin, however, there is a slightly higher representation of middle-aged respondents (aged 38+) in Telford and Wrekin.

In terms of ethnicity, the profile of survey respondents broadly reflects the profile of the Future Fit Programme area population with a majority (94%) describing themselves as White British/White Welsh and less than or 1% falling within BAME (Black Asian Minority Ethnicity) categories.

Overall, 59% of survey respondents described themselves as Christian and 29% as having no religion. This is comparable with the profile for the Future Fit Programme area, where 65% of the population describe themselves as Christian and 24.5% as having no religion.

[3] Future Fit Programme Stage four Equality Impact Report, September 2018

In total, 19% of respondents stated that they had a disability, which compares to 19% of the Future Fit Programme area population that have a long term condition/disability that limits their daily activities a lot or a little. Further detail on the nature of the disabilities of the survey respondents is shown below.

Q6.9. Please state what the disability is Response	*n*	%
Arthritis, osteoarthritis, rheumatoid arthritis	710	25%
Poor mobility	591	21%
Other	336	12%
Heart condition	291	10%
Deaf, hard of hearing or hearing impaired	258	9%
Back or spinal pain or conditions	216	8%
Partial vision	187	7%
Diabetes	211	7%
COPD	156	5%
Asthma	103	4%
Mental Health	106	4%
Cancer	118	4%
Osteoporosis	103	4%
Stroke	93	3%
Lung conditions, including emphysema	100	3%
Age-related disease	77	3%
Anxiety	45	2%
Depression	54	2%
Fibromyalgia	67	2%
Multiple Sclerosis	61	2%
No relevant answer	50	2%
Parkinsons	23	1%
Amputee	20	1%
ASD, including Aspergers syndrome	43	1%
Bipolar	18	1%
Epilepsy	42	1%
Learning difficulties	20	1%
Prefer not to say	35	1%
M.E. or CFS	28	1%
Dyslexia	26	1%
Bowel disorder	26	1%
Miscellaneous chronic health condition	27	1%
High blood pressure, hypertension	29	1%
Kidney disease	34	1%
Neurological condition	29	1%
Limb deformity	16	1%

Q6.9. Please state what the disability is Response	*n*	%
Dyspraxia	7	<1%
Rheumatism	8	<1%
Peripheral Neuropathy	11	<1%
Base 2,868		

Survey Data Feedback

The following section sets out the analysis of the survey data collated from the Future Fit consultation survey. In total there were 18,742 responses to the survey. The full responses have been shared with the CCGs, to inform the decision-making process.

Cross Tabulation by Postcode

The survey responses have been split by area as outlined in the tables below. Where it can be identified we have also cross tabulated the data by those postcodes which contain areas that are considered by local authorities as 'rural' or 'deprived' to ascertain any key differences.

PLEASE NOTE – the areas have been identified by clustering the first half of the postcodes supplied. As only the first half of the postcodes were submitted, the category of the Wales/Shropshire border has been designated for those postcodes which could signify Wales or Shropshire meaning the respondents may use the services in both areas.

Survey responses by area	n	%
Telford & Wrekin	9525	51%
Shropshire	3519	19%
Wales/Shrop border	1604	8%
Powys	1463	8%
Postcode refused	1770	9%
Out of area	861	5%
Base	**18742**	**100%**

Survey responses by rural/deprived	n	%
Rural	6795	36%
Deprived	8321	44%
Base 18742		

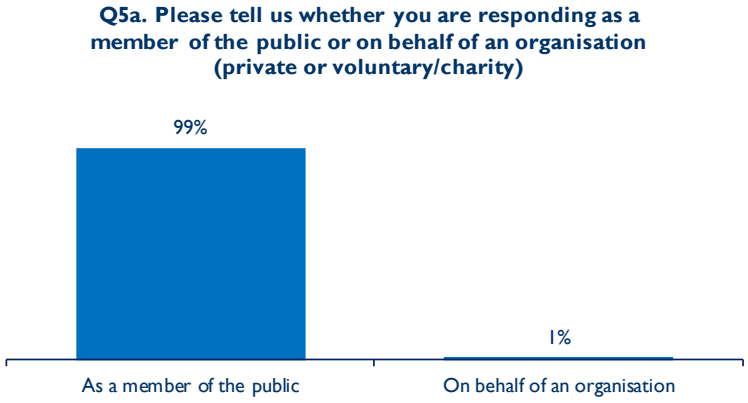
The table demonstrates that 51% of the survey responses are from the Telford & Wrekin area - this is understandable as Telford & Wrekin Council undertook a household mailing which included campaign material advocating Option 2 and encouraged its residents to submit the hard copy survey (illustrated in table below). To ensure there is not an unfair bias to the Telford and Wrekin area, all responses have been cross tabulated by locality to draw out key differences.

Survey method (area)	Shropshire		Telford & Wrekin		Wales/Shrop border		Powys		Out of area		Postcode refused	
	n	%	n	%	n	%	n	%	n	%	n	%
Online	1833	52%	3482	37%	839	52%	681	47%	812	94%	744	42%
Paper	1645	47%	5979	63%	737	46%	762	52%	49	6%	1011	57%
Online -Welsh	-	-	1	<1%	3	<1%	1	<1%	-	-	1	<1%

Survey method (area)	Shropshire		Telford & Wrekin		Wales/Shrop border		Powys		Out of area		Postcode refused	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%	*n*	%
Paper-Welsh	2	<1%	-	-	5	<1%	5	<1%	-	-	-	-
Screen reader	39	1%	63	1%	20	1%	14	1%	-	-	14	1%
Base 18,742												

Respondent Type

The chart below demonstrates that 99% of all survey responses were submitted from members of the public. 131 responses (1% of the total number of responses) were submitted on behalf of organisations with most from representatives of the NHS, charities or Councils.



Source: Participate 2018 **Base:** 18,405 (all respondents)

Q5b. Type of organisation Response	*n*	%
Medical practice or NHS trust	38	29%
Charity or not-for-profit	31	24%
Council	27	21%
Other	10	8%
Private individual	9	7%
Religious institution	5	4%
Political party	3	2%
Limited company	3	2%
No relevant answer	2	2%
Police	1	1%
University	1	1%
Nothing	1	1%
Base 131		

Q1. Please describe any impact you think the proposed model would have on you and/or your family

The table below outlines the themes to have emerged from this question and the frequency of mention. It should be noted that all frequency tables of themes demonstrate how often a theme has been mentioned in a response. As a response may have multiple themes, the total number of mentions may exceed the total number of responses received.

Q1. Please describe any impact you think the proposed model would have on you and/or your family. Theme	Frequency of mention
Shrewsbury too far for emergency care	3291
Need both hospitals with A&E	1562
Emergency care at Telford broadly supported	1455
General comment regarding distance, e.g. too far away/too far to travel	1436
Support option 1	1310
Public transport or travel to Shrewsbury is a problem	1245
Emergency care at Shrewsbury broadly supported	1152
Telford is a growing town so needs its own A&E	1112
General negative comment, e.g. not helpful/bad idea/don't like the proposals	1052
Telford too far for Emergency care	749
Shrewsbury is too far in general	675
I cannot support either option	645
Public transport or travel to Telford is a problem	541
Waiting time will increase and the hospital will have less available resources	534
Distance for Mid Wales has to be considered	522
General positive impact, e.g. a good idea/like the proposals/will improve services	509
Support option 2	497
Waste of previous investment into Princess Royal Hospital	410
No effect or impact	355
Telford is too far in general	333
Telford too far for planned care	316
Other (e.g. personal anecdotes/political views/comments on consultation)	313
Cost of travel (e.g. bus or taxi fares) or car parking	311
Increased pressure and strain on the ambulance service	294
Impartial to either option 1 or 2	232
Response does not relate to the question asked	107
Shrewsbury too far for planned care	71
Other Mid Wales comment	58
Elements of the costs of this plan affecting Mid Wales should be the responsibility of the Welsh NHS	45
Mid Wales is entitled to its own services in all respects; both options appear to leave the region worse off	45
No answer	43

Q1. Please describe any impact you think the proposed model would have on you and/or your family.	
Theme	**Frequency of mention**
Do not know	34
Mid Wales should not be included in this consultation	33
Base 15,329	

The table above outlines the range of themes to have emerged from the survey comments relating to Q1, which asked for the perceived impact of the proposed model. The overarching theme was around distance to travel to either hospital site with the most frequently mentioned relating to the view that Shrewsbury is too far to travel for emergency care – this reflects the fact that just over half (51%) of survey responses were from the Telford and Wrekin area.

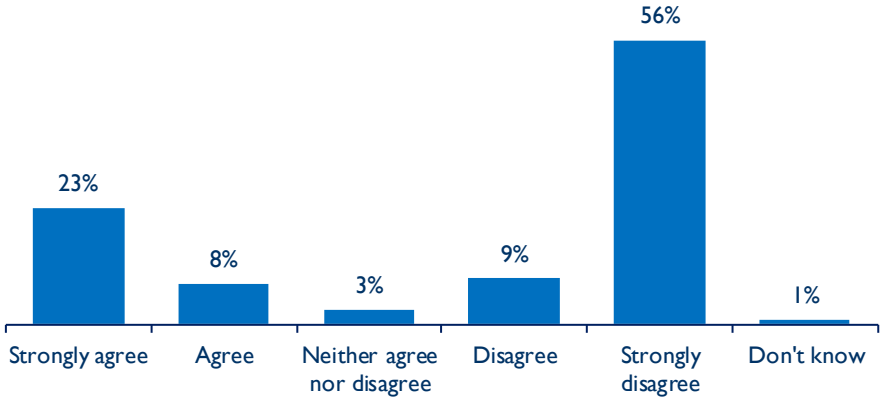
Similarly, the frequent mentions of support for the retention of emergency care at Telford is also reflective of the distribution of survey responses. There is also a frequently recurring theme around Telford and population growth with the view that emergency care should be retained at the Princess Royal Hospital to serve a growing population.

Also, as shown above, the view that both hospitals should retain an A&E was also frequently noted, along with a desire from respondents from all areas that they want to be in close proximity to emergency care. It is evident from the themes identified in the public meetings/pop up events that there is confusion around the definitions of emergency care/urgent care/A&E. Themes around perceived problems with public transport were noted by respondents from Shropshire and Telford & Wrekin – these related to patchy/irregular bus services, a lack of direct services to the hospitals, and problems relating to traffic congestion on the A5/M54. There were also concerns about ambulance travel times and strains on ambulance services with a model where there is only one emergency care centre, with fears this would potentially affect the 'golden hour' in which an emergency patient should be treated.

Concerns about distance and travelling time were particularly evident in the responses from respondents in Mid Wales, with more positive comments/support for Option 1.

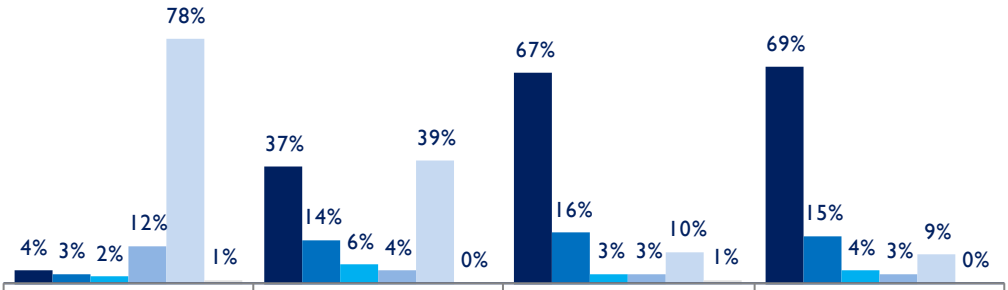
Q2. To what extent do you agree that Option 1 would meet your needs or the needs of the people you care for, or those of the group or organisation you represent?

Q2a. To what extent do you agree that Option 1 would meet your needs or the needs of the people you care for, or those of the group or organisation you represent?



Source: Participate 2018 **Base:** 18,212 (all respondents)

Q2a. To what extent do you agree that Option 1 would meet your needs or the needs of the people you care for, or those of the group or organisation you represent? By locality



	Telford & Wrekin	Shropshire	Wales/Shrop border	Powys
Strongly agree	4%	37%	67%	69%
Agree	3%	14%	16%	15%
Neither agree / disagree	2%	6%	3%	4%
Disagree	12%	4%	3%	3%
Strongly disagree	78%	39%	10%	9%
Don't know	1%	0%	1%	0%

Source: Participate 2018 **Bases:** Telford & Wrekin: 9,150; Shropshire: 3,505; Borders: 1,594; Powys: 1,454

Over half (65%) of all respondents to this survey question strongly disagree/disagree with Option 1, however, it should be noted most of these are from the Telford & Wrekin area (90% of all T&W respondents strongly disagree/disagree). In fact, 50% of all responses to this question are from the T&W area, compared to 19% from Shropshire, 9% from Wales/Shrop border and, 8% from Powys (this breakdown does not total 100% as the other 14% either didn't state a postcode or are out of area, but their responses are accounted for within the total response rate to Q1).

31% of all respondents strongly agree/agree with Option 1. Respondents from the Wales/Shropshire border and the Mid Wales areas show the highest levels of agreement with Option 1 (83% and 84% of respondents from those areas strongly agree/agree). Interestingly, 37% of all respondents from the Shropshire area strongly agree and 39% strongly disagree showing a fairly even split in levels of agreement/disagreement. This aligns to the coded themes which demonstrate that many respondents feel that there should be emergency care at both hospital sites.

Other Cross Tabulation of the Data

By undertaking further cross tabulation it is apparent that levels of agreement with Option 1 are higher amongst those respondents in rural areas (53%) compared with only 15% in other more urban locations. However, the majority (88%) of those living in rural areas in Telford and Wrekin disagree with Option 1.

Q2b. Please explain the reasons for your answer to Q2a.

Q2b. Please explain the reasons for your answer to Q2a. Theme	Frequency of mention
Reasons for agreeing with Option 1	***Base: 5,200***
Option 1 provides greater accessibility for the majority of people in an emergency situation	2185
Option 1 is more convenient for me and my family or closer to home	1480
PRH is inaccessible or simply too far away	729
Better quality services will be provided under this option	310
Patients in Telford can access emergency care in Shrewsbury or Wolverhampton	229
Option 1 appears preferable overall despite accessibility concerns that arise from both options	226
Travelling to Telford for planned care is manageable; I need emergency services close by	191
Generic agreement or positive comment	148
I do not support either option as both hospitals should be able to provide all types of care	127
Option 1 is preferable for me, but I would still prefer services to be available closer to home	127
Other (e.g. personal anecdotes/comments on consultation)	121
The changes will not negatively impact me or I accept that travelling for care is necessary	84
It is the preferred option of NHS Shropshire and Telford & Wrekin CCGs	79
This option makes financial sense	60
RSH has more space to expand or existing facilities to support the proposed changes	53
I would not be in favour of having any services located in Telford	47
Services for women and children should be available at RSH	39
Response does not relate to the question asked	38
No answer	21
Total Base 16,406	

As illustrated above, the main themes around agreement with Option 1 relate to greater accessibility for the majority of people in an emergency situation and convenience/proximity to home. It was also perceived that is may result in higher quality services for patients. These views were mentioned more frequently by respondents in Shropshire, Wales/Shropshire border and Powys.

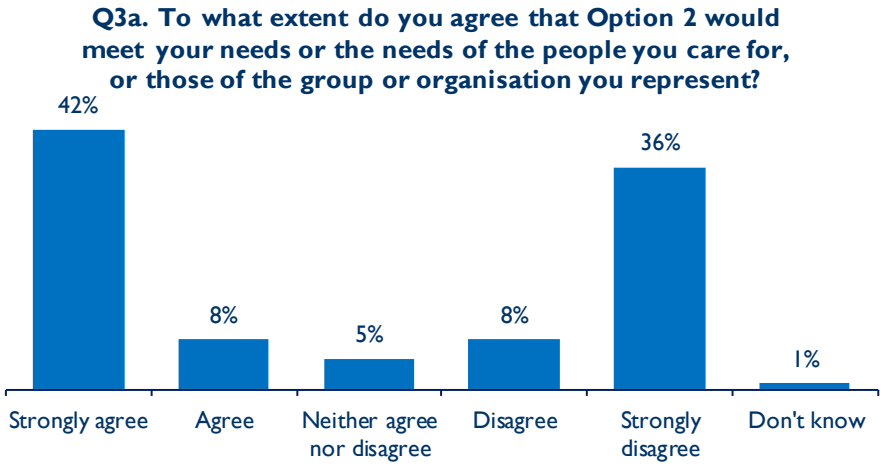
Q2b. Please explain the reasons for your answer to Q2a. Theme	Frequency of mention
Reasons for disagreeing with Option 1	***Base: 10,500***
The extra distance to A&E will be life threatening and will be exacerbated by frequent traffic jams on the A5 to RSH	3126
Telford needs its own 24 hour A&E	2140
Because Telford has a growing population	2009
Separating different types of care between two hospitals would cause undue inconvenience	1779
Both hospitals should be able to provide all types of care	1687
Care for women and children should not be removed from Telford	939
The changes will place additional pressure on overstretched services	572
Because Telford has newer facilities or better transport links	534
The changes are too costly or a waste of money, and the money would be better spent on improving or expanding services	523
The extra distance would encourage people to call ambulances more frequently or avoid seeking medical care altogether	454
Residents of Mid-Wales should have their own hospital with A&E	453
Option 2 is preferable given my location; proximity to planned care is less of a concern than emergency care	447
There is no room for expansion at RSH and parking facilities are already insufficient	307
The population of Telford is younger and therefore more likely to require emergency care	276
I do not believe any changes should be made	226
Generic negative comment	190
The changes are politically motivated and do not have the best interests of the patients at heart	188
The focus should be on improving efficiency, not cutting services to reduce costs	174
The population of Telford are economically disadvantaged and likely to be unable to afford to travel the extra distance	170
A central A&E site is the best solution	65
Other (e.g. personal anecdotes/comments on consultation)	63
Response does not relate to the question asked	60
No answer	11
Do not know	2
Total Base 16,406	

Reasons for disagreement with Option 1 related to travelling times to the RSH/traffic delays and a perceived increase in risk to life, and a belief that Telford should retain existing services, particularly in the context of a growing population. These themes are particularly apparent in the responses from Telford and Wrekin respondents.

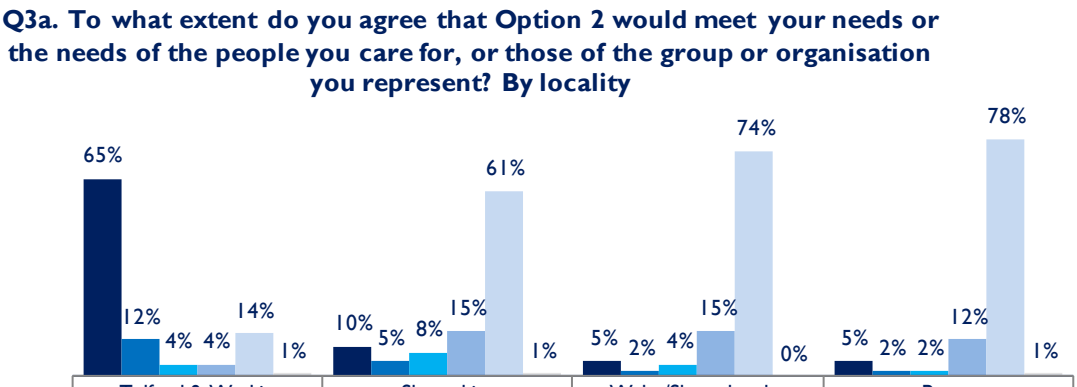
Q2b. Please explain the reasons for your answer to Q2a. Theme	Frequency of mention
Reasons for neutral responses regarding Option 1	***Base: 706***
I do not support either of these options; there are positives and negatives to both proposals	89
Concerns about accessibility as a result of separating services	86
Both hospitals should be able to provide all types of care	73
I would prefer to have emergency care closer to me	53
Both hospitals should have full A&E services	50
I do not usually attend either of these hospitals or these changes will not affect me	49
I do not feel informed enough to make a decision	46
Other (e.g. personal anecdotes/comments on consultation)	42
Services would be overcrowded under either option	29
Either option is as good as the other	28
I would prefer to have planned care closer to me	27
Either option is as bad as the other	26
I am not yet sure how these changes will impact me and my family	25
On balance I would prefer Option 2	25
I just want to see an improvement in services	25
The proposed changes do not put patients first	21
On balance I would prefer Option 1	19
I want to remain impartial	16
The changes are too costly or a waste of money	16
A new centralised hospital would be the best solution	15
Response does not relate to the question asked	15
Mid-Wales needs its own hospital	13
We should keep and upgrade the existing services	11
Do not know	10
No answer	6
Total Base 16,406	

Overall, 4% of respondents did not agree or disagree with Option 1. Themes apparent here relate to positive and negative elements within both proposals, concerns about accessibility if services were to be separated and a belief that both hospitals should provide all services.

Q3a To what extent do you agree that Option 2 would meet your needs or the needs of the people you care for, or those of the group or organisation you represent?



Source: Participate 2018 **Base:** 18,258 (all respondents)



	Telford & Wrekin	Shropshire	Wales/Shrop border	Powys
Strongly agree	65%	10%	5%	5%
Agree	12%	5%	2%	2%
Neither agree / disagree	4%	8%	4%	2%
Disagree	4%	15%	15%	12%
Strongly disagree	14%	61%	74%	78%
Don't know	1%	1%	0%	1%

Source: Participate 2018 **Bases:** Telford & Wrekin: 9,403; Shropshire: 3,435; Borders: 1,551; Powys: 1,402

Around half (50%) of all respondents to this question strongly agree/agree with Option 2, however, it should be noted most of these are from the Telford & Wrekin area (77% of all T&W respondents strongly agree/agree).

However, nearly half (44%) of all respondents also strongly disagree/disagree with Option 2. Respondents from Shropshire, Wales/Shropshire border and Powys show the highest levels of disagreement with Option 2 (76% - Shrop, 89% - W/Shrop and 90% - Powys of respondents either strongly disagree/disagree).

These findings demonstrate that there is strong support for Option 2 from respondents from the Telford & Wrekin areas, whereas findings from Q1 demonstrate that Option 1 is more strongly supported by Mid Wales and Shropshire.

Other Cross Tabulation of the Data

Levels of disagreement with Option 2 were higher in rural areas (63%) compared with 30% in more urban areas. Those living in rural areas of the Wales/Shropshire border and Powys overwhelmingly disagreed with Option 2 (88% and 90% respectively).

Q3b Please explain the reasons for your answer to Q3a

Q3b. Please explain the reasons for your answer to Q3a. Theme	Frequency of mention
Reasons for agreeing with Option 2	***Base: 8,301***
I or my family would be closer to Emergency Care in Telford	2475
Telford is better located: central to more people, more easily accessible by road and public transport	2270
Option 2 better suits the needs of Telford and nearby towns due to population demographic	2133
Departments for women and children should stay in Telford due to recent investment	753
Option 2 is cheaper or more cost effective	601
Telford has newer or better facilities than RSH, I am more satisfied or confident that PRH can meet my needs	467
I think that emergency care should be available at PRH and RSH	370
Generic positive or affirmative comment regarding Option 2	335
Although option 2 is better for me personally or overall, I disagree with the changes overall	262
It is easier to make advance arrangements for travel with planned care, so the distance to RSH is acceptable	233
Other (e.g. personal anecdotes/comments on consultation)	176
I do not believe any changes should be made to services available at each hospital	108
I have a mild preference for option 2, but am displeased with both options	106
I prefer option 2	96
I am more conveniently located to travel to planned care in Shrewsbury	86
Reduced pressure and strain on the ambulance service	61
Do not know, neutral or undecided	25
Response does not relate to the question asked	23
No answer	16
Total Base 16,445	

Given that the survey responses are weighted towards Telford and Wrekin, it is understandable that the key themes that emerge around support for Option 2 relate to a preference to be closer to emergency care, and the view that Option 2 is better suited to Telford and its demographics. Other key themes include the preference for the Women and Children's unit to remain in Telford, and the view that Option 2 is more cost effective/cheaper than Option 1.

Q3b. Please explain the reasons for your answer to Q3a. Theme	Frequency of mention
Reasons for disagreeing with Option 2	***Base: 7,095***
I have concerns about how the extra distance to A&E (in Telford) will impact me and my family in an emergency	3332
Both hospitals should be able to provide full emergency care, lives will be lost if they do not	1413
Option 1 better meets the needs of more people	1120
I do not believe any changes should be made	327
I do not support either of these options or I am unhappy that I am forced to make a choice	300
Other (e.g. personal anecdotes/comments on consultation)	279
General negative comment RE option 2 or affirmative of option 1	203
Inconvenience of the distance to Shrewsbury for planned care	182
I support option 1	142
I think that PRH is suited to provide better planned care than RSH	85
Preference for Option 1 as the preferred action of the trust	56
Response does not relate to the question asked	44
No answer	22
Do not know, neutral or undecided	12
Total Base 16,445	

Again, themes around disagreement with Option 2 relate to extra distance travelled to access emergency care – a concern particularly for those in more rural areas and those living on the Wales/Shropshire border and Powys. It is also reaffirmed that there are feelings there should be an emergency care provision at both hospital sites.

Q3b. Please explain the reasons for your answer to Q3a. Theme	Frequency of mention
Reasons for neutral responses regarding Option 2	***Base: 1,049***
Both hospitals should be able to provide all types of care	286
Other (e.g. personal anecdotes/comments on consultation)	172
I find both options to be problematic	170
I Support option 1	125
These proposals make no difference to me	103
I Support option 2	74
Do not know, neutral or undecided	63
I do not yet have enough information to answer this question	53
Response does not relate to the question asked	24
No answer	16
Total Base 16,445	

In terms of the 5% of respondents who did not agree or disagree with Option 2, the main themes relate to the belief that both hospitals should provide the full remit of services.

Q4a Can you think of any factors that are important to you that we have not taken into account?

Q4a. Can you think of any other factors that are important to you that we have not taken into account? Theme	Frequency of mention
No further comment	1978
Unreasonable distance or time taken for people to travel (for emergency or planned care)	1476
General comment regarding public transport or travel (e.g. bus routes)	1011
Both hospitals need to retain their emergency unit (A&E)	928
Due to growing population in Telford both hospitals need to retain all their services	842
Waste of previous multimillion pound investment put into Princess Royal Hospital	840
Changes could result in loss of life	640
Political comment (i.e. about the NHS or Government or cuts)	602
Other (e.g. personal anecdotes, comments on consultation)	513
Both hospitals should remain as they are	469
Parking at both sides should be considered	430
Issues with employment or hiring staff	408
Increased pressure on ambulance service	405
Support option 2	373
Princess Royal Hospital is the better or more suitable hospital for emergency care (re. access or buildings)	372
The changes will be difficult for the elderly	353
Would like more locally based services, such as surgeries, cottage hospitals, etc	343
Distance for Mid Wales has to be considered	337
Road access is poor and slow in the area (congestion or roadworks)	332
General comment regarding cost	331
Cost of travel between the 2 sites would be too high for many residents	326
Further questions, concerns or criticisms regarding the consultation	312
rowing population generally is an issue	301
Response does not relate to the question asked	222
No answer	196
Elements of the costs of this plan affecting Mid Wales should be the responsibility of the Welsh NHS	172
Support option 1	166
The impact on waiting times	150
Royal Shrewsbury Hospital is the better or more suitable hospital for emergency care	150
New shared hospital located between both current hospitals providing all types of care would be more suitable	145
Due to growing population in Shropshire both hospitals need to retain all their services	137
You have already decided or it is a done deal	131
Patients in Mid Wales should have a voice	123
May lead to an increase in funding needed by the ambulance service	111
Merged hospitals could lead to a lack of amenities and possibly cost implications	108
Telford residents have access to larger A&E (e.g. Wolverhampton)	93
RSH needs to be improved or is outdated	88

Q4a. Can you think of any other factors that are important to you that we have not taken into account? Theme	Frequency of mention
The money wasted on this process should be or have been used elsewhere	74
Mid Wales is entitled to its own services in all respects; both options appear to leave the region worse off	57
Changes could lead to local people losing their jobs	44
Do not know	11
Total Base 12,965	

The table above and over the page demonstrate that the most frequently occurring themes relate to distances travelled to access emergency or planned care, and difficulties in using public transport to access these services. Other strong themes include the view that both hospitals should retain a full range of services (and particularly Telford) due to population growth. Concerns around perceived wastage of previous investment at the Princess Royal Hospital and its Women's and Children's Unit also receive frequent mentions.

There are also concerns that the proposed model is a political and cost-cutting exercise. Some respondents felt that the exercise had already 'gone on too long' and a decision needed to be reached.

Q4b Please give any other comments about the proposed changes to our hospital services

Q4b. Please give any other comments about the proposed changes to our hospital services Theme	Frequency of mention
At very least, both hospitals should have A & E; splitting emergency from planned treatments is not sufficient for needs	1261
General negative reaction to the plan as a whole (e.g. dislike the proposals/Future Fit/needs rethinking)	1206
None	1098
Women & Children's Unit at PRH is a relatively new, custom-built facility that saves babies lives and cost a lot	877
No new "other comments"; already covered elsewhere (incl. I prefer option 1 or 2)	782
There is an Option 3 – leave things as they are	697
Telford is the growing population & is going to be a city, so losing its A & E is a poor option	684
The extra travelling will be too much	652
Other comments (e.g. personal anecdotes)	575
Closure of any units will hurt local people and put lives at risk	524
The plan is based on political cost-cutting; not a beneficial reorganisation of services	522
No answer	461
Future Fit plan is flawed & expensive; it needs to be replaced	447
Other comments relating to specific locations	428
General positive comments about the plan as a whole	360
Whichever option is chosen, a decision needs to be made ASAP; this process has been going on far too long	333
All communities require full services; any changes should not pit one part of the region against another	314
Resources need to be directed at improving and modernising existing hospitals in the region to retain services locally	278
Transport NHS is already overstretched; longer distances will be a risk to life	275
Concerns relating to car parking facilities	260
Public transport is inadequate to cater for some of the longer journeys these changes will require	254
Priority should be cutting wastage caused by mismanagement; not cutting costs via closing facilities	233
Any new facilities should be at one new hospital, more centrally located , with state of the art facilities	211
The consultation is useless, as a decision has already been made	200
Mid Wales is entitled to its own services in all respects; both options appear to leave the region worse off	197
Elements of the costs of this plan affecting Mid Wales should be the responsibility of the Welsh NHS	179
Issues with employment or hiring staff	164
Would like more locally based services, such as surgeries, cottage hospitals, etc.	162
Further questions, concerns or criticisms regarding the consultation	162
The plan will only increase the burden on doctors, nurses & other staff, all of whom are already over-worked & stressed	158
This is a sensible, fully integrated system that will result in reduced waste of resources + greater overall efficiency	153
Response does not relate to the question asked	123
There should be an overall increase in NHS funding	78
Transport and road infrastructure needs to be improved	61
The decision should be made by medical professionals	43
Any changes need to be better explained through advertising or PR	40

Q4b. Please give any other comments about the proposed changes to our hospital services Theme	Frequency of mention
The money saved through Option 2 could be spent elsewhere	26
Something needs to be done about health tourists or foreigners using our NHS	11
Total Base 12,206	

Feedback from Key Stakeholders

The following section sets out the feedback from key stakeholders in terms of the letters/emails they submitted and their survey responses (where these could be identified). They have been grouped into key categories. In addition, the team at Future Fit has received these responses in full to review and discuss during the consideration phase. The CCGs have produced two reports which detail the feedback from individual and organisational stakeholders.

Stakeholder group	Letters/emails	Survey responses
Voluntary sector	2	31
Shropshire Council	1	0
Telford & Wrekin Council	10	0
Powys County Council	1	0
Powys Community Health Council	1	0
Other Welsh Councils (Community Councils)	5	8
Robert Jones & Agnes Hunt Orthopaedic Hospital	1	0
Royal Wolverhampton	1	0
Wye Valley NHS Trust	1	0
Midlands Partnership NHS Foundation Trust (Shropshire Care Group)	1	0
Powys Teaching Health Board	1	0
Hywel Dda University Health Board	1	0
Welsh Ambulance Services NHS Trust	1	0
Public representatives (MPs, councillors)	17	17
Healthwatch Shropshire and Healthwatch Telford & Wrekin	1	1

The following sets out the key themes to have emerged from these stakeholder groups.

Voluntary Sector

- Voluntary sector stakeholder survey responses indicate more support for Option 1, but it also depends on where the organisations are located – issues of distance to emergency care are noted by Telford based organisations which prefer Option 2
- Transport is an issue – good community transport is required

- Important that cancer patients are treated as close to home as possible
- Increased journey times are difficult for people with long term conditions
- More support is needed for vulnerable people who have to travel to hospital alone/impacts on the amount of visitors received in hospital
- More information needed on how community services will be enhanced/adapted
- Need more Welsh language support in RSH
- Consider delivering clinics in local settings.

Shropshire Council

- No clear support for either option
- People living in rural communities will experience long journeys whichever option is selected
- The priority should be the availability of safe and clinically effective treatment/services
- Particular consideration should be given to the development of community health and social care services in order to reduce the need for hospital based inpatient and outpatient care, e.g. “Care Closer to Home”.

Telford & Wrekin Council

- Support Option 2
- Queries regarding the sources of capital funding
- Query regarding why the Northumbria model doesn’t appear as a third option?
- Request for clarification on sources of capital for Future Fit
- Concern that NHS staff are not being encouraged to voice their views on the proposals
- Concern about cancellation of pop up events
- Concern that the CCGs’ emphasis on travel times is misleading/encouraging people to support Option 1
- Question re implications for Option 1 (North West Midlands & North Wales Trauma Network) resulting from NHS Wales’ establishment of Major Trauma Network serving all of South and Mid Wales.
- Concern around hospital staff being able to speak freely about proposals.

Powys County Council

- Powys County Council strongly support Option 1 as set out in the consultation documents on the basis that the changes place quality at the centre including the availability of specialists in one centre of excellence
- However, the issue of travel and the distances for informal carers and next of kin who need to visit patients at Telford is acknowledged
- Any new development which aims to serve the population of Powys needs to be culturally appropriate and all signage and public information should be provided bilingually (Welsh and English). This should be supported by language awareness training to staff.
- Greater emphasis should be placed on outreach services into Mid Wales and the use of digital care solutions that help improve access
- Retention of some critical services at Shrewsbury, such as the Lingen Davies Cancer Centre and the return of the women and children's inpatient services, as well as acute stroke services is welcomed.

Powys Community Health Council

- Powys Community Health Council wish this response to be seen as an interim response and reserve the right to comment further once the findings from the consultation responses are available
- Views from members of the public suggest a clear consensus in favour of Option 1
- There will be an impact on patients and relatives/carers by having to travel to either hospital, but the difficulty travelling to Princess Royal Hospital, Telford is noted and is particularly difficult for older people and people who do not have their own transport.
- Other reasons for supporting Option 1 include the lack of public transport, particularly from rural areas, and the desire to have more services provided in Powys.

Other Welsh Councils (e.g. Community Councils)

Responses indicate support for Option 1 with the following additional observations:

- Long term, Option 1 is the most cost effective and would mean that fewer people have to change which hospital they already use and fewer people would have to travel further for emergency care.
- Few volunteer driver schemes in Wales
- Greater emphasis should be placed on outreach services into Mid Wales and the use of digital care solutions
- Rural nature of Wales means accessibility issues to hospitals - snow in winter means communities can be stranded with no hospital access
- Concerns over long travel time to the Women and Children's Centre if relocated
- Concerns over long travel time to relocated stroke services
- Telford doesn't have Welsh speaking staff - dangerous for Welsh patients
- Bring more planned care to Montgomeryshire
- Build an outreach surgical and endoscopy procedure centre at Newtown
- Improve tele-healthcare.

Robert Jones & Agnes Hunt Orthopaedic Hospital

- Supportive of the preferred option subject to assurances that orthopaedic trauma surgeon rotas are taken into account. RJAH are supportive of the proposed models and value the opportunity to consolidate MSK and orthopaedic care.

The Royal Wolverhampton NHS Trust

- The Trust, in principle, supports the preferred option (option 1) arrived at by the Future Fit programme, recognising that there are arguments in favour of both sites and these need to be balanced and prioritised.
- The Trust is keen to explore the potential impact of any short-term decisions around the configuration of emergency and maternity services, and the implications this may have on the longer term patient pathways and flows.

Wye Valley NHS Trust (WVT)

- WVT support the CCGs preferred option where the Royal Shrewsbury Hospital becomes the Emergency Care site and the Princess Royal Hospital becomes the Planned Care site.

Midlands Partnership NHS Foundation Trust (Shropshire Care Group)

- The Trust is supportive of Royal Shrewsbury Hospital (RSH) becoming the centre for emergency care with Princess Royal hospital (PRH) becoming the centre for planned care. This is because the Redwoods Centre (in-patient mental health unit) is based in Shrewsbury neighbouring RSH, so it is important to have access to emergency acute care.
- The Trust feel it is important that they continue to be involved with changes in services within SaTH to ensure that the configuration and operating times of the RAID teams meets the needs of the services based in RSH and PRH.

Public representatives (MPs, Councillors)

Responses from public representatives were mixed with some clear support for Option 1 or 2 and some not in support of either option, despite understanding the need for change. Specific themes included:

- Need a regional centre of excellence
- Why isn't a single site along the lines of the Northumbrian model included as an option?
- Concern that neither of the options will improve local services/either would lead to the downgrading of one hospital/both options will not improve health provision in the long term
- Question on how cancer care will be impacted by Future Fit proposals
- If Option 2 is cheaper in the short term, why is Option 1 cheaper in the long term?
- Concerned about CCG lack of response to questions on care closer to home/ambulance service/public transport/management of UCCs/Option 1 loan cost/NHS land sales.
- Concern about travel implications for residents of North Powys – need to strengthen community transport links from the Newtown area to Shrewsbury

- Need a 24 hour ambulance station based in Llanidloes /new integrated hospital at Newtown as soon as possible.
- Option 1 better for patients in mid Wales
- Option 1 demonstrates little understanding of Telford/health needs relative to more affluent Shrewsbury.
- The public will struggle to understand and make appropriate use of the different types of hospital care as between Critical Care Units, Ambulatory Emergency Care Units and Urgent Care Centres.
- Women and Children's Unit should remain in Telford –due to more births/higher levels of deprivation.

Healthwatch Telford & Wrekin

- Strong rationale for selecting Option 2
- Whatever the solution selected for SaTH, it must be predicated on future statistics and have the longevity to serve the county for the next 30 years or more
- With an ever increasing and much younger population in T&W rather than Shropshire, there is a strong, compelling argument to retain the existing and relatively new clinician led Mothers and Children's unit at PRH
- Travel and transport is a frequent issue of concern raised by the community, especially the deprived and vulnerable.
- One area that HWTW feel the FF team have not properly considered is the potential income drift (funding follows the patient) that both Options are likely to generate
- Data suggests that the staff numbers will have to be increased which in turn, places additional stress on the financial model
- Community health needs more consideration.

Healthwatch Shropshire

- Healthwatch Shropshire neither agree nor disagree with the proposals.
- The common concern amongst the public is travel and transport and accessing not only emergency but also planned care.
- Depending on their location and their personal circumstances the views of the public differ: the south and west prefer option 1, but the north and east would be option 2.
- The consultation has been wide-ranging and comprehensive
- An early decision would be welcome as early as the proposals affects other decision making and recruitment to the hospital trust which ever option is decided upon.

Powys Teaching Health Board

- PTHB emphasise that this an initial response
- Powys Teaching Health Board continues to strongly support Option 1, however, there is a need for commitment to develop proposals for more planned care to be delivered closer to home, hence helping to mitigate any adverse impact of planned care changes.

  Other key considerations include:

  - The strategic importance of Shrewsbury as a Trauma Unit and Emergency Centre as part of the North West Midlands and North Wales Major Trauma Network which will continue to be the designated Trauma Network for the region.
  - SaTH currently provides a range of consultant outreach clinics and services in Powys, and PTHB wish to see a clear commitment to enhancing this.
  - PTHB wish to see a clear commitment to different models of planned care that enable people to have some of their care pathway in Powys supported by out-reach services, shared care and telemedicine.

  There is considerable concern that some planned care services would move further away for some Powys residents. Suggestions to mitigate this include:

  - A commitment to strengthen partnerships between the NHS in mid Wales, The Shrewsbury and Telford Hospital NHS Trust, and the wider Shropshire and Telford & Wrekin health system to enable more elements of the planned care

pathways to be provided in Powys using shared care arrangements and out-reach services for example.

- Through this, committing to developing proposals to work in partnership to bring more care closer to home for the people of Powys, including routine minor surgery and endoscopy.
- Committing to specific work with Welsh Ambulance Services NHS Trust on Non-Emergency Patient Transport, and with Powys County Council and local community transport providers, to strengthen travel and transport for planned care.
- Exploiting the opportunities of tele healthcare to reduce the need to travel to hospital, as well as enhancing the range of consultant outreach services available within Powys.
- Improving appointment scheduling to recognise the travel and transport time from mid Wales to Telford.
- Maintaining and strengthening services at Gobowen.
- Seeking opportunities for closer working between SaTH, Hywel Dda University Health Board and Betsi Cadwaladr University Health Board for the delivery of services for the communities of mid Wales – including through the Mid Wales Joint Committee for Health and Care and its Clinical Advisory Group.
- Specifically raising with Welsh Government and UK Government the need to implement cross-border travel passes so that eligibility for travel concessions does not end at the border.

Hywel Dda University Health Board

- Option 1 is preferred
- There are already well established clinical networks and pathways in place between Bronglais General Hospital and Shrewsbury Hospital with work on-going on strengthening these further. Option 1 would provide more opportunities for closer working between Shrewsbury Hospital and Bronglais Hospital for the delivery of services for the Bronglais catchment area. This option would also support the work which is on-going on strengthening the clinical networks and pathways between these two hospitals.

- Patients from the Bronglais Hospital catchment area who need to be referred to SaTH based hospital services for more complex treatment would not incur any unnecessary travel.

Welsh Ambulance Services NHS Trust

- The two options present different implications for the operational delivery and future resource requirements for the EMS and NEPTS services.
- The consultation response is caveated until the outputs of the ambulance modelling exercise led by ORH are known, and there is clearer understanding/quantification of the impacts upon service delivery and operational capacity.
- In relation to Emergency Medical Services (EMS) key considerations should include:
    - Impact upon travel time & ambulance job cycle
    - EMS Operational Deployment Model
    - Service location & clinical pathways:
    - Hospital Handover Delays
    - Secondary Transfers

- In relation to Non-Emergency Patient Transport Service (NEPTS) key considerations should include:
    - Impact upon travel time for NEPTS patients:
    - Increased demand for NEPTS
    - Patient Repatriation:

- In summary, the Welsh Ambulance Service would be supportive of the proposals outlined in Option One, pending the outcome of the ambulance modelling exercise and on the basis that any additional EMS or NEPTS resourcing required to optimally support the proposals, will be fully commissioned.

Other Responses

The following sets out the 'other responses' received to the consultation in terms of emails and documents. These responses have been coded for common themes (outlined within the frequency tables in this section). The themes have informed the summary of findings at the start of this report. In addition, the responses in full along with any evidence files submitted have been passed to the team at Future Fit to review and discuss during the consideration phase.

Responses (outside of the survey) were received from 152 members of the public, 2 campaign groups, 2 patient groups, 3 NHS staff members. Some stakeholders provided more than one response from different respondents within their organisation. For this reason the number of stakeholder responses is greater than the number of stakeholders.

Evidence Files

From the Other Submissions listed above, 24 submissions were received referencing evidence for the CCG to consider. The table on page 64 shows the source of the response and a brief summary of the nature of the evidence. Each of these submissions has been passed to Future Fit for consideration in full.

Summary

Overall, the 'other responses' received correlate with the main themes identified via the consultation survey. Key themes include concerns around longer journeys/traffic congestion to access emergency care particularly for those in rural areas, e.g. risk to life/golden hour. Linked to this, the other key issue is travel and transport in particular a lack of suitable public transport to access services e.g. sparse/infrequent services in rural areas. The associated cost of public transport (for longer journeys) was also seen as prohibitive.

Issues related to population growth and demographics were also noted; in particular the view that two 'A&E' departments are required to adequately provide for the area covered by Future Fit. It is evident from all dialogue methods that there is confusion around the distinction between urgent care/emergency care/A&E and which services will be provided.

The main area-specific themes are outlined below.

Shropshire

Although there is clear support for Option 1, concerns are still apparent particularly in relation to travel and transport and the potential for increased journey times to access planned care.

Telford & Wrekin

There is clear support for Option 2 on the basis that Shrewsbury is too far away to safely access emergency care/concerns about ambulance response times/risk to life. There is also a view that Option 2 makes better financial sense.

Again, inadequate public transport and insufficient/costly parking are identified as issues for those accessing planned care or visiting family members at RSH.

The other key issue for Telford & Wrekin is the location of the Women and Children's facility. There is a strong view that re-siting is a waste of the previous investment made and Telford is a more appropriate location for this facility due to its growing, younger, population.

Powys/Mid-Wales

It is evident that there is support for option 1, and a preference to be nearer to an emergency department. However, issues relating to travel and transport are evident given the rural nature of the area and travel times/distances (particularly in winter weather).

The following tables outline the themes from all of these responses including the evidence files.

Other responses themes
Emergency care
Will the emergency care site not do any planned care?
More evidence needed to prove the success of 'expert surgeons'
Would patients still have to travel to Stoke for certain things? i.e. cardiac arrest
Concern over ambulance response rates to Ludlow area
Concern around ambulance response times in Powys
Concern around efficiency of cross border ambulance journeys
Both locations should have equal access to emergency services
A&E in the middle of both sites would be more practical and would have better transport links
Telford and Shrewsbury have growing populations
Overstretched ambulance services and air ambulances- concern over golden hour
A "First Responder" service should be rolled out in communities for emergencies
No evidence that closing one of two A&Es will improve clinical outcomes
Need to retain emergency care at both hospitals
What is 'complex surgery'?
Question on how one A&E can meet four hour target when existing ones can't.
A patient from Broseley who requires emergency treatment will have to travel an additional 18 miles to the A&E RSH/dangerous situation
No clinical justification for either Emergency or Planned Care at Telford rather than Shrewsbury.
Make Shrewsbury the centre of excellence with a really good A + E and all the other services that surround the A + E hub.
Concern that A&E at PRH can only handle treatment for 60% of its catchment
PRH A&E is busier
Planned care
More info needed over clinical services planned for option 1
Regional facilities will alleviate bed blocking
Need cancer centres at both sites
Concern over arrangements for cancer care
Urgent care
More information needed on UCCs to persuade public
Why is relocating A&E the preferred option?
People are misusing A&E and should be going to a walk in centre
Site urgent care centres at existing Community Hospitals and MIUs
What is difference between urgent care & A&E?

Maternity/children's services
Closing maternity ward at RSH shows no thought for the future
Why move the WCC in opt 1?
Money has just been spent on PRH - to move services is galling
Concerned about impact of proposals on new born babies/ill people
Retain maternity services at Telford
Oppose closure of Women and Children's Unit
Understand/agree with a major trauma unit at RSH, but not at the cost of Women's and Children's unit at PRH,
Doesn't make sense for Women & Children's Unit to move/new facility/main users are in Telford area
Stroke services
Information on stroke care provided as part of Future Fit consultation is incorrect
Question about location of stroke unit under Option 1
Travel/transport
Upgrade poor transport links between the 2 locations
Build a multi-storey car park at Shrewsbury to alleviate congestion
Distance from Ludlow & Shropshire to Telford is too far to travel for A&E
No plan for rural GP efficiency to serve countryside
Concern over those who can't drive and how they would access hospitals
Car parking at both sites is inadequate
Should be a Park & Ride for PRH during peak times
Shropdoc unit at RSH hard to visit due to parking
People are unable to access main hospitals via public transport
South and South West Shropshire and Mid-Wales have no access to public transport - far from both sites
Rural areas have an ageing population with greater needs & difficulty accessing transport
Concern over patient travel for Planned Care
Visitors might struggle to visit patients if travel is tricky - damage patient morale
Lack of transport facilities in Lydham
Question on number of people who will travel to Wolverhampton if A&E closes in Telford
Park and Ride Oxon bus should stop at RSH
Shrewsbury too far/PRH was opened because of this
No answers on transport provision or ambulance capability to respond
Mid-wales patients will have to travel long distances
Worrying implications of people having to travel from Mid Wales to Telford for treatment is worrying/feasibility of air ambulance.
Proposals will impact air quality/travel/where is environmental impact analysis?
Dissatisfaction with content of environmental impact analysis
Patients from Wales will prefer to travel to Aberystwyth/Cardiff for planned treatment/free Welsh travel over 60s/free parking

Finance
How will the £300m be paid back?
Query over the interest rate on the £300m & payment terms
Management team focused on cost cutting rather than delivery
Too much middle management at both sites which is expensive
You are cutting services and spending poorly with no regard to the future
NHS underfunded, can't be effective or meet population needs
Area needs additional funding due to rural nature
CCG is one of the largest - why underfunded?
People are willing to pay more to fund NHS
Financial situation has been concealed by FF
Spending plans for option one are misleading
Primary care is underfunded
£3.3m to remove needed services from Telford is illogical
Should explore options to raise money from asset disposal
Financial predictions out of date
Question re capital funding and impact on Future Fit
Question on RSH capital costs under 'better long term value' procedure
Why is Option 1 preferred when this is a greater cost than Option 2?
Local authority has been ignored in development of local health service infrastructure/sharing of capital investment
Questions around affordability of Option 1
References to Rider Hunt report
How much does Wales pays SaTH per year for the hospital services used by Welsh patients?
Financial appraisals not clear/rely on assumptions
Data/comments on capital cost calculations from Rider Hunt
Why move to Shrewsbury following large capital investment at PRH?
Query re cost savings for SaTH as a result of proposals
What additional funding will be available for primary care?
Queries re land purchase/works at the PRH site/financial modelling/why is Option 2 (the cheaper option) not the preferred option?

Evidence Files Received In total, 24 submissions were received referencing evidence for the CCG to consider. The following table shows the source of the response and a brief summary of the nature of the evidence. Each of these submissions has been passed to Future Fit for consideration in full.

No.	Source	Summary
1	Patients Group	Concern that Future Fit is now only considering the acute services located in Shrewsbury and Telford, while funding for local services is being scaled back. Concern that Ludlow Hospital, its MIU and MLU are vulnerable. Ludlow was to have an Urgent Care Centre, Local Planned Care, and a Community Hub to support those with long term conditions under previous Future Fit plans. Evidence cited relates to population data, unique health issues facing rural populations and specific travel times.
2	Member of public	Paper suggesting alternative to overnight closure of the A&E at PRH
3	Member of public	Paper presenting evidence on why the CCG should consider the Northumbria model
4	Other hospital trusts	Support option 1 but paper presents factors for CCG to consider, in particular the orthopaedic trauma surgeon rotas.
5	Member of public	Submission referencing HSJ article based on a leaked CQC letter to the SaTH Board following a recent CQC visit.
6	Member of public	Response querying CCG response to interim consultation data and comparison with previous consultations
7	Member of public	Response/critique of Option 1 with population data and site maps
8	NHS staff	Support for Option 1 providing additional data on travel and parking
9	Campaign group	Submission on acute stroke care at SaTH. Submission argues that the claimed benefits arising from the current model of acute stroke care in the area are misrepresented and are being used in a misleading way to justify the Future Fit model of centralising care for other emergency conditions.
10	Other hospital trusts	Support for Option 1 with the proviso that the potential for greater outreach of planned care services into Mid Wales is a firm commitment moving forward
11	Campaign group	Paper proposing an alternative 'whole system' approach to Future Fit with accompanying evidence on finance, capacity modelling, and impact of changes proposed.
12	Member of public	Response referencing and attaching submission 3 above
13	Member of public	Response querying the capital cost of Option 1 as calculated in October 2016 by Rider Hunt Construction Consultants LLP.
14	Member of public	A paper proposing a twin site district hospital system with accompanying evidence
15	Member of public	Paper proposing an alternative plan including closing RSH for patient care/providing ambulatory care in Shrewsbury/establishing a new emergency site connected to the A5 / M52 corridor on the east of Shrewsbury.
16	Member of public	Response querying/citing population and travel time data provided in the consultation documents.
17	Member of public	Response querying sources of evidence/proof that having expert surgeons leads to better results for patients and 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/provides better results for patients.
18	Member of public	Response posing a series of questions to ask during the Future Fit Public Consultation process with accompanying evidence.
19	Member of public	Paper on the loss of market share for SaTH with accompanying evidence.

No.	Source	Summary
20	Campaign group	Series of questions and accompanying evidence on stroke/workforce/bed numbers/admissions data
21	Council	Paper confirming support for Option 2 with evidence on finance/Women & Children's Unit journey data, demographics/population, ambulance service data.
22	Member of public	Response referencing Rural Services Network Shropshire Travel and Transport profile.
23	Member of public	Response citing research from University of Sheffield on the downgrading of emergency departments and the implications for Future Fit.
24	Member of public	Response outlining options for a new single site acute hospital in Shropshire.

Feedback from the Public Events

The following sets out the list of public exhibition events that have been held during the consultation and themes to have emerged throughout all meetings.

No.	Public Exhibition Events	Date
1	Telford	06/06/2018
2	Shrewsbury	07/06/2018
3	Newtown	28/06/2018
4	Ludlow	04/07/2018
5	Wellington	11/07/2018
6	Bridgnorth	25/07/2018
7	Market Drayton	02/08/2018
8	Newport	09/08/2018
9	Oswestry	15/08/2018
10	Bishop's Castle	20/08/2018
11	Whitchurch	21/08/2018
12	Woodside	29/08/2018
13	Welshpool	30/08/2018

The following table summarises the main themes arising during the meetings.

Service area	Key themes overall
Emergency Care	People want to be close to emergency care/both hospitals should have this
	Concern over increased distance to access emergency care (risk to life)
	Growing population will overwhelm one emergency department
	Concern over impact on / capacity of ambulance service
Planned Care	Travel/transport is problematic - infrequent/indirect bus services/cost of travel
	Parking at both hospitals limited and expensive
	People unsure where specific services/procedures will be available
	Community/care at home resource needs to be enhanced/expanded
Urgent Care	Confusion over terminology/difference between urgent care/emergency care/A&E
	How will people know where to go?
	How will urgent care centres be staffed?
	Why have plans for number of urgent care centres changed?
Women/children's services	Having the unit in Telford fits the younger population
	Waste of money moving women and children unit
	Concern about pregnant women in PRH getting to RSH in emergency
	Distance to hospital when in labour
	Distance to women and children's unit okay as long as best care possible
Stroke services	Concern over travelling further in a stroke emergency
Travel and Transport	Travel/transport is problematic - infrequent/indirect bus services/cost of travel/rurality
	Parking at both hospitals limited and expensive
	Increased travel cost (patients and visitors)
	Public transport difficult for people with access needs – e.g. older people/learning disability/ dementia/ mental health/ language barriers
	Concern over logistics of transfers between hospitals and discharge
	Concern that community/volunteer transport schemes are already limited
Finance	Concern that financial position is not clearer at this point in time
	Concern over the £312m being a loan - repayment/interest
	Concern around general NHS underfunding
	Why is Option 1 preferred when it is more expensive?
	The proposals are about financial savings rather than quality of care
	What is the role/contribution of Welsh NHS?
	Concern that services will be privatised/run for profit

The following section summarises the main themes raised within the public exhibition and pop-up events including any variations by locality.

Summary

Overall, the issues raised within the public meetings and pop-up events align with the findings from the consultation survey. The public (in all areas) are keen to retain emergency care as close to them as possible – longer distances to travel by ambulance/ambulance response times are perceived to present an increased risk to life. Travel/transport issues are also a concern in relation to planned care, e.g. infrequent/indirect bus services in rural areas, the cost of travel, and the availability/cost of parking at both hospital sites.

In terms of finance, people expressed concerns within the public meetings about general NHS 'underfunding'. In relation to the options proposed, the main theme raised in relation to Option 1 was a need for a clearer picture/more information on the funding sources for Option 1 and concerns about borrowing money/the interest charged. There was also some confusion around why Option 1 was the preferred option when it appeared to be more expensive. Finally, questions were raised (within Shropshire & Telford & Wrekin) about the role of the Welsh Health Board and its financial contribution.

The main area-specific themes are outlined below.

<u>Shropshire</u>

The themes identified in Shropshire illustrate support for Option 1 due to a preference to be closer to emergency care; although some people questioned whether one emergency department was sufficient to service the entire Future Fit area taking into account population growth. It is clear that there is confusion around the difference between urgent care/emergency care/A&E and as a result uncertainty about what services should be accessed and for what needs.

Despite high levels of support for Option 1 the view was also expressed that travel/transport is still an issue, in particular to access planned care e.g. public transport sparse/indirect from rural areas and parking at both hospitals is insufficient.

In terms of women/children's services, feedback suggests that whilst many people welcomed the proposal to move the facility to RSH, there was some concern that this was a waste of previous investment.

Telford & Wrekin

The key theme raised within Telford & Wrekin was concern around increased journey times/potential risk to life arising from siting emergency care at the RSH. As mentioned earlier people were confused about the distinction between emergency care/urgent care/A&E and frequently commented that 'A&E' departments should be retained at both hospitals. Frequent references to population growth were also made with the suggestion that Telford needed its own A&E to accommodate its growing population.

The other key issue raised in Telford was the re-siting of women/children's services which was perceived to be a waste of previous investment and at odds with the younger, growing, population and, linked to this, the view that planned care at the RSH would be more suitable for the older Shrewsbury area demographic.

Powys/mid-Wales

Overall, feedback from Powys/mid-Wales revealed more support for Option 1, but concerns were still evident in terms of travelling distances/ambulance response times/ capacity in rural areas of Wales. This was also the case in relation to planned care with public transport difficulties – e.g. sparse/infrequent rural bus services, the cost of travelling, and difficulties with cross border bus passes.

The following section illustrates the specific themes raised within the public meetings by locality.

Themes from Shropshire Public Meetings

The following tables list the themes raised in the public meetings by service area for Shropshire.

Shropshire themes
Emergency care
Risk travelling for emergency care /concern over 'golden hour'
Need Emergency Care at both sites
Too far to travel to Telford for Ludlow residents
Accessibility of emergency care from Ludlow
Has population expansion/new housebuilds been factored in?
Proposed changes are really good, make sense and will improve services
Insufficient resources for ambulances to manage workload / pressure on paramedics - are they sufficiently trained
Pressure on paramedics - are they sufficiently trained
Population growth in Telford/Shrewsbury
Concerned Telford will be left without emergency care
Shrewsbury is more central so a better option
Ambulance services need consulting
1 A&E service is inefficient in a rural county
Trauma networks considerations - Wales travel distance
Single A&E site more attractive for recruitment
Capacity constraints of A&E
New A&E site irrelevant to Ludlow
Explanation needed of definition of trauma unit
If had a heart attack, where would you go?
Shropshire can't cope with 2 EDs
Emergency Unit at RSH best place
Hard to recruit A&E services
Patient safety is key
PRH should be a trauma unit too
Whole population approach should be taken
Will air ambulance pick up the slack?
Lack of paramedics in Whitchurch
Ambulance service not performing well
Concern about ambulances waiting at hospitals to offload patients
Concern about ambulance services not accepting service users in Wales
Agree A&E should be in Shrewsbury but understand why Telford concerned
Would like to keep all services in Shrewsbury as county town
Does the plan integrate ambulance services, parking etc
Increasing population in Oswestry
The proposed model is a good idea
Will all critical care beds end up at A&E site?
Option one better in longer term

Planned Care
Confusion about outpatients in option 1/assumption planned care site only
Will blood testing be available at hospitals? takes ages to get a test at GP
Outpatients should be in centre of Shrewsbury and Telford
Where would pre-operative/follow-up care take place?
Good to have an elective hospital
Pre-planned treatment would be Ok in Telford as long as plenty of time is left to get there
Unclear outpatients is still available on both sites
Do Telford supply chemo?
Is Adult oncology moving to Shrewsbury?
Concerned about changes to breast cancer treatment
PRH relieve pressure from RSH
Plan all specialities on one site
One-stop clinics for planned services
When will minor injuries be sorted?
Will routine surgery still be done at Telford?
What will happen to minor injuries unit at Ludlow?
Will we get other services i.e. cardiac?
Will haematology be moved?
Planned care should be separate from the ED
More people from North Shropshire would go to other hospitals if planned was at Telford
Where will gynaecology sit?
What support will be on planned care site / will there be a high dependency unit?
Glad cancelled planned ops will be reduced
Focus has been on emergency care site but where is best for planned?
Concerns over (ophthalmology) services being moved to Telford - far away
Urgent care
Confusion around difference between A&E and urgent care centre
Unsure where to go for certain services
Rural Urgent Care Service - will Bridgwater keep this?
As long as both UCCs take 80% of cases - no preference
UCC would cope with most things
Will the minor injuries unit be upgraded?
Are MIU going to be urgent care centres?
How would urgent care centres be staffed?
Is there a danger of needing to be transferred?
Will anyone who turns up at A&E get triaged or sent straight to UCC?
Can you be admitted to hospital through urgent care?
What would happen if a seriously ill person arrives at the UCC?
Will it be clear where to take children?

Maternity/children's services
Concern that women's/children's facilities will be same standard at both sites
Where will mums have their babies?
How does W&Cs centre fit in with the wider picture?
Need to support mothers locally
Concerned about Midwife unit in Ludlow
Higher population of young women in Telford - should W&C centres stay there?
Centralise W&C centres
WCCs can be used for other things
Children's unit a waste of money if moved
Disappointment maternity is moving in opt 1
Consultants/Paeds/Neonates need to be aligned with ED
Bridgwater maternity is holistic - not just about giving birth
Desire for antenatal care to be closer to Bridgnorth
Bridgnorth mid-wife centre often closed
Shouldn't W&C centre and MLU be considered together?
Concern about cost implications moving W&C centre to Telford then back to Shrewsbury
Oswestry children born in Wales due to W&C being in Telford
Concerns about staffing in midwife led unit
Stroke services
Concern over stroke golden hour
Travel/transport
Concerns about public transport to Shrewsbury and Telford
Concerns about cost of travel
Concerns around car parking/poor at RSH
Cross border public transport issues
Lack of non-emergency ambulance drivers is an issue
Concessions for car parking / should be cheaper parking for frequent attenders
Concerned the council can't afford more transport services
Worried people won't be able to get to Telford for treatment nor to visit patients
Shrewsbury is an easier drive than Telford
Less privileged people can't afford transport
Train journey requires a change to Telford
Later appointment system for those who live further away
Concern over public transport to PRH/lack of public transport from station to PRH
Concern around A49 congestion/roadworks
Travel to Telford difficult/voluntary transport network already under stress
Parking needs to be considered - multi-storey and free for staff
Buses take too long from Wellington
Old people struggle with transport / fear of travel
Taxi is too expensive
Concern about patients being taken to an out of area hospital
Concern over transport links to rural areas
Sunday transport poor / weekend or bank holiday transport concerns

Travel/transport continued…
Consider a park and ride service
Improve cycle routes
Impact on people visiting patients in hospital & non drivers
Travel not such a problem from Bridgnorth area
Buses more expensive before 9:30/not fair when need to attend outpatients appointment at 11:30
Shrewsbury to Telford bus route not ideal/need one from train station/shuttle buses
2 hours each way on public transport from Whitchurch to Telford
Market Drayton to Telford/difficult journey/too far
Community Cars - need more capacity
Reliant on family/carers to get to appointments - what if not available
Signposting to PRH not good
Impossible to get buses to hospitals
Pay more to access services as rural based
Eye clinic moving would impact registered blind - transport
Co-ordination of appointments into fewest visits
Concern about missing last bus
Elderly bus passes restricted hours
Takes a whole day for one appointment
Telford is a very long way for people over the border
Transport main issue from Oswestry area
Finance
Need greater openness about costs and choices needed
Financial gains from private care?
NHS is underfunded
Do Welsh patients pay?
Is the money loaned / what is the interest rate?
Desire a breakdown of how the £312 million will be spent
More detailed financial appraisal needed
Will both sites have money invested in them?
Will tax payers have to pick up the bill?
Will the money disappear if a decision isn't made soon?
Query over income from Powys's contribution to the Trust
Query over revenue cost for each option
What is the 0.8% difference between the options based on?
Why the option of 30 and 60 years from the treasury?
Need to breakdown each option by costs per person
Concern over loss of Powys income to SaTH
Agency staff are expensive
Feel that services are being cut
Concern about cost cutting in a large county

Themes from Telford & Wrekin Public Meetings

The following tables list the themes raised in the public meetings by service area for Telford and Wrekin.

Telford & Wrekin Emergency care
Concern travelling to Shrewsbury will prevent timely care / distance affecting survival/golden hour
Would patients still have to travel to Stoke for certain things?
Larger population of Telford should be taken into consideration / PRH was built on need and population
Role of ambulance service in deciding where patient is treated
Skills of paramedic / ambulances need to be fully equipped / concern over ambulance response time
Increase reliance on ambulance services to take patients to Shrewsbury
Can RJAH hospital be used?
Demographics and level of industrialisation in Telford means more industrial accidents will happen there- A&E at Telford
A&E should be at PRH where there is more room to build
Adapt the W&Cs centre @ PRH as the A&E site - cheaper than building a new one
What happens in a serious road accident?
Ambulances used inappropriately / short on ambulances
It's a trade-off - but overall better for all
Prefer to be in an ambulance longer and go to right hospital
Don't want to be in A&E for hours
Majority of people go to A&E unnecessarily
Would the emergency site deal with breathing problems?
Difference between a trauma unit and major trauma unit? / What defines trauma / emergency care?
Trauma centre should move to Telford
A&E at both sites
Centralised hospital needed
If you need to be transported to the ED will this be via an ambulance?
As long as right people are there to help, that's all that matters
Having one A&E will stop consultants travelling back and forth
Emergency care needs to be at RSH because of Powys
A&E at Shrewsbury is a better location strategically for emergencies
Who makes the decision where a patient goes in an emergency?
2 EDs needed
Charge people for using A&E for self-inflicted injuries
Put A&E at Clyde Barracks
Lack of coordination between paramedics and ambulances
Modelling for ambulance service & community care should have been decided before consultation
1 A&E is preferred option for staff development, not clinical outcomes
Doesn't mind where A&E - just needs to happen
Will air ambulances be used more?
M54 to have designated lanes for emergency services
Proposals make complete sense when explained

Emergency care
The model is the right thing to do but concerned about which site is best
Better in Shrewsbury for blue light for everyone
Concerned the proposal isn't going to fit long term needs of the population
Why is A&E going where most refurbishment is needed?
Having a single ED will not solve staffing problems
Confusion over pathways to different trauma sites
Understand golden hour philosophy has changed - geography no longer most important
Option 1 is logical, but either option better than doing nothing
Centralisation means rural areas lose benefits
Will the ED be too small?
Planned care
More older people in Shrewsbury so planned care should be closer to them
Concern there would be no chemo at PRH / Why is all cancer treatment at RSH?
Why is all cancer treatment at RSH?
Why should ophthalmology stay at RSH? / Will eye tests remain in Telford?
Planned care consultants prefer to work at S'bury - staff shortages @ Telford
Will there be a duplication of planned care services at both sites?
Why is PRH being downgraded as population continues to grow?
Will outpatient clinics remain where they are?
What happens with 'at risk' patients as there will not be an ICU at planned care sites?
How many will need ICU after operations?
Will there be a choice for planned care and will it be quicker?
How many beds at planned care?
Where would respiratory be?
Mobile theatres needed at the planned care site if renovated
Opt 1 - where will gynae outpatients be?
Opt 1 - where will therapy be?
Will nuclear medicine be kept at PRH?
Number of people needing planned care will be more
Concern over accessing neuro surgery
Strange to have an eye clinic in the middle of maternity
Will waiting lists at hospitals improve?
Define the type of surgery which is considered 'complex'
Desire for definition of planned care
Concern Telford will lose out
Downgrading PRH to a community hospital
Long stay planned care patients - where do they go?
Need to carefully consider staffing when discharging into planned
Could be positive to see Telford as diagnostic treatment centre
Potential to lose talent to emergency from planned
Whoever loses ED will lose a lot
What is provided outside of acute setting?
Need to understand where patient is in their journey before they can be discharged

Planned care continued…
What will PRH gain if ED goes to RSH?
Concerned about losing PRH
Waiting times for referrals not good enough at current rate
Outpatients system are very confusing as they are - need changes
Will various services be reshuffled so they are available at both? (e.g. dermatology)
How will availability of outpatients/tests be impacted
Outpatients from rural Shropshire accessing Telford?
Shrewsbury will benefit if consultants/doctors go there, Telford will lose out
Upset at 'broken 1989 promise' that Telford A&E would never close
Urgent care
Population increase at Telford - Urgent Care centre at PRH will be used more than at RSH
Confusion over the use of 'A&E' and 'Urgent Care'
Misleading to think A&E is closing in Telford - Urgent Care will function similarly
What qualifications will staff have at the Urgent Care to stream and triage patients?
Mental health hubs in Urgent Care not described sufficiently in document
Is the UCC clinician led?
GP appointments not available for weeks so people go to UCCs
Will urgent care have access to x-rays?
Concerned UCC staffing will go to a profit-making organisation
Will UCCs have an integrated pharmacy?
Will staff be able to rotate between UCCs and EDs to prevent burn-out?
Signposting for the public on where to go for appropriate services is needed
If having a heart attack or stroke - where would I go?
Will there be one ICU?
Out of hours and minor injuries need to be better advertised
Will the UC be 24hr 7 days a week?
Query over what % is non UC at S'bury
Service will be substandard at UCC
"Immediate care" might be more appropriate wording than UCC
Will the urgent care nurses be prescribing nurses?
Will UCC timeframes be the same as A&E?
Concern over how many will be transferred from A&E to UCC
How will urgent care centres be supported by community etc. services
Need additional urgent care at Wrexham/Ludlow
Maternity/children's services
Want a Women and Children's Centre at PRH too
Telford women more likely to have complex pregnancies - lack of support for mums
Will maternity at RSH be upgraded?
Foster carers worried over loss of W&Cs
Concern WC centre at PRH is wasted
Would mum and baby return to Telford for care after a caesarean?
More children in Telford - keep WCC there
What will happen to midwifery at Bridgnorth?

Maternity/children's services continued…
Will all women have to go to S'bury to have a baby?
Why does WCC need to be with ED?
Common sense for WCC and ED to be together
Money wasted on WCC's building
More deprivation in Telford - keep WCC
Have 2 WCCs
A&E to be near aging population, but drags away WCC
Women and children unit moving is counter to young population of Telford
Concern about travel time for child
Travelling further for labour/ectopic pregnancies
Telford facilities better and newer for Women and Children
Stroke services
Concern over losing stroke unit to Shrewsbury
How will high risk (e.g. of stroke) patients be dealt with?
Travel/transport
Bus services in rural areas are challenging
Concern over impact on some patients who will need to get taxis to appointments
More people have to travel further
Families will have to travel further to visit patients
Costs on further travel - parking, petrol, buses and taxi fares
A5 is terrible and the journey to Shrewsbury is an issue
How are homeless people going to travel to Shrewsbury?
Concern for transport for discharged vulnerable patients
Concerns around car parking / parking at RSH
Has levels of car ownership been considered / options are catering for people with cars - need to look at areas of deprivation
Travel is difficult during holiday season
Only one road into Shrewsbury
Insufficient transport on a Sunday to Shrewsbury
Leegomery to Wellington Station transport concern
If late appointments - no buses
Travel/transport
Taxis are the only option to get to maternity
Needs an inter-hospital shuttle
Buses are not early enough for AM appointments
Concern over women and children using public transport
People with eye conditions taking public transport - not ideal
Issue with taxis taking wheelchairs
Road closures might hinder accessibility to the hospital
Infrastructure and roads are better in Telford - build A&E there
4 bus journeys to get to S'bury
Concern over Welsh travel time
Concern over elderly transport
Look at patient postcode before booking appointments

Travel/transport
Have a park and ride facility to reduce traffic in S'bury
Need a better way of assessing who qualifies for hospital transport
Lack of transport between Market Drayton and Telford
Bus to S'bury is only once an hour
Bus doesn't account for disabled or visually impaired
Concessionary travel does not come into force until 9:30
Community car only has four spaces
Hard for people with under school age children to access hospitals
Shropshire council doesn't contribute to bus service fund
Concerned other further travel to WCCs + ED
Market Drayton is on the outskirts - both options inc. travel to Stoke and Telford
Travel from Nantwich to Telford is poor
Ringroad in S'bury would help
No direct link between Newport and hospital sites
Parking fees compared with RJAH
No direct route into the hospital via public transport
Visitor parking and access - discounted rates for frequent visitors?
Transport implications for learning difficulties
Volunteer services need funds - are being abused
Can parking money go back into the NHS?
Telford poorer/will need more public transport
Roads to RSH need improving
Delays on A5/ambulances
Finance
Can the £300m keep A&E open at both sides?
Low funding for Shropshire
Is the £312 million a loan? Where is it coming from?
Future Fit is a waste of money
Will investment continue at both sites?
Leave both as they are and invest more money
How much will be spent at each site to accommodate changes?
What is the current building work @ PRH A&E if it's not FF related?
Concern over paying back any borrowed money
Stop paying agency nurses and pay A&E consultants
Is £312m capital revenue?
RSH will need a lot of money spent on it
Will there be a cost of relocating the W&CC?
Will more money need to be raised to cover the build?
Powys patients need to pay for their care
Don't start privatising the NHS
Doubt over £300m and PFI providers
Loan is offshore
Cherry-picking parts of the NHS for American investment

Finance
Figures and truth being hidden
Too much money is spent on management
Concern over difference in capital costs
Decision based on HR and finances, not need
70% reinvestment of acute services - where is this shown in PCBC
Money should be spent on doctors not buildings
Query over cost of equipment - why is this different for different hospitals?
Why has most expensive option been selected?
Confusion re finance/planning for 30 years use when finances based on 60

Themes from Powys/Mid Wales Public Meetings

The following tables list the themes raised in the public meetings by service area for Powys/mid-Wales.

Powys/mid-Wales
Emergency care
Need more ambulances / concern about impact on ambulance service
Ambulances often stuck outside A&E
Reduce cardiac dependency on Stoke
Is Shrewsbury big enough to cope with the emergency service?
Risk travelling for emergency care
Ideally would have emergency services in both
Planned care on one site will provide better service
Will planned ops still be cancelled due to lack of beds?
Confusion about whether specific procedures will be done at Telford or Shrewsbury
Will hospital transport be available for planned care?
Concerns about communication between Shrewsbury & Telford re gynae outpatients
Which planned services/outpatients could be provided in Powys?
Concerns that Powys people have to wait longer for operations
Urgent care
Confusion around difference between A&E and emergency care / urgent care
Maternity/Children's services
Babies should be born closer to home (registration in Wales should be allowed)
Women and children's centre is needed in Telford
Stroke services
Support for stroke services at Shrewsbury
Travel/transport
Telford too far away/long busy road
Concern about cost of travel to Telford
Lack of parking in Telford
Getting to Shrewsbury is difficult
Concerns about travelling to Telford for planned care
Public transport from Welshpool to Telford is poor/need bus service
Concern about parking costs in Shrewsbury & Telford
Can't use bus pass to get to Telford
Finance
Concerns about cost of new provision in Shrewsbury

Pop-Up Displays

The following section sets out the list of pop-up displays that have been held during the consultation and the themes to have emerged.

No.	Pop up display	Date
1	Telford Shopping Centre	02/06/2018
2	Shrewsbury-Pride Hill	02/06/2018
3	Machynlleth	06/06/2018
4	Brookside - Telford	14/06/2018
5	Dawley - Telford	14/06/2018
6	Newtown	14/06/2018
7	Llanrhaeadr-ym-Mochnant	14/06/2018
8	Telford Library	15/06/2018
9	Machynlleth	18/06/2018
10	Market Place - Newport	22/06/2018
11	Asda - Donnington	22/06/2018
12	Newtown	23/06/2018
13	Oakengates Carnival	24/06/2018
14	Welshpool	25/06/2018
15	Montgomery	27/06/2018
16	Caersws	27/06/2018
17	Church Stretton Market	28/06/2018
18	Craven Arms Community Centre	28/06/2018
19	Ludlow - Castle Square Market	30/06/2018
20	Llanidloes	10/07/2018
21	Welshpool	10/07/2018
22	Woodside, Telford	12/07/2018
23	Ketley, Telford	12/07/2018
24	Llanrhaeadr-ym-Mochnant	13/07/2018
25	Llanfyllin	13/07/2018
26	Hadley, Telford	14/07/2018
27	Telford Town Park	15/07/2018
28	Bishops' Castle	16/07/2018
29	Clun	16/07/2018
30	Knighton	17/07/2018
31	Llandrindod Wells	18/07/2018
32	Town Hall, Welshpool	19/07/2018
33	Llanfair Caereinion	19/07/2018
34	Tesco, Welshpool	19/07/2018
35	Bridgnorth	21/07/2018
36	Arleston, Telford	22/07/2018
37	Wem	26/07/2018

No.	Pop up event	Date
38	Whitchurch	26/07/2018
39	Dawley	27/07/2018
40	Telford	27/07/2018
41	Lawley	03/08/2018
42	Madeley	03/08/2018
43	Telford IMAX	04/08/2018
44	Telford bowling	05/08/2018
45	Sutton Hill, Telford	08/08/2018
46	Much Wenlock	08/08/2018
47	Hadley, Telford	09/08/2018
48	Lawley, Telford	09/08/2018
49	Oswestry Town Market	11/08/2018
50	Attingham Park, Shrewsbury	16/08/2018
51	Newtown	21/08/2018
52	Robert Jones & Agnes Hunt Orthopaedic Hospital, Oswestry	21/08/2018
53	Ellesmere, Shrewsbury	21/08/2018
54	Kerry	22/08/2018
55	Lawley, Telford	22/08/2018
56	Madeley, Telford	22/08/2018
57	Telford Ice Rink	25/08/2018
58	New Bucks Head Stadium	25/08/2018
59	Oakengates, Telford	29/08/2018
60	Woodside, Telford	29/08/2018
61	Ludlow Community Hospital	03/09/2018
62	Redwoods Centre, Shrewsbury	04/09/2018
63	Whitchurch Community Hospital	04/09/2018
64	Shrewsbury station	05/09/2018
66	Telford Central Station	05/09/2018
67	Severn Fields Health Village, Shrewsbury	05/09/2018
68	Shrewsbury station	06/09/2018
69	Telford Central Station	06/09/2018
72	Wellington	07/09/2018?

Themes from Shropshire Pop-Up Displays

Shropshire
Emergency care
Concern over A&E closing at Telford
Misunderstanding about A&E
Important to have emergency services in Shrewsbury (Option 1)
Telford is too far to travel
Planned care
Concern over specialist medicines being available at Telford
Urgent care
Urgent Care centre not close enough to residents
Maternity/Children's services
Concerned the maternity unit will close down
Travel/transport
Concern about travel time between hospitals
1hr drive time to Shrewsbury/Telford - too long
Ludlow is poorly served by NHS/highways/councils
Concern about travelling further to planned care in Telford (1 in 3 in Bishop's Castle over 60)
Finance
Concern over money and cost
More facts regarding money are needed before deciding support levels
What proportion of the 312m is PPI? Concern over interest
Are Wales contributing to the merger?

Themes from Telford & Wrekin Pop-Up Displays

Telford and Wrekin
Emergency care
Confusion over where to go in an emergency
Concern over A&E moving to Shrewsbury
Need more senior doctors at A&E
Desire for same services at both sites
Distance to Shrewsbury would be too far
Concern about chance of survival with extra distance in an emergency
Concern about number/availability of ambulances
Planned care
Wanting planned care closer for elderly
Urgent care
Confusion over where to go in an emergency
Maternity/children's services
Is neonatal going to close?
Concern over closure of W&C centre
Travel / transport
Worried about travelling further
Shrewsbury is hard to get to
Concern for non-drivers in emergencies and visiting patients
Need better bus and travel services
Concern about cost of travel

Themes from Powys/Mid Wales Pop-Up Displays

Powys/Mid-Wales
Emergency care
Lack of potential for emergency hospital in Powys
Concern about surviving longer distance to trauma unit in emergency
Any further than Shrewsbury would be too far for emergency care
Telford would be too far in an emergency
Planned care
Confusion over which services count as planned
Impact on regular cancer treatment
Impact on access to specific outpatient-based services (e.g. Hummingbird Centre - Diabetes)
Maternity/children's services
Why did women and children's services move so far away?
Stroke services
Returning W&C and Stroke units to Shrewsbury best for west Shropshire and Powys
Travel/transport
Concern about transport in terms of regular visitation
Shrewsbury / Telford already a long trip to make for regular treatment
Challenges of winter travel for rural Shropshire/Powys
Welsh older person travel card doesn't work across border
Vulnerable families would find extra distances hard
Further away from Powys would mean more difficult visitation and support going home
Anxieties making long trips to visit
Concern about longer journeys for people with learning difficulties

Feedback from Other Events

The following section sets out the list of other events that have been held during the consultation and themes to have emerged throughout all meetings. These include a number of parish/town council and Local Joint Committee (LJC) meetings. These are listed below.

No.	Other meetings	Date
1	Special meeting of Exec Committee of Shropshire Association of Local Councils	04/06/2018
2	Great Dawley Town Council	12/06/2018
3	Whitchurch LJC	20/06/2018
4	Making it Real Board Meeting - Council Chamber, Shropshire	22/06/2018
5	Cleobury Kinlet & Highley LJC	26/06/2018
6	Selattyn, Gobowen, Weston Rhyn and St Martins Local Joint Committee	02/07/2018
7	Rodington Parish Council - Longdon on Tern	04/07/2018
8	Donnington and Muxton Parish Council	09/07/2018
9	Bishops Castle LJC	12/07/2018
10	Hollinswood and Randlay Parish Council	16/07/2018
11	Tibberton and Cherrington Parish Council	17/07/2018
12	Ketley Parish Council - Ketley	18/07/2018
13	Wem LJC	19/07/2018
14	Kynnersley Parish Council	19/07/2018
15	Madeley Town Council	23/07/2018
16	Madeley Town Council Meeting	24/07/2018
17	Oswestry Local Joint Committee shrops	24/07/2018
18	Waters Upton Parish Council Meeting	25/07/2018
19	LJC meeting Market Drayton	26/07/2018
20	Shrewsbury Rural Local Joint Committee	30/07/2018
21	Llandrinio & Arddleen Community Council	06/08/2018
22	Much Wenlock/Broseley Local Joint Committee	07/08/2018
23	Clunbury Parish Council Meeting	14/08/2018
24	Edgmond Parish Council	14/08/2018
25	Albrighton & Shifnal LJC	03/09/2018
26	Lilleshall Parish Council Meeting	03/09/2018
27	Hadley and Leegomery Parish Council	04/09/2018

Summary of Themes from Council/LJC Meetings

Overall, the themes raised in these meetings were very similar to those raised via the other dialogue methods, with more support for Option 1 in Shropshire and Powys/Mid-Wales and a preference for Option 2 in Telford & Wrekin. Differences by locality are outlined below.

Shropshire

A lack of parking and difficulties with public transport to both sites was noted along with longer travel times for people in rural areas, and questions were raised about how travel times under Future Fit compare with other counties. Another question raised related to the changes in Future Fit Plans, e.g. what happened to the idea of 5 rural urgent care centres that featured in an earlier version? There was also some confusion around what an urgent care centre would provide.

Concerns were also raised about Shropshire being too large to be served by one Emergency Department. Other questions/concerns raised included the need for care closer to home/community support to be enhanced to support/mitigate the impact of changes to hospital services.

Telford & Wrekin

For Telford, Option 2 was preferred and perceived as a better option financially, and more appropriate for an area with a growing population and more deprived communities, who would be likely to find travel (e.g. cost of travel) a barrier to accessing services. It was also perceived that a greater need for planned care existed in Shrewsbury due to the 'older' population. Concerns about PRH being 'downgraded' were also noted.

There was a strong view that the Women and Children's facility should remain in Telford due to a younger population/more births and the previous financial investment made.

Again there was some confusion around Urgent Care Centres, including how they would be staffed and questions were asked in terms of whether they would be privatised.

Powys/mid-Wales

The findings suggest that there is support for Option 1 due to shorter travel times for some patients in Powys/mid-Wales particularly in terms of accessing emergency care, and linked to this, a preference for planned care at Telford. Although concerns were still noted in relation to ambulance response times in Wales.

The following table sets out the themes to have emerged from these meetings.

Council/LJC meetings themes
Emergency care
Telford to keep A&E otherwise will be the biggest urban area without one
24hr care at both locations
Concern about ambulance waiting times
Growing population in Oswestry
What about inter-county services? - i.e. using Wolves A&E
Want to keep both A&Es
Concern about ambulance time from Wales
Concerns population growth/building in Telford not taken into account
Concern area of Shropshire too big for one A&E
Will people go to the ED anyway and overwhelm it?
Support for why urgent and emergency care need separating
Planned care
Planned care at RSH will still be accessible for those living closest to RSH
Planned Care should be at Telford - not suitable for urgent care due to travel time
Where will cancer and diabetes centres sit in the new model?
Will PRH lose hospital status?
Urgent care
What happened to earlier FF idea about 5 rural urgent care centres?
Who decides what an urgent care centre provides?
Confusion over difference between A&E and UCCs
What shape will the Urgent Care centres be - will they be private?
Concern if option 1 chosen then UC centre in Telford will be cut and closed
How will you determine which patients go to ED and UC centres?
Concern population increases will overwhelm UCC at PRH
How will urgent care centres be staffed (who will work there?)
Maternity/children's services
Keep WCC at Telford - younger population
What are criteria for moving Women and Children's Unit & HASU?
Impact on families by moving women and children's unit - cannot see logic in moving
Could they build a new women and children's unit in Shrewsbury?
Concern about pregnant women in PRH needing emergency care
Why move the women and children's centre when campaigned so hard for it
Travel/transport
Concern over cost and travel time between hospitals
How do travel times under FF compare with other counties/accident care/stroke?
Concerns around extra distances for those in rural areas
Concerns over public transport to both sites
Public transport is poor from Whitchurch
Concern about visitation
Lack of parking is a problem

Travel/transport continued…
Dense and deprived population of Telford means more people without cars etc.
What about the rural parishes?
Finance
Option 2 is more financially viable
Has the £100m refurbishment of the RSH affected FF's preferred choice?
What is justification for spending more - Option 1?
All about cuts in services
How is the £312 million being funded?

Other Meetings Including GP/PPG Groups

A range of other meetings also took place, including GP/PPG groups as listed below.

No.	Other meetings	Date
1	Telford & Wrekin CCG/GP Practice Forum Meeting	15/05/2018
2	Shawbury Village Hall - Healthwatch (Shropshire)	04/06/2018
3	Dawley Medical Practice/Dawley PPG	05/06/2018
4	Patient First Group - Dawley Town Hall	07/06/2018
5	Woodside Medical Practice - Pop-up with patients	13/06/2018
6	Shrewsbury & Atcham Locality Group GPs & Practice Managers	21/06/2018
7	Patient Participation Group - Linden Hall Medical Practice	12/07/2018
8	Patient Participation Group - Woodside	12/07/2018
9	Ironbridge Medical Practice - Patient Participation Group	17/07/2018
10	Linden Hall Surgery, Newport - Patient Pop-up	23/07/2018
11	Teldoc - Malinslee, Surgery Pop-up (Telford & Wrekin)	25/07/2018
12	Wellington Medical Practice - Patient Participation Group	25/07/2018
13	NHS Shropshire CCG/North Locality Board Meeting	26/07/2018
14	Wrekin Housing Trust	26/07/2018
15	Sutton Hill Medical Practice - Patient Pop-up	30/07/2018
16	Oakengates Medical Practice, Oakengates - Patient pop up	31/07/2018
17	Charlton Medical Practice, Oakengates - Patients	02/08/2018
18	Charlton Medical Practice, Oakengates - Patients	02/08/2018
19	Wellington Road Medical Practice, Newport - Pop-up stand	06/08/2018
20	Shawbirch Medical Practice - Patient Participation Group (T&W)	15/08/2018
21	The Abattoir Shropshire, Ellesmere (Bulgarian, Romanian and Polish staff)	16/08/2018
22	NHS Shropshire CCG/South Locality Board Meeting	22/08/2018
23	Caffe Kix, Fijitsu, Telford Town Centre Pop Up T&W	05/09/2018
24	Muller Factory, Minsterley	05/09/2018
25	Market Hall Shrewsbury - Pop-up stand	07/09/2018

Overall, themes from these meetings mirrored the findings from the other dialogue methods with some differences by locality. In terms of Shropshire the findings show a preference for Option 1 and some questions were raised around how urgent care centres will work, how they will be staffed, and why the number of urgent care centres differed from those in earlier plans. Community care was also mentioned e.g. how will this be expanded?

For Telford & Wrekin, it is evident that Option 2 was preferred due to shorter travel times to access Emergency Care; however concerns were raised about the proposal to move the Women and Children's Unit and there is confusion around what Urgent Care Centres/A&E will provide and how they will be staffed. Concerns were also noted around finance, e.g. the motivation for the proposals is perceived to be due to cost-cutting rather than the

quality of patient care. Concerns about privatisation and the interest charged in relation to the Option 1 funding arrangements. The following table sets out the themes to have emerged from these meetings.

Other meetings themes
Emergency care
RSH too far to go for A&E
How will ambulances be assigned?
Ambulance transfer time
Population of Telford needs own ED, when is tipping point for 2 EDs?
Don't mind where the A&E is as long as quick access to it
Planned care
What does planned care mean?
Where will ophthalmology be?
Urgent care
Desire for more urgent care centres, as stated in earlier plans
Terminology confusing - A&E and UC centre
Unsure where to go for what - UC or A&E
How will urgent care centres be staffed (who will work there?)
Confusion over what's being offered - e.g. serious trauma not seen at either
Really good idea to have the two UC centres
Maternity/children's services
How will W&Cs centre be re-purposed as it was purpose built?
What will women and children's unit be used for?
Concern about loss of women and children's unit in Telford (moving to Shrewsbury for ED)
Why moving women and children unit? - younger population in Telford need it
Why does women and children service need to be with ED?
Travel/transport
Travel time issues
Increased cost of care to travel to A&E
Parking and transport when moving between sites
Concern over parking charges
Visiting (children) at RSH costly/impossible
Distance to travel (visiting)
Concerns about public transport
Concerns about transport when taken to A&E - how will people get home?
Concern about transport for those unable to drive
Finance
Interest rate on the £312 million loan
Privatisation of the NHS - will PRH be sold and leased back to the NHS?
What does £312 million buy? Facilities at both sites?
Concern about care being affected as seen as cost-cutting

Feedback from the Protected Characteristic Focus Groups

The following sets out the list of protected characteristic focus groups that have been held during the consultation and themes to have emerged throughout all the groups.

No.	Protected characteristic groups	Date
1	African Church Group - The People's Centre	09/09/2018
2	Age UK - Hadley Rest Rooms	16/08/2018
3	Age UK Day Centre - Adams Close, Newport	04/09/2018
4	Age UK Day Centre - Lawndale Community Centre, Donnington	03/09/2018
5	Age UK Madeley Day Centre - Woodside, Telford	29/08/2018
6	Age UK, Donnington Day Centre	05/09/2018
7	Albrighton Children's Centre - Family drop-in	30/07/2018
8	Armed Forces Day - Shrewsbury	30/06/2018
9	Autism Hub Staff - Glebe Centre, Wellington	14/08/2018
10	Baby Breastfeeding group	06/08/2018
11	Befrienders Luncheon Group, Newtown	29/08/2018
12	BIBS Group - Newtown	14/08/2018
13	Boys Brigade - Oakengates Methodist Church	13/07/2018
14	Bridgnorth Carers Group, Shropshire	21/06/2018
15	Bumps and Babes - St John's Church Hall, Telford	03/09/2018
16	Buttercross Retirement Village	20/08/2018
17	Care and Share Group, Albrighton	03/08/2018
18	Carer's Group - Castlefarm Community Centre, Hadley	09/08/2018
19	Carers Group - Ironworks, Oswestry	25/07/2018
20	Carer's Partnership Board - Addenbrooke House, Telford	17/07/2018
21	Chilcott Gardens Extra Care Scheme	21/08/2018
22	Chinese Arts and Cultural Centre	15/08/2018
23	Citizens Advice Volunteers and Trustees - Wellington	09/08/2018
24	Connection Café, Shrewsbury - Dementia Group	28/06/2018
25	Dawley Carers Support Group - Dawley Town Hall	30/08/2018
26	Dementia Action Alliance - Shrewsbury	12/07/2018
27	English Café (Non-Native English Speakers) - Southwater 1, Telford	10/08/2018
28	Family drop in - Children's Centre, Woodlands School, Oswestry	25/07/2018
29	Family drop in - St Mary's Primary School	31/07/2018
30	Fibromyalgia Group	03/07/2018
31	Gains Park Village Hall, Singing for the Brain (Shrewsbury)	27/06/2018
32	George Chetwood Court Coffee Morning	27/06/2018
33	Guru Nanak Gurdwara, Telford - Sikh pop-up	01/07/2018
34	Gypsy and Traveller Site - Lawley	23/08/2018
35	Gypsy Travellers - Manor House Lane Gypsy Traveller Site	16/07/2018
36	Gypsy Travellers - Park Hall Gypsy Traveller Site	17/07/2018
37	Haybridge Hall Retirement Housing	22/08/2018
38	Health and Social Care Class- Shrewsbury College	06/07/2018

No.	Protected characteristic groups	Date
39	Inbetweeners (Young carers) - Glebe Centre, Wellington	13/08/2018
40	Irish Family Health Day - Market Drayton	12/07/2018
41	Jayne Sargent Foundation (Cancer Support Group)	26/06/2018
42	Juniper House, Telford	18/06/2018
43	Ketley Good Companions - Ketley Parish Council Building	22/08/2018
44	Lakewood Wellbeing Centre - Wellington	17/08/2018
45	Learning Disabilities Employees - Lakewood Court, Wellington	17/08/2018
46	LGBT ladies meeting for lunch, Atcham near Shrewsbury	26/07/2018
47	Llanidloes BIBS Group - Llanidloes	30/08/2018
48	Maninplace (homeless people) - New street, Wellington	26/07/2018
49	Market Drayton Care and Share Group (Dementia)- Charter Court, Market Drayton	17/07/2018
50	Maternity Voices - Shrewsbury	26/06/2018
51	Member of Sikh Temple - Hadley, Telford	29/07/2018
52	Mental Health Forum - Park Lane Community Centre, Woodside, Telford	10/07/2018
53	Musketeers and Maidens (physical disabilities) - Mereside Community Centre	22/08/2018
54	Narcotics Anonymous - People's Centre, Telford	23/07/2018
55	National Citizenship Service - Shrewsbury Town Football Club	13/07/2018
56	National Citizenship Service - Shrewsbury Town Football Club	20/08/2018
57	Newport Alzheimer's Carer's Support Group	07/08/2018
58	Oakwood Living Retirement Village - Wellington	22/08/2018
59	Oswestry Sight Loss Opportunity Group, Hearing Loss Support Volunteers	31/07/2018
60	Over 50s social club, Telford	29/06/2018
61	Pan Disability Forum	19/06/2018
62	Permanent Traveller Site - Donnington Wood	21/08/2018
63	Pods Question Time	04/07/2018
64	PRH Breast Cancer Support Group - Education Centre, PRH	15/08/2018
65	Recharge - Young Mums Support Group, Telford	27/06/2018
66	Rekindles Small Steps Project - Newtown	07/08/2018
67	Residents Association - Newtown	04/09/2018
68	Residents of Sheltered Housing Scheme - Rhea Estate Hall	06/09/2018
69	Retirement Living Coffee Morning - Highfield House	16/08/2018
70	Rheumatoid Arthritis Group, Telford	30/05/2018
71	Senior Citizens Forum, Wellington	26/07/2018
72	Shrewsbury Access Group - Louise House, Shrewsbury	13/07/2018
73	Shri Radha Krishna Temple Members	28/08/2018
74	Shropshire Mental Health Forum - Redwoods Centre	05/09/2018
75	Shropshire Tinnitus Support Group - Shrewsbury University Campus	14/08/2018
76	Singing for the Brain (Alzheimer's) - Market Drayton	11/07/2018
77	Singing for the Brain (Alzheimer's) - St James' Church Hall, Bridgnorth	19/07/2018
78	TACT (addiction/mental health) - Strickland House, Wellington	08/08/2018
79	Taking Part (Health and Social Care Needs) - Louise House, Shrewsbury	25/07/2018
80	Telford Breatheasy Group	28/06/2018
81	Telford LGBT Group - Wellington Library	24/07/2018

No.	Protected characteristic groups	Date
82	Telford MIND - Madeley	28/08/2018
83	Telford Priory School	30/06/2018
84	Telford Visually Impaired Group	02/08/2018
85	Thrive Team Meeting, Hadley	14/08/2018
86	Wellington Peer Support Group (Alzheimer's) - Arleston	31/07/2018
87	Welshpool BIBS Group - Welshpool	17/08/2018
88	Whitchurch 'Hear Here' Group - Whitchurch Senior Citizen's Club	07/08/2018
89	Women Group, Sikh Temple - Hadley, Telford	26/07/2018
90	Young Health Champions - Lacon Childe School Cleobury Mortimer	14/07/2018
91	Young Health Champions - St Chads, Shrewsbury	10/07/2018
92	Young Mums Support Group, Telford	27/06/2018

Profile information is also available for 209 individuals who completed a profile form when they attended a focus group. The profile data is shown in the table below:

Profile information	*n*	%
Gender		
Male	98	47%
Female	109	52%
Intersex	1	<1%
Prefer not to say	1	<1%
Gender reassignment?		
Yes	2	1%
No	162	78%
Prefer not to say	6	3%
Don't know	39	19%
Age		
16-26	9	4%
27-37	13	6%
38-47	29	14%
48-58	28	13%
59-69	58	28%
70+	65	31%
Prefer not to say	4	2%
Don't know	3	1%
Ethnicity		
White British	118	56%
Welsh	5	2%
Irish	-	-
Other European (please state)	3	1%
Other (please state)	1	<1%
Indian	70	33%
Pakistani	2	1%
Bangladeshi	-	-
Other (please state)	-	-
Caribbean	-	-
African	3	1%
British	-	-
Other (please state)	-	-
White and Black Caribbean	-	-
White and Black African	2	1%
White and Asian	-	-
Arab	1	<1%
Other (please state)	1	<1%
Chinese	-	-
Filipino	1	<1%

Profile information	*n*	%
Vietnamese	-	-
Thai	-	-
Other (please state)	-	-
Irish	-	-
Romany	-	-
Other (please state)	-	-
Prefer not to say	-	-
Don't know	2	1%
Religion		
Christianity	55	26%
Hinduism	2	1%
Judaism	2	1%
Buddhism	-	-
Islam	5	2%
Sikhism	68	33%
Other	1	<1%
No religion	25	12%
Prefer not to say	6	3%
Don't know	45	22%
Sexual orientation		
Heterosexual (straight)	189	90%
Gay	1	<1%
Lesbian	1	<1%
Bisexual	1	<1%
Other	1	<1%
Prefer not to say	7	3%
Don't know	9	4%
Parent of a child under 16?		
Yes	39	19%
No	159	76%
Prefer not to say	3	1%
Don't know	8	4%
Disability?		
Yes	69	33%
No	129	62%
Prefer not to say	8	4%
Don't know	3	1%
Are you a carer?		
Yes	32	15%
No	168	80%
Prefer not to say	4	2%
Don't know	5	2%
Base 209		

Summary of Themes from Protected Characteristic Groups

Broadly, the themes raised in the protected characteristic focus groups reflect those identified across the other dialogue methods. People's views are very much determined by where they live especially in relation to the most frequently occurring themes around the location of the emergency department and associated travel and transport concerns. Some area specific themes raised within the focus groups are outlined below.

Shropshire

Although Option 1 was broadly supported, there were concerns around the demand for care/capacity for one emergency department to serve the whole area. The potential to reduce delays/cancellations for operations was seen as a positive. Confusion over the distinction between urgent and emergency care was also noted.

Telford & Wrekin

Generally, the main concerns voiced were around travelling times and distance to access emergency care at RSH. There was a strong view that both hospitals should retain a full range of services, although a minority (after prompting) appeared to appreciate the rationale for Option 1. Again, confusion was noted around the distinction between A&E and urgent care – people were unsure what services an urgent care centre would provide.

Questions were raised about the location of specific planned care services, e.g. ophthalmology, chemotherapy, diabetes support. There was concern around the relocation of women and children's services, although a minority were more concerned about the care being of a high standard.

Powys/mid Wales

The main area of concern was the proximity to the emergency department and as such Option was preferable for some. However, concerns were also raised about the pressure on the ambulance service and worries about ambulances being able to find locations in rural Wales in good time. Some participants were reassured about the potential for fewer cancellations in relation to planned care but were still concerned about travel to access this service, especially given that community transport services are seen to be lacking already in this locality. Concerns were also raised about bus passes not being valid across the border.

Summary of Issues for Specific Groups

Older People

- Concern about travel and transport – some older people have difficulties navigating the public transport system.
- Concerns about the cost of travel and parking for older people on low incomes.

People with Specific Conditions

- Travel particularly difficult for people with dementia/learning disabilities/autism/visual impairment/anxiety
- Need staff at hospitals who understand/are able to support people with autism and dementia.
- What help will be available with travel to access planned care?

Carers

- Concern about travelling longer distances to visit family members/ or accompanying family members who need regular treatment.
- Concern about increased travel and parking costs – many carers are already on a low income.
- Negative impact on recovery/wellbeing for family members if carers cannot visit regularly due to travel issues.

Women

- Concerns about longer distances to travel when in labour.
- Taxis won't take women in labour
- Priority is receiving the best care for mother and baby.

English as a Second Language/Low Literacy

- Difficulties understanding travel information due to language barriers and/or low literacy levels

Themes to have emerged from Focus Groups in Shropshire

Shropshire
Emergency care
Concerns over golden hour
T&W growing rapidly - will option 1 cater for this?
Population increase in Shrewsbury
Availability of ambulances in rural Shropshire
People in Shropshire not well placed to get to emergency care in a hurry
Higher demand on services for larger town populations
How will air ambulances decide which hospital to deliver patients to
Services to be in a safe and best suited location
Option 1 has benefits
RSH is central for Powys and Welshpool
Option 2 has no consideration for Powys patients
Further travel when in labour to RSH
Liked idea of separating ED from planned care
Saw sense in having ED in RSH
Impact on travel times e.g. in ambulance
Concerns about travel time to Telford (asthma attack)
Ambulance transfer time concerns
Want to keep as much in Shrewsbury as possible (near to them)
Shrewsbury should have all the services
Concern about distance to A&E
Agreed emergency care needs to be central
Want trauma status to remain
What would it mean to have centralised emergency services?
Better to have emergency services in one place
Worries about addressing the increasing population
Agree with separation of sites
Planned care
PRH is easy to get to for planned care
Telford has better links to Wolverhampton so a good base for planned care
Happy to travel for planned care if given time to organise
PRH seems more organised so would be good option for planned care
PRH good place for planned procedures
Liked idea of separating ED from planned care - fewer cancelled operations
Diagnostics and outpatients in the middle of Shrewsbury not out of town
How will dementia services change?
Where will (x) services be?
Planned care at PRH might be hard for rural
Positive about planned care site to reduce cancellations

Urgent Care
What is urgent care?
Will the walk in centre remain in Telford?
Walk in centre needed in Shrewsbury
Would Ludlow patients go to Hereford hospital?
Confusion about what Urgent Care centres are
Confusion over UC centres and why it's changing
Urgent care sounds more serious than A&E - scary
Confusion over the different types of 'urgent' and 'emergency' care
Maternity/Children's Services
Wanted reassurance that Maternity Unit improved at RSH to PRH standard
Women and children's location not important to them - as long as best care possible
Sad to lose women and children's unit
Concern about women and children's unit moving/lost - need it in Telford
Concern moving women and children's to RSH (not fit for purpose)
Travel/transport
Bad traffic between PRH & RSH
How will those less privileged access hospitals?
Infrastructure - roads & transport - to be considered
Buses to hospitals not convenient
Not everyone has access to personal transport
Extended travel will be worse for those with dementia
Will there be help to travel for planned care?
Travel time for carers in Ludlow
Costs of taxis
Public transport in Shrewsbury is better, 7 days a week
M54 is a good route to PRH and does not take long
Parking is an issue, inc. cost
Have to travel for services anyway, so didn't mind it being a bit further
Transport concerns for visiting and if no driver was available
Concern over travel issues when caring for patients who have regular treatments
Transport issues - would be a long way for cycle (young) so public transport needed
Need for more parking
Difficultly to be visited in RSH
Transport for planned care an issue
Concern about change and movement for people with autism
Concern about detrimental impact of transporting between emergency and planned services
Problems with transport (public and community transport not suited to learning difficulties)
People with mild needs who are independent will suffer
Wouldn't mind travelling for excellent treatment
Parking issues at both sites

Finance
Cuts to public health need considering
What will the money be spent on?

Themes to have emerged from Focus Groups in Telford & Wrekin

Telford and Wrekin Emergency care
Concern over golden hour and the need for ambulance staff to have greater qualifications
Impact on ambulance journey time on paramedics
Increased mortality rates in longer ambulance journeys
Health infrastructure for the growing population not considered
Uncertain which site to go to in an emergency
Concern over high risk pregnancy care and their transport to RSH
Dislike the idea of no A&E at Telford
All services to be available locally
Concern about centralised A&E being overwhelmed
RSH and PRH should have an A&E each
Avoidable deaths in travel time e.g. stroke
Understanding about need for one A&E and doctors
Why not two emergency departments?
Understand for need for central location
Shropshire too big to cope with one ED
Positive aspect of easing ambulance congestion outside the ED
Concern people will die if both aren't full hospitals
Acknowledgement of difficulty - everyone will want to keep services nearer
Agreed there should be one ED and two UC centres
Felt option 1 better for easier access - central
Most important thing is receiving best treatment for patient - visitation etc. not as important
All services should be at Telford
RSH too far for trauma
Option 1 unacceptable - emergency care needs to be closer
Concern about trauma unit further away
All services should be at Telford
Reassured about UC at both
Prefer option 2 because closer trauma unit, preferable at both sites
Understand how it would help care
Need for a trauma unit at Telford, prefer option 2
Will paramedic crews be able to cope
Concern about ambulance time in traffic to Shrewsbury
Better to have emergency services in one place
Option 1 will be chosen for convenience - not patient safety
Support need to improve A&E

Planned care
Will chemo be offered at PRH?
Chemo at PRH not just RSH
Option 1 planned care proximity would be helpful
Will the diabetes group at PRH continue to have access to their diabetic consultant in op 1 and 2?
Will ophthalmology move to PRH?
Where will outpatients be?
Prefer option 1 as more likely to use planned care - closer
Planned care better at PRH as RSH is a long way if it gets cancelled
Urgent care
Confusion over UC centres and A&E
Concern over unnecessary visits to UC centres
What denotes 'complex surgery'?
Which hospital a GP would admit patients to?
Only 2 urgent care centres when originally 6 were suggested
Queues at UC centres
Relieved that would be access to urgent care
How will people know where to go (e.g. severe asthma attack?)
Confusion over whether UC centres will be at both
Maternity/children's services
Don't move W&Cs centre after investing in it so recently
Younger population in Telford - don't move W&C centre
Cost of moving W&C centre
Birth complications and where to be transferred
A taxi wouldn't take you to RSH if you were in labour, have to rely on public transport
W&Cs Centre run counter to the growing Telford population
What will happen to the women and children's unit?
Concern over distance for women and children
Stroke services
What will happen to the Stroke unit at PRH?
Travel/transport
Travel distance is a concern - especially in poor weather
Non-emergency patient transport is unreliable
Visiting people at RSH would be impossible
Travel time from Dawley to RSH on public transport is 2hrs
Taxis are too expensive
Buses hard to get alone if patient has a learning disability
Additional hours needed for carer's to support their patients to the RSH
Will need relatives to take them to RSH - hard to do
PRH long way to go for cancer treatment
Cost of travel to RSH
Travel time to RSH
Travel concerns regarding visitors (getting better sooner)
Parking is an issue, inc. cost

Travel/transport continued…
Deep concern over access issues for their client base (vulnerable - cost of access/travel)
Travel difficult especially with visual impairments
Cost of carers' travel needs to be considered
Concern about navigating public transport (issues of language and local knowledge)
Visitation transport issues - visitors important for recovery
Travel will be an issue, especially on Sundays
Older generation don't feel considered (especially regarding transport)
Worry about transferring between hospitals - will they have to make own way
Transport problems if don't drive - poor literacy means don't know what bus to catch
Happy to travel for the right care wherever for treatment by right person
Concern about travelling on buses with mental health problems
Anxiety caused by travelling further
Will low income people receive funding if have to travel?
Some elderly people cannot even get on bus let alone navigate system
Travel times from Wales will always favour option 1
Park and ride between hospital and nearby?
Finance
Will longer ambulance journeys mean T&W CCG have to pay more?
Will Powys pay toward SATH services?
Costing differences between Option 1 or 2 (long and short term fixes)
Moving departments all the time is a waste
Oppose financial cuts - don't believe consultation is about care not finding cuts, engaging with consultation condones cuts
Concern about how the £312 million will be spent

Themes to have emerged from Focus Groups in Powys/Mid Wales

Powys/mid-Wales
Emergency care
Stress over travelling further to ED if ambulances aren't available
Positive impact of being treated closer to home
Concern about English ambulances being unfamiliar with rural Wales
Ambulances 'out of circulation' less if ED in Shrewsbury
Concern about ambulance capacity (increased older people demand)
Preferred emergency care being delivered closer to home
Planned care
Visiting Telford for routine procedures could be an issue
Pleased about less likelihood of cancelled planned care
Further distance for planned okay as longer to plan journey
Comfort knowing planned treatments more likely to go ahead
Maternity/children's services
Interest in bringing maternity services 'back' to Shrewsbury
Prefer Option 1 as having maternity services closer/more easily accessible
Travel/transport
Massive gap in Powys non-emergency transport services - vulnerable people having to walk home
On a very low income, £7 for train makes a big difference
Bus passes not working both ways Wales-England
Driving to Telford would be a struggle for elderly
Transport issues e.g. non-emergency transport not working
Easier to get to Shrewsbury
Extended visiting in Telford would be difficult
Carers may have to travel further
Public transport easier/cheaper to Shrewsbury
Deprivation - returning home from hospital by taxi an issue

Appendices

The appendices include a breakdown of the different types of engagement that the CCGs undertook and the numbers of people reached.

Appendix 1: Public Exhibition events

Date 2018	Venue	Attendance
16 June	Meeting Point House, Southwater Square, Telford	138
7 June	Shrewsbury Football Club, Shrewsbury	148
28 June	Elephant & Castle Hotel, Broad Street, Newtown	114
4 July	Ludlow Mascall Centre, Lower Galdeford, Ludlow	70
11 July	Methodist Church, New Street, Wellington	85
25 July	Bridgnorth Leisure Centre, Bridgnorth	48
2 August	Festival Drayton Centre, Market Drayton	46
15 August	Cabin Lane Church, Oswestry	35
8 August	Newport Cosy Hall, Newport Telford	94
21 August	Whitchurch Civic Centre, Whitchurch	29
29 August	Park Lane Centre, Woodside, Telford*	11
30 August	The Royal Oak Hotel, Welshpool, Powys*	34
	Total	**852**

*The last two events were smaller public exhibition events

Following a request from Bishop's Castle Parish Council, the following additional public meeting was arranged which invited people to question hospital clinicians and CCG managers and find out more.

Date 2018	Venue	Attendance
20 August	Bishop's Castle Q&A panel event , Town Hall	45

Appendix 2: Pop-up displays

Date 2018	Pop-up Displays	No. of people engaged
2 June	Telford Shopping Centre	22
2 June	Pride Hill Shopping Centre, Shrewsbury	125
6 June	Machynlleth Market	100
8 June	Victoria Hall, Broseley	1
8 June	Shifnal Village Hall and Co-op	30
13 June	Y-Plas, Machynlleth	30
13 June	Llanidloes Library	80
14 June	Brookside Central Community Centre *	12
14 June	Dawley Town Hall *	1
14 June	Tesco, Newtown	100

14 June	Llanrhaeadr Community Centre	70
15 June	Southwater Library, Telford	23
18 June	Machynlleth y Plas	120
19 June	Pontesbury Library *	3
19 June	Red House Village Hall, Albrighton *	6
22 June	Asda, Donnington	35
22 June	Newport Market	25
23 June	Newtown town centre	180
24 June	Oakengates Carnival, Telford	80
25 June	Welshpool Town Hall	80
27 June	Montgomery Library	40
27 June	Caersws - The Unicorn	50
28 June	Church Stretton Market *	31
28 June	Craven Arms - Community Centre *	21
30 June	Ludlow Fringe Festival, Castle Square	37
7 July	NHS70 Charity Fun Day, Royal Shrewsbury Hospital	30
8 July	Lions Day, Bowring Park, Wellington *	60
10 July	Llanidloes Sports Centre, Llangurig Rd	30
10 July	Welshpool Town Hall	20
12 July	Woodside Community Centre, Telford	30
12 July	Ketley Rose Manor, Telford	7
13 July	Llanrhaedr-ym-Mochnant Church, Newtown	20
13 July	Llanfyllin Youth and Community Centre	120
14 July	Telford African & Afro-Caribbean RC, Family Fun Day *	50
15 July	Carnival of Giants, Telford Town Park *	50
16 July	Bishops Castle Town Hall *	10
16-July	The Meadows Medical Practice, Clun *	40
17 July	Horse & Jockey Inn, Knighton	40
19 July	LLandrindod Wells	50
19 July	Welshpool Town Hall	80
19 July	Caereinion Health Centre, Welshpool	20
19 July	Tesco, Welshpool	100
21 July	Bridgnorth Market *	40
22 July	Arleston Community Fun Day, Telford *	30
26 July	Wem Market *	16
26 July	Whitchurch Library	12
27 July	Dawley High Street *	16
27 July	Telford Town Centre	18
28 July	Market Drayton Town Centre	40
3 August	Lawley Medical Practice, Telford	13
3 August	Madeley Leisure Centre *	7
4 August	IMAX Cinema, Southwater, Telford *	6
4 August	Telford Bowling Alley *	6

8 August	Hub on the Hill, Sutton Hill Community Centre *	11
8 August	Corn Exchange, Much Wenlock	15
9 August	Lawley Morrisons, Telford	11
9 August	Hadley Community Centre, Telford *	10
11 August	Powis Hall Market, Oswestry Town Centre	50
16 August	Attingham Park, Shrewsbury	14
21 August	Ellesmere Indoor Market	6
21 August	Bear Lanes, Newtown	120
21 August	Robert Jones & Agnes Hunt Orthopaedic Hospital	10
22 August	Herbert Arms, Kerry	35
22 August	The Anstice Centre, Madeley *	10
22 August	Lawley Bank Court, Lawley	13
25 August	Telford Ice Rink *	2
25 August	Telford United Football Stadium *	9
29 August	Parkwood Supported Living, Woodside *	9
29 August	Oakengates Leisure Centre, Telford *	5
5 September	Telford Railway Station *	25
5 September	Shrewsbury Railway Station *	200
6 September	Shrewsbury Railway Station *	200
6 September	Telford Railway Station *	100
7 September	Wellington Railway Station *	28
	Total	**3146**

*This engagement activity also reached people who represent one of the nine protected characteristics or live in a rural or deprived area.

Appendix 3: Patient engagement

Date 2018	Venue	No. of people engaged
31 May	Newtown Health Forum	20
5 June	Dawley Medical Practice *	28
7 June	Dawley Patients First Group public meeting *	15
7 June	Teldoc Madeley PPG *	n/r
13 June	Woodside Medical Practice *	32
4 July	Stirchley Medical Practice	35
4 July	Llanidloes Patient Forum *	20
10 July	Llanfyllin Patient Forum Group *	20
12 July	Woodside Medical Practice PPG meeting *	7
12 July	Linden Hall Surgery PPG meeting	10
12 July	Donnington Medical Practice	30
13 July	Wellington Medical Practice	40
16 July	Court Street Medical Practice, Madeley *	7
17 July	Ironbridge Medical Practice PPG meeting	7
18-26 July	6 Maternity clinics at Telford and Shrewsbury *	168

23 July	Linden Hall Surgery, Newport	26
25 July	Wellington Medical Practice PPG meeting	10
25 July	Teldoc Malinslee Surgery *	12
26 July	Newtown Health Forum	20
30 July	Sutton Hill Medical Practice *	27
31 July	Oakengates Medical Centre	26
31 July	Machynlleth Patient Forum	20
2 August	Charlton Medical Practice	42
6 August	Wellington Road Medical Practice	49
8 August	Sutton Hill Medical Practice PPG *	25
8 August	Teldoc Hadley Surgery *	23
9 August	Hollinswood and Priorslee Medical Practice	10
15 August	Shawbirch Medical Practice	35
3 September	Shropshire Community Health NHS Trust - Ludlow Community Hospital	10
4 September	Shropshire Community Health NHS Trust - Whitchurch Community Hospital	30
4 September	Midlands Partnership Foundation NHS Trust - Redwoods Centre	25
5 September	Midlands Partnership Foundation NHS Trust – Severn Fields Medical Village	30
Total		**859**

*This engagement activity also reached people who represent one of the nine protected characteristics or live in a rural or deprived area.

Appendix 4: Council meetings

Date 2018	Organisation	Attendance
4 June	Shropshire Association of Local Councils meeting *	40
6 June	Telford Health & Wellbeing Board	19
20 June	Whitchurch Local Joint Committee	30
22 June	Making it Real Board *	10
26 June	Cleobury, Kinlet and Highley Local Joint Committee *	58
2 July	Selattyn, Gobowen, Weston Rhyn and St Martins Local Joint Committee *	34
4 July	Rodington Parish Council Meeting *	9
5 July	Shropshire Health & Wellbeing Board	18

9 July	Donnington & Muxton Parish Council	10
12 July	South West Shropshire Local Joint Committee *	40
16 July	Hollinswood & Randlay Parish Council	10
18 July	Ketley Parish Council	15
19 July	Kynnersley Parish Council *	22
19 July	Wem Town Council	35
19 July	Tibberton & Cherrington Parish Council *	20
24 July	Oswestry Local Joint Committee	42
24 July	Madeley Town Council *	15
25 July	Waters Upton Parish Council *	13
26 July	Market Drayton Local Joint Committee	31
30 July	Joint meeting of Longden / Ford / Rea Valley and Loton and Tern Severn Valley Local Joint Committees *	25
7 August	Much Wenlock & Shipton and Broseley & Barrow Local Joint Committee	32
14 August	Clunbury Parish Council meeting *	25
14 August	Edgmond Parish Council *	25
3 September	Albrighton and Shifnal Local Joint Committee	45
3 September	Lilleshall Parish Council *	16
4 September	Hadley & Leegomery Parish Council *	16
12 September	Telford Health & Wellbeing Board	12
13 September	Shropshire Health & Wellbeing Board	24
Total		**691**

*This engagement activity also reached people who represent one of the nine protected characteristics or live in a rural or deprived area.

Appendix 5: Scrutiny and Assurance meetings

Date 2018	Organisation	Attendance
4 June	Healthwatch Shropshire Board	15
5 June	Powys Community Health Council	23
6 June	Shropshire CCG Governing Body	22
29 June	Future Fit Programme Board	19
10 July	Telford and Wrekin CCG Governance Board Meeting	14
10 July	Powys Community Health Council Montgomeryshire Committee	10
11 July	Shropshire CCG Governing Body	23
12 July	Powys Community Health Council Brecknock and Radnor Committee	10
24 July	Future Fit Programme Board	22
30 July	Joint Health Overview & Scrutiny (HOSC) meeting	10
8 August	Shropshire CCG Governing Body	22
14 August	Telford and Wrekin CCG Extraordinary Governance Board Meeting	12
15 August	Joint HOSC meeting	7
11 September	Telford and Wrekin CCG Governance Board Meeting	15

Appendix 6: Engagement with partner organisations

Date 2018	Organisation	Attendance
30 May	Powys Teaching Health Board	25

5 July	Shrewsbury and Telford Hospital NHS Trust Board	12
18 July	Powys Teaching Health Board	21
30 August	Shrewsbury and Telford Hospital NHS Trust Board	13

Appendix 7: GP engagement

Date 2018	Venue	Engaged
19 June	Telford & Wrekin GP Forum	12
21 June	Shrewsbury & Atcham Locality Group GPs & practice managers	25
28 June	Mid-Powys GP Cluster	10
17 July	Telford & Wrekin GP Forum	6
26 July	North Locality Board (Market Drayton) GPs & practice managers	22
31 July	North Powys GP Cluster	10
22 August	South Locality Board (Bridgnorth) GPs & practice managers	26
	Total	**111**

Appendix 8: Business engagement

Organisation	Attendance
ABP Abbatoir Ellesmere *	40
Billcar Precision Engineering, Shrewsbury *	23
West Mercia Police HQ *	29
Muller, Minsterley *	40
Epson, Telford *	46
Morris Lubricants, Shrewsbury *	15
Shropshire Fire and Rescue Service *	20
Shrewsbury Market Hall *	60
Caffe Kix, Fujitsu Telford (2 visits) *	93
Total	**366**

*This engagement activity also reached people who represent one of the nine protected characteristics or live in a rural or deprived area.

Consultation literature was also provided to the following employers for circulation to their staff and visitors:

Asda, Market Drayton
B & Q, Shrewsbury
Boxwood Café, Halesfield *
Caterpillar, Shrewsbury
Culina Logistics / Integrated Packing Services, Market Drayton *
Doncasters Aerospace, Shrewsbury
Go Carz Taxis, Shrewsbury
Grocontinental, Whitchurch *
The Grove School and Leisure Centre, Market Drayton
Job Centre Plus, Market Drayton
Job Centre Plus and DWP, Telford
Morrisons, Shrewsbury
Morrisons, Market Drayton
The Range, Shrewsbury
Royal Mail, Shrewsbury
Sainsburys, Whitchurch
Shrewsbury Academies Trust / Leisure Centre
St. John Talbot's School , Leisure Centre, Whitchurch
The Swimming Centre, Market Drayton
Tesco, Whitchurch
Tesco Extra, Shrewsbury

*This engagement activity also reached people who represent one of the nine protected characteristics or live in a rural or deprived area.

Appendix 9: Engagement with seldom heard groups

Meetings and focus groups exclusively with Seldom Heard Groups			
Date 2018	**Group / Event**	**Equalities groups**	**Attended**
30-May	Rheumatoid Arthritis support group	Disability	4
02-Jun	Malinslee Fun Day	People living in a deprived area	52
06-Jun	Information stand at Telford Town and Parish Conference	People living in rural and/or deprived areas	15
13-Jun	Shropshire Deaf and Hard of Hearing	Disability - sensory impairment	12
14-Jun	Shropshire Partners in Care	Carers, Age - older people, Disability	12
18-Jun	Juniper House Training	Age - young people	11
19-Jun	Pan disability forum	Disability - physical, Disability - sensory impairment	9

19-Jun	Information stand at A Life Outside of Caring	Age - young people, Age - older people, Race	6
21-Jun	Bridgnorth Carers group	Carers, Age - older people	12
26-Jun	Jayne Sargent Foundation	Age - older people, people living with cancer	12
26-Jun	Maternity Voices Partnership meeting	Maternity - pregnant women, Mothers	8
26-Jun	Primary School Have Your Say Day	Age - children	
27-Jun	George Chetwood Court, Sheltered Living Coffee Morning	Age - older people, People living in a deprived area	15
27-Jun	Alzheimers Society meeting	Age - older people, disability - mental health, people with dementia, Carers	34
27-Jun	Recharge	Age/Sex - young women, People living in a deprived area	4
28-Jun	Unit TEN	Disability - learning	12
28-Jun	DEEP group	Age - older people, disability - mental health, people with dementia, Sex - men	4
28-Jun	Breatheasy Support Group	Disability - physical, Age - older people	26
29-Jun	Over 50s Club	Age - older people	30
29-Jun	Maninplace	People living in a deprived area, Homeless, Army veterans	14
29-Jun	Perinatal support meeting	Sex - women, Maternity and pregnancy	28
30-Jun	Armed Forces Day, Family Event	Military personnel and families	37
30-Jun	Telford Priory School Festival of Culture and Diversity	Race, Religion, Age - young people	19
01-Jul	Gurdwara	Religion - Sikh	25
01-Jul	Madeley Court Fun Day	People living in a deprived area, Parents	24
03-Jul	Fibromyalgia group	Disability	n/r
04-Jul	PODs meeting	Age - young people, Disability, Parents of children with a disability, Carers	n/r
06-Jul	Shrewsbury College	Young people	16
09-Jul	Powys Older People's Partnership	Age - older people	10
10-Jul	Information stand at Leisure Centre	People living in a deprived area, Parents	12
10-Jul	Mental health forum	Mental health	28

10-Jul	Young Health Champions	People living in a rural area, Age - young people	3
10-Jul	Children, Young People and Families Network	Age – children and young people, parents	n/r
11-Jul	Information stand at Dry drinkers group	Disability - mental health, People living in a deprived area	3
11-Jul	Alzheimers Society meeting	Age - older people, –disability – mental health, people with dementia, Carers	20
12-Jul	Dementia Action Alliance	Age - older people, –disability – mental health, people with dementia	12
12-Jul	1st Irish Regiment Family Health Day	Military personnel and families	35
13-Jul	Shrewsbury Access Group	Disability - physical, Disability - sensory impairment, Age - older people, Parents	10
13-Jul	Boys Brigade	Age - young people, Sex - men	20
13-Jul	National Citizenship Scheme	Age - young people	35
14-Jul	Young Health Champions	Age - young people	6
16-Jul	Manor House Lane Gypsy and Traveller Site	Race - gypsies and travellers	6
17-Jul	Young Health Champions	People living in a rural area, Age - young people	6
17-Jul	Carers Partnership Board	Carers	20
17-Jul	Care and share group	Carers, age - older people, disability – mental health, people with dementia	9
17-Jul	Park Hall Gypsy and Traveller Site	Race - gypsies and travellers	6
18-Jul	Meeting	Sexual orientation - LGBT	1
19-Jul	Information stand at Multi-cultural event	Race, religion, people living in a deprived area	6
19-Jul	Singing for the Brain	Age - older people, –disability – mental health, people with dementia, Carers	15
19-Jul	Information stand at Community centre	People living in a deprived area	3
23-Jul	Information stand at TACT	People with an addiction, Disability - mental health	6
23-Jul	National citizenship programme	Age - young people, LGBT, autism, carers	150
23-Jul	Narcotics Anonymous	Mental health, People living in a deprived area, People with an addiction	14
24-Jul	LGBT support meeting	LGBT people	30

24-Jul	Children's Centre, Family drop in (Ludlow)	Age - women of child-bearing age, Mothers, People living in a deprived area	5
24-Jul	Children's Centre, Family drop in (Craven Arms)	Age - women of child-bearing age, Mothers, People living in a rural area, Race - Indian, Pakistani, Religion - Muslim	5
24-Jul	Telford LGBT	Sexual orientation - LGBT	7
24-Jul	Information stand at Community Centre	People living in a deprived area	3
25-Jul	Taking Part	Disability - learning	8
25-Jul	Carers group	Age - older people, carers	7
25-Jul	Children's Centre, Stay and play	Age - women of child-bearing age, Mothers, Parents of children with additional needs	8
26-Jul	Lunch group	LGBT, People living in a rural area, Age - working age people	5
26-Jul	Senior Citizens Forum	Age -older people, Carers	26
26-Jul	Wrekin Housing Trust	Age - older people	n/r
26-Jul	Maninplace	People living in a deprived area, Homeless, Army veterans	5
26-Jul	Sikh ladies group	Race, religion, sex, people living in a deprived area	14
27-Jul	Information stand at Telford Mosque	Race, Religion - Muslim, Sex - male and female	12
29-Jul	Sikh temple	Race, religion, sex	60
30-Jul	Children's Centre, Stay and play	Age - women of child-bearing age, Mothers, Military	6
31-Jul	Children's Centre, Family drop in	Age - women of child-bearing age, Mothers	10
31-Jul	Sight loss group	Disability - sensory impairment	4
31-Jul	Bumps and babies	Women of child-bearing age, Mothers	18
31-Jul	Alzheimers Society support group	Disability – mental health, people with dementia, Carers, People living in a deprived area	7
01-Aug	Around the town	Age - older people, Age - working age people, People living in a rural area	23
02-Aug	Wellbeing forum	Councillor, Voluntary sector, Statutory services, Community support	17
02-Aug	Telford Visually impaired patient support group	Disability - sensory impairment	13
03-Aug	Care and share group	Carers, Age - older people, People with dementia	6

03-Aug	Dementia Conference	Disability - mental health, Age - older people	24
06-Aug	Information stand at Functional fitness MOT	Age - older people, Carers	n/r
06-Aug	Bumps to breastfeeding support group	Pregnant women, Women of child-bearing age, Mothers	10
07-Aug	Hard of Hearing Group	Age - older people, Disability - sensory impairment	17
07-Aug	Gay professional men	Sexual orientation - LGBT, Age - working age people	4
07-Aug	Alzheimer's Peer Support Group	Disability - mental health	5
07-Aug	Information stand at Coffee morning, Belmont Centre	Age - older people, disability	15
07-Aug	Small steps	Disability -mental health, Age - young people, Sexual orientation - LGBT	6
08-Aug	Shropshire Mind	Disability -Mental health, learning, Age - older people, Women of childbearing age	21
08-Aug	Bumps to breastfeeding support group	Maternity - pregnant women, Age - women of child-bearing age, Mothers, People living in a deprived area	5
08-Aug	Branches/TACT Service User Meeting	Disability - Mental health, People with an addiction	7
09-Aug	Elim Riversway Church Food drop in/support group	Age - older people and young families, Disability - mental health, Race - BAME, Religion, People living in a deprived area	35
09-Aug	Carers group	Carers, people living in a deprived area	10
09-Aug	Citizens Advice Bureau	All, people living in a deprived area	11
10-Aug	One World UK (English Café)	Sex - female, Race - south-east Asian	7
13-Aug	Inbetweeners	Carers, Age - young people	5
14-Aug	Autism Hub	Disability - mental health	3
14-Aug	Thrive	Age - young people, People living in a deprived area , homeless	22
14-Aug	Tinnitus group	Disability - sensory impairment	5
14-Aug	Breast cancer group	Sex - female	9

14-Aug	Bibs Group	Sex - female, Parents of young children	7
14-Aug	Sex worker - agreed to talk with other workers	Sex - female	1
15-Aug	Baby group	Age - women of child-bearing age, Mothers	11
15-Aug	Information stand at Shropshire Cancer Forum	Age - older people	3
15-Aug	Chinese Arts & Cultural Centre	Race - Chinese, Religion	14
16-Aug	Senior Citizens Forum	Age - older people	15
16-Aug	Refugee Action	Refugees, Race - BME, Religion	1
16-Aug	Age Uk Day Centre	Age - older people, Disability	15
16-Aug	Highfield House Retirement housing	Age - older people, People living in a deprived area	5
17-Aug	Lakewood Court Care Home	Disability - learning, people living in a deprived area	10
17-Aug	Lakewood Wellbeing Centre	Disability - learning, people living in a deprived area, Mental health, dementia	15
17-Aug	Bibs Group	Sex - female, parents of young children	9
20-Aug	Stay and Play	Age - women of child-bearing age, Mothers	11
20-Aug	National Citizenship Scheme	Age - young people	30
20-Aug	Retirement Village Buttercross Court	Age - older people	27
21-Aug	Gypsy and traveller site	Race - gypsies and travellers, Religion, Carers, Age - women of child-bearing age	12
21-Aug	Chilcott Gardens Retirement Living	Age - older people, People living in a deprived area	25
21-Aug	Syrian refugee boys group	Refugees, Race - BME, Religion	8
22-Aug	Musketeers and Maidens	Disability - physical	9
22-Aug	Ketley Good Companions	Age - older people	35
22-Aug	Mencap	Disability - learning	36
22-Aug	Oakwood Retirement Village	Age- older people, people living in a deprived area	29
22-Aug	Haybridge Hall Retirement Housing	Age- older people, people living in a deprived area	12

23-Aug	Gypsy and traveller site	Race - gypsies and travellers	8
28-Aug	Telford Mind	Disability - mental health	7
28-Aug	Stroke support group	Carers, Age - older people, Disability	9
28-Aug	Jools Payne Partnership - Syrian Refugee Group	Race - BAME, refugees, Religion	6
28-Aug	Hindu temple	Religion - Hindu, Race - BAME, People living in a deprived area	20
28-Aug	Retirement Village Bournville House Oaktree Centre	Age - older people	n/r
29-Aug	Befrienders lunch group	Age - older people	27
29-Aug	Age UK day centre	Age - older people, People living in a deprived area , Disability	14
30-Aug	Bumps and babies	Age - women of child-bearing age, mothers	n/r
30-Aug	Carers support group	Carers, people living in a deprived area	11
30-Aug	Information stand at Challenging Perceptions	Age - young people, mental health	2
30-Aug	Bibs Group	Sex - female, parents of young children	5
31-Aug	Mennonite (Amish) community	Religion	13
01-Sep	Information stand at ICAN2	Disability - learning, parents of children with disabilities	12
03-Sep	Information stand at ICAN2	Disability - learning, parents of children with disabilities	25
03-Sep	Bumps and babies	Age - women of child-bearing age, mothers, people living in a rural area	12
03-Sep	Age Uk Day Centre Donnington	Age - older people, Disability	20
04-Sep	Senior Citizens Forum	Carers, Age - older people	8
04-Sep	Age UK	Age - older people	10
05-Sep	Stroke Club	Carers, Age- older people, Disability	8
05-Sep	Children's Centre	Age - women of childbearing age, Sex - women	10
05-Sep	The Ark	People living in an area of deprivation, homeless	1
05-Sep	Mental health forum	Disability - mental health	18

05-Sep	Age UK day centre	Age - older people	12
05-Sep	Swimming After Surgery	sex-women, cancer survivors	n/r
06-Sep	"OsNosh"	Homeless, People living in a deprived area	25
06-Sep	Rhea Estate sheltered housing scheme	Age - older people, people living in a rural area	9
09-Sep	African faith group	Race, Religion, People living in a deprived area	3
		Total	**2032**

In addition, information was distributed to the following Seldom Heard Groups:

Date 2018	Group name	Equalities group
June	Enable	Disability - mental health
06-Jun	Vision Technology and Training Shropshire	Disability - sensory impairment
12-Jun	All schools	Age - children
12-Jun	Learning Disability Partnership Board	Disability - learning
18-Jun	Age UK	Age - older people
20-Jun	e-newsletter to Shropshire Chamber of Commerce	Age - working age people
21-Jun	Energize	Age - young people
22-Jun	Autism Network	Disability – people with autism
22-Jun	Walking for Health Telford	Age - older people
28-Jun	Shrewsbury College	Age - young people
30-Jun	Royal British Legion	Military veterans
July	Children's centres	Sex - women, Maternity and pregnancy, Age - young women, Parents
July	Pre-school learning alliance	Parents
02-Jul	Making it Real Stakeholders	Age - older people
03-Jul	Job Centre / DWP	Age - working age people
03-Jul	Shropshire Partners in Care	Carers, Age - older people, Disability
05-Jul	Telford Central Mosque	Religion - Muslim, Race
09-Jul	Armed Forces Covenant	military and veterans
09-Jul	Narrow Boat community	People living in a rural area
09-Jul	MoD Donnington	Military
09-Jul	RAF Cosford	Military
20-Jul	PACC Parent and Carer Council	Parents, Disability - learning, Disability - physical, Carers, Parents
06-Aug	Food bank	People living in a deprived area
07-Aug	Shropshire wheelchair group	Disability - physical, Carers

07-Aug	Carers Trust for All	Carers, Age - older people, Disability - physical, mental health and learning
09-Aug	Breast feeding support	Maternity
09-Aug	Maternity Voices Shropshire, Telford & Wrekin	Maternity
10-Aug	Bumps to breastfeeding support group	Maternity - pregnant women, Age - women of child-bearing age, Mothers, People living in a deprived area
13-Aug	TELDOC Aqueduct Surgery	People living in a deprived area
14-Aug	Stroke Association	Age - older people, Disability, Carers
17-Aug	Young Farmers	Age - young people, People living in a rural area
17-Aug	Rural Support Network	People living in a rural area, Age - older people, Carers
21-Aug	Telford Christians Together (Churches)	religion-Christian
22-Aug	LGBT-friendly places	Sexual orientation - LGBT
22-Aug	STABLE	Disability - epilepsy
23-Aug	Polish shops	Race - Polish, Religion
28-Aug	Newport Food Bank	deprivation
28-Aug	ABC Nursery, Lawley	Age - women of child-bearing age, mothers
30-Aug	Salvation Army	Religion
30-Aug	Autism Hub	Disability - people with autism
30-Aug	A4U	People living in a deprived area , Disability - mental health, physical, learning, Carers
30-Aug	Louise House Community Hub	Age - older and younger people, Disability - mental health, Carers
04-Sep	Woodlands View and Meadowcroft Court supported living	Age - young people, people living in a deprived area, homeless or at risk of homelessness
06-Sep	Village Hall/Shop High Ercall	All, people living in a rural area
06-Sep	Village Hall/shop Ironbridge	All, people living in a rural area
06-Sep	Church Preston upon the Weald Moor	All, people living in a rural area

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Title of the report:	Report to the Joint HOSC on the Future Fit Summary of Stakeholder Consultation Responses
Author of the report:	D Vogler, P Schreier
Presenter:	Debbie Vogler and Pam Schreier in attendance

Purpose of the report

This document provides information on the detailed letters and emails we received from stakeholders on Shropshire and Telford & Wrekin CCGs' proposals to change the hospital services provided at the Royal Shrewsbury and Princess Royal hospitals. The report includes the following:

- An overview of feedback from stakeholders who have provided a detailed response to the consultation
- Main themes from the feedback

Summary

To update the Joint HOSC on the stakeholder letters and emails received as part of the Future Fit consultation.

Recommendations:

The Joint HOSC is asked to:

Receive the report on the stakeholder letters and emails received as part of the Future Fit consultation.

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futurefit
Shaping healthcare together

NHS

Summary of key stakeholder responses to Future Fit consultation

V2
15 November 2018

Contents

Introduction

The Future Fit public consultation ran from 30 May to 11 September 2018. This document provides information on the formal feedback we received from our key stakeholders on Shropshire and Telford & Wrekin CCGs' proposals to change the hospital services provided at the Royal Shrewsbury and Princess Royal hospitals.

The report aims to feed into the 'conscientious consideration' phase by providing the CCG boards with the following:

- Overview of key stakeholder feedback
- Main themes from feedback
- A document to support a discussion on any potential material issues for consideration and any mitigation required

Following permission from our stakeholders, their full responses could be published within the appendices of the independent Consultation Feedback Report, which has been produced by consultation specialists, Participate Limited.

Definition of key stakeholder

Although everyone who lives in Shropshire, Telford & Wrekin and mid Wales and uses our hospital services could be defined as a 'stakeholder', this document focuses on stakeholder organisations. Any survey, letter, email or fuller response not received from an individual member of the public, but received from an elected representative, a public body, an organisation, including stakeholder member organisations of the Programme Board, are all summarised here. However the report also particularly focuses in more detail on key stakeholder organisations that have been engaged with the Future Fit programme over the last five years. Therefore, this includes, for example, campaign groups who have provided a detailed response and we have engaged with throughout the programme.

Note any substantial responses received from any individual member of the public will be included and summarised in the report prepared by Participate Ltd.

Overview of stakeholder feedback

During the 15-week Future Fit consultation, we received formal feedback from the following 34 stakeholders:

Bishop's Castle Patients Group
Caersws Community Council
Churchstoke Community Council
Great Dawley Town Council
Healthwatch Shropshire
Healthwatch Telford & Wrekin
Hopton Castle Parish Meeting
Hywel Dda University Health Board

Kerry Community Council
Llandrinio & Arddleen Community Council
Llandysilio Community Council
Ludlow Town Council
Ludlow Under Pressure
Madeley Town Council
Midlands Partnership NHS Foundation Trust
Mochdre with Penstrowed Community Council
Newtown & Llanllwchaiarn Town Council
North Powys Locality Cluster and North Powys Locality GP Network
Oswestry Town Council
Plaid Cymru
Powys Community Health Council
Powys County Council
Powys County Councillor for Forden Ward
Powys Teaching Health Board
Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
Royal Wolverhampton NHS Trust
Russell George AM for Montgomeryshire
Shropshire Council
Shropshire Councillors for Ludlow and Clee
Shropshire, Telford and Wrekin Defend Our NHS
Sight Loss Shropshire
Station Drive Surgery Patients Group
Telford & Wrekin Council
The Constituency Labour Parties of Ludlow, Montgomeryshire, North Shropshire, Shrewsbury & Atcham, Telford and the Wrekin
Trefeglwys Community Council
Wye Valley NHS Trust

We received to further letters a letter from Llangurig Community Council and Welshpool Town Council after the closing date of midnight 11 September 2018.

Main themes

The following 13 themes were identified in relation to comments about the proposed model of hospital care and the two options in which this could be delivered:

1. Care closer to home/ services not joined up
2. Finance
3. Information technology
4. Mental health services
5. Patient safety
6. Population need
7. Rurality
8. Staffing/ workforce
9. Travel and transport
10. Emergency care

11. Planned care
12. Women and children's services
13. Stroke services
14. Urgent Care

In addition, the following wider themes were identified in relation to the consultation process:

15. Consultation process/ Gunning Principles
16. Equalities/ protected characteristics
17. Impact on other providers
18. Alternative proposals
19. No change

This section includes more detail on the feedback related to each theme and proposed actions.

1. Care closer to home/ services not joined up

There were a number of negative comments around Future Fit being 'too limited' in not including community services. Stakeholders state that acute and community services are 'critically interdependent' and care in the community is 'vital to reducing the demand of acute services'.

There are also several comments from stakeholders in mid Wales around how they want to work together with SaTH and the two CCGs to look out how more services could be provided locally. Powys Teaching Health Board (PTHB) want to 'enable people to have some of their care pathway in Powys supported by outreach services, shared care and telemedicine, e.g. pre-op and post-op assessment services, routine minor surgery and endoscopy.' Powys County Council want to see 'a greater flexibility in the provision of services, including a greater emphasis on outreach services into mid Wales'. They also suggest that plans need to be coordinated to provide some planned care services in Newtown. Welshpool Town Council also proposes that more local care and routine treatments could be carried out at Welshpool and Newtown minor injury units.

PTHB also comments that the three new rural health centres in mid Wales should have an impact on the provision of elective care in Powys and questions if this has been modelled by CCGs.

There are also suggestions that the community hospitals, such as Bishop Castle and Ludlow, should offer a range of services, such as minor injuries, diagnostics, a full range of maternity services and step-down for patients not ready to go home. Bishops Castle Patient Group also highlights how additional services could be provided at medical practices such as theirs, including accident & injury services, patient observation & treatment, pre-op and post-op care.

The Welsh Ambulance Service is keen to 'explore with CCGs opportunities to enhance community resilience models to provide timely community based care and reduce hospital admissions'. This includes exploring Advanced Paramedic Practitioner schemes,

enhancing the availability of Community First Responder provision and the roll-out of public access defibrillators.

2. Finance

There are mixed comments around the finances and affordability of the proposed model and the two options. Stakeholders from Telford & Wrekin highlight that, as the cheaper option, Option 2 is more affordable and would allow for additional money to be spent on GPs, nurses and a second cancer centre.

Stakeholders from Wales, on the other hand, state that Option 1 is the most cost effective. Plaid Cymru suggests that if Option 2 is chosen, then extra investment should go to Wrexham and Welshpool Minor Injury Unit to mitigate the impact.

Some stakeholders are critical over the motives for proposing changes to the hospitals, for example Hopton Castle Parish Council, believe that 'financial considerations are the sole criteria being used'. Station Drive Patients Group also make the point that financial modelling is out of date and has not taken into consideration increase in emergency admissions, projection of beds and staff numbers. The Constituency Labour Parties also question Future Fit's viability given that 'the exact structure of funding has not been finalised and the business case relies on reducing SaTH's deficit to £10.1m by 2020-21 when it is forecast to rise this year from £17.4m to £20.5m'

3. Information technology

The use of telehealth and digital healthcare is closely linked with the previous theme and is highlighted by several stakeholders as a priority to progress in order provide more integrated healthcare and more care closer to home. It is also linked to the theme of travel and transport as a way of keeping people out of hospital, saving on travel costs and potential long journeys.

For example, Station Drive Surgery Patients Group state that 'integrated patient records are crucial to the success of Future Fit yet this is not being progressed.'

4. Mental health services

Midlands Partnership NHS Foundation Trust (MPFT) is the only stakeholder to raise the issue of mental health services in their response. They are supportive of Option 1 as they feel it is important that patients at the Redwoods Centre in Shrewsbury have access to emergency care at RSH. They also argue that the transfer of people detained under Section 316 of the Mental Health Act to and from RSH could be more easily facilitated than if emergency care was at Telford.

They are seeking assurance that the configuration and operating times of their Rapid, Assessment, Interface and Discharge (RAID) teams meets the needs of the services and based at both sites.

5. Patient safety

A number of comments from various stakeholders have been grouped under the theme of 'patient safety'. This includes some general negative comments and negative comments around both options. For example, The Constituency Labour Parties states that 'the proposals place patients and staff at risk' while Madeley Town Council comments that Option 1 would be 'harmful to the people of South Telford'. On the other hand, stakeholders from Wales, including Plaid Cymru and North Powys Locality Cluster, argue that there would be a risk to patients if the Emergency Department/ Trauma Centre is moved to Telford. Although Powys Teaching Health Board favour Option 1, they raise a concern around the challenges and risks of moving services in general and the impact of worsening services and particularly referenced women and children's inpatient services and stroke services if they are moved again to Shrewsbury.

6. Population need

Several comments talk about the different populations within Shropshire, Telford & Wrekin and mid Wales and how Option 1 does not meet the needs of different populations. Several issues are raised in relation to population need, including the projected population growth, the numbers of women of child bearing age and older people, rural areas and areas with higher levels of deprivation.

Stakeholders in Telford & Wrekin argue that Option 2 better meets the needs of the population. For example, Telford & Wrekin Council states that: 'Option 2 is more future proofed for the future healthcare needs of the population as communities in the east are set to increase by 10% compared to 3% in the west by 2031. Over 75s will increase by 63% in the east compared to 57% in the west whilst children & women of child bearing age will increase by 8% in east compared to decrease of 2% in west.'

Healthwatch Telford & Wrekin echo this by stating that 'with a higher number of over 50 year olds in Shropshire and an increasing younger population in Telford, the women and children's centre should be retained in Telford'.

Whilst preferring Option 2, Ludlow Under Pressure acknowledges that 'neither option is ideal as Option 2 will leave western and southern areas seriously deprived.' Shropshire Defend Our NHS state that 'Telford & Wrekin is an area of high social deprivation with poverty a real issue' and that closing an A&E is the wrong model for such a large rural area with an ageing population, many with long term health conditions.

Telford Council echoes this by claiming that over 25% of people in Telford & Wrekin live in 20% of the most deprived areas nationally. They also have higher levels of poor lifestyles, for example smoking and excess weight, plus long term conditions. According to the council, more children and young people from deprived areas need emergency hospital admissions.

Great Dawley Town Council argues that over half of patients who need planned care live nearer to RSH so Option 2 would be better as planned care would be based at Shrewsbury.

7. Rurality

Rurality is a theme that was highlighted by the campaign groups. Shropshire Defend our NHS claims that rurality is missing from the Future Fit proposals and is poorly understood by health leaders. This is also a claim that has been made by Station Drive Surgery Patient Group which argues that rural populations face unique health issues, e.g. less number of visits to hospital, higher trauma deaths, higher 'dead on arrival' rates.

Shropshire Defend our NHS would welcome evidence of Future Fit being rural proofed by the CCGs as the area is one of the most sparsely populated local authority areas in England and Powys is the most sparsely populated authority in Wales. They argue that a new healthcare system must take into account rurality and ensure the needs of rural communities are met.

Hopton Parish Council wished to highlight that centralising planned care at one hospital rather than investing in rural hubs is not acceptable.

8. Staffing/ workforce

Concerns are raised over staffing levels and how patient care can be improved with a reduced workforce. Fears are also raised about the numbers of staff who may leave and the need for a change in culture at SaTH. The absence of any published workforce plans is also a concern.

Healthwatch Telford & Wrekin claims that staffing numbers aren't achievable as staff levels are to decrease by 9% with a 12% increase in workload due to additional hospital beds. The lack of consultant cover is raised by Hwel Dda University Health Board which states that Option 2 would raise concerns over potential lack of availability of consultant cover from Telford for outreach clinics and other activities for hospitals in Powys. PTHB also claims that Option 2 may reduce the ability of Powys GPs to work closely with SaTH consultants and that this could have an adverse impact on GP recruitment.

Station Drive Surgery Patient Group argues that the consolidation of stroke and women and children's services onto one site has shown that this does nothing to improve recruitment and retention of clinical staff. While Newport Town Council favours the focus the model places on specialist services on specialist sites and says that this will encourage stability and retention of the skill bases needed. Royal Wolverhampton NHS Trust recognises the need to consolidate acute care to make the best use of scarce specialist staffing, especially in emergency care.

9. Travel and transport

Travel and transport to both emergency and planned care sites has proved to be a common concern and there are fears that ambulance services will be under greater pressure under the proposals.

Another concern is for older people and their families. Older people are the most likely to have to stay in hospital for long periods and their families would have longer to travel to visit them if planned care was at the Princess Royal Hospital. According to Station Drive Surgery group in Ludlow, in some areas more than 25% of households do not own a car. 12.9% of Station Drive patients say they would be unable to attend a planned care appointment at Princess Royal Hospital.

Public transport is particularly an issue for the infirm and disabled. Welshpool Town Council states that accessibility to Telford for planned care needs to be improved as there are no direct buses. The Welsh Ambulance Services NHS Trust says that a key concern is the impact that proposals have on patient travel time to hospital, especially in rural communities. Telford and Wrekin Council state that more public transport journeys would result in at least two changes to get to Princess Royal Hospital compared to Royal Shrewsbury Hospital. Trefeglwys Community Council emphasise the importance of having emergency care available to their community as close as possible. Option 2 would mean an additional 20 to 30 minutes travel time for these patients.

There have been consistent concerns raised around ambulance response times. The move to a single emergency centre argues Shropshire Defend our NHS, would increase average journey times for ambulances responding to calls and transporting patients to emergency care. According to the Welsh Ambulance Services NHS Trust, the impact upon service delivery and operational capacity is dependent on the outcome of the ambulance modelling exercise.

10. Emergency care

The theme of emergency care was highlighted by several stakeholders, often in line with other issues such as travel and transport, rurality, population need and patient safety. Some stakeholders argue against the model of separating out emergency and planned care services, whilst others argue that emergency care services should be located in either Shrewsbury or Telford.

Stakeholders from Telford & Wrekin argue that the Emergency Department should be based in Telford. Great Dawley Town Council argue that if Telford loses its A&E then ‘it will be the biggest urban area in England without this.’ And Healthwatch Telford & Wrekin state that ‘the ED should be co-located with the women and children’s centre at PRH’. Telford & Wrekin Council state that ‘average travel times are shorter to PRH so the Emergency Care Centre should be based there’ and ‘60% of all emergency care patients live closer to PRH’.

Stakeholders from mid Wales argue that the Emergency Department should be based in Shrewsbury. For example, North Powys Locality Cluster state that ‘the location of Emergency Department at PRH would pose an increased clinical risk to our population’ and North Powys Locality Cluster says that ‘it’s important that emergency care is available to our community as close as possible.’ Newtown and Llanllwchaiarn Town Council echo this by saying that ‘the Emergency Care site should be as near to Newtown as possible’.

Powys Teaching Health Board also state that 'it is vital that emergency care is in Shrewsbury due to travel and transport issues'.

There is some discussion around trauma care and the trauma network. Ludlow Town Council state that 'trauma care facilities at RSH are already good' whilst Plaid Cymru state that the 'Trauma Networks are very clear that patients in mid Wales would be placed at increased risk if the Emergency Department was moved to Telford'.

11. Planned care

Stakeholders raise comments under the theme of planned care which were often in conjunction with other issues such as travel and transport, rurality, population need and impact on other providers.

Telford & Wrekin Council and Dawley Town Council argue that planned care should be based in Shrewsbury as 'more than half of people having planned operations live nearer to RSH'. Telford & Wrekin Council also argues that Option 1 will be less convenient for the majority of older people as they are the biggest user of planned care and are more likely to have transport difficulties. Great Dawley Town Council echo this by stating that over half of patients who require planned care live closer to RSH.

Madeley Town Council also say that 'most planned care is required in Shrewsbury' while Bishop's Castle Patient Group argue that moving planned care to Telford 'would be more difficult for people in terms of travel and transport.'

Shropshire Councillors for Ludlow and Clee suggest that to help people in the southwest of the county access planned care at PRH, the CCG should help subsidise a new bus service.

Powys Community Health Council have concerns around waiting times for Welsh patients for planned care. The Welsh Ambulance Services NHS Trust state that patients travelling in NEPTS would have to travel further to attend a planned care appointment which would have an effect on NEPTS resources. Russell George AM comments that it is vital that some planned care is delivered locally in community hospitals in mid Wales. Powys Teaching Health Board want a commitment to explore different models of planned care that enable people to have some planned services provided as close to home as possible.

Robert Jones Agnes Hunt Orthopaedic Hospital see Future Fit as an opportunity to transform the provision of MSK and orthopaedic services across the region.

12. Women and children's services

There are arguments for retaining the consultant-led Women and Children's Unit at Princess Royal Hospital, which only opened four years ago at a cost of £28m. Great Dawley Town Council claims that two thirds of admissions to the Women and Children Unit are from patients whose closest hospital is Princess Royal Hospital. However, in mid Wales, there are concerns for women having to travel long distances to access care in

labour and postnatally, especially those with limited access to car and other childcare responsibilities.

Llanfyllin WI has expressed their fears around cuts to community based maternity care in Shropshire and the removal of postnatal care & breastfeeding support. They are concerned about low risk women travelling long distances when birthplace survey evidence shows that they would be safer in a local midwifery unit.

13. Stroke services

Station Drive Surgery Patients Group comments that the centralisation of stroke services has not been a success with SaTH ranked 121 out of 135. Shropshire Defend Our NHS also highlights that the consolidation of stroke services has not led to improved clinical outcomes. A separate paper was produced by Shropshire Defend Our NHS with their views on stroke services.

14. Urgent Care

There is strong feeling that the urgent care centres should be run by the NHS. Shropshire Defend our NHS claim that the public have been misled by plans for urgent care centres and the fact that they will have to go out to tender to decide who will run them was only mentioned during the consultation. Bishops Castle Patient Group says that the two centres need to be under NHS leadership. Urgent care should also be provided at Oswestry, according to Oswestry Town Council.

There are also claims that the Urgent Care Centre figures are not accurate. Shropshire Defend our NHS says that the Walk-In Centre at Monkmoor is proof as only 15-30% of patients are A&E attendances, not 60% as Future Fit predicts.

15. Consultation process/ Gunning Principles

There are claims that the Future Fit consultation has not met requirements of Gunning Principles and therefore is invalid. Station Drive Surgery Patient Group comments that the public have never been consulted on removing rural features of the original clinical model. They also claim that Shropshire residents should have received a door drop like Telford and doubt that all comments can be considered within six weeks. If, due to GDPR, individual comments cannot be reviewed by professionals, they argue that responses cannot be conscientiously taken into account.

Healthwatch Shropshire would welcome a decision as early as possible as it affects other decision making and recruitment to hospitals.

16. Equalities/ protected characteristics

There were concerns around people whose first language is Welsh, especially if they have a cognitive or sensory impairment. According to Powys Teaching Health Board, the impact on equality protected characteristics would be significantly worse under option 2 as acutely unwell people would have much reduced access to loved ones and family.

Telford and Wrekin Council emphasises that there are higher levels of BME communities in Telford. Sight Loss Shropshire wish to see the progress on improving services for people with sight loss continue and not suffer as a result of any relocation of hospital services.

17. Impact on other providers

Various comments were received from local health providers as they outline the specific impact that the outcome that any changes to the hospital services at RSH and PRH would have on them and their patients.

According to Hywel Dda University Health Board (HDdUHB), the principles of Future Fit are consistent with their Transforming Clinical Services consultation. The Board argues that Option 1 would strengthen well established clinical networks and pathways between Bronglais General Hospital and Royal Shrewsbury Hospital. Yet Option 2 would mean undoing all the positive work between Bronglais and Royal Shrewsbury Hospital and creating new networks & clinical relationships.

Ludlow Town Council emphasises the importance of flexibility within health system is needed for people to use neighbouring hospitals. There is also a need, according to Powys Health Teaching Board, to take into considerations outcomes of other consultations around Bronglais Hospital and the trauma network.

Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) claims that the location of the Emergency Department could have an impact on number of RJAH surgeons needed to support delivery of orthopaedic trauma rotas at SaTH. The hospital also sees the proposed changes as an opportunity to transform the provision of MSK and orthopaedic services across the region by consolidating orthopaedic inpatient elective care (including surgical pathway, pre-assessment, admission, surgery and post-surgical inpatient care). This would ensure standardised MSK and surgical orthopaedic pathways.

The Royal Wolverhampton NHS Trust is keen to explore the potential impact of any short-term decisions around configuration of emergency and maternity services and the implications on longer term patient pathways and flows.

There is a need, argues Welsh Ambulance Services NHS Trust, to understand the impact of proposed model and patient flows will have on where they strategically locate and deploy their emergency medical services (EMS). EMS resources may spend longer out of their deployment area taking patients to hospital and we will need to backfill this resource, particularly in more rural areas that are covered by a single EMS resource. The Trust would also like confirmation regarding future arrangements for patients to be repatriated back to Wales following a stay in hospital and that current arrangements with WMAS will be maintained.

18. Alternative Proposals

A councillor from Telford & Wrekin has made the case for an alternative proposal. The Councillor's proposal is to have an urgent care centre, cottage hospital, dialysis, cancer services, scans, x-rays and outpatients at Princess Royal Hospital and A&E and all diagnostic & planned care at Royal Shrewsbury Hospital.

19. No change

The desire to keep the status quo has been highlighted by Councillors, Town Councils, the Labour Party and Shropshire Defend our NHS. Neither option according to The Constituency Labour Parties of Ludlow, Montgomeryshire, North Shropshire, Shrewsbury & Atcham, Telford and the Wrekin offers a sustainable future for our health services nor meets the diverse needs of our communities.

Shropshire Defend our NHS supports keeping both hospitals with two A&Es offering acute and planned care. A councillor from Telford & Wrekin claims there is no clinical justification for either planned care or emergency care at Telford rather than Shrewsbury. Both Madeley and Oswestry Town Councils express their desire that both A&Es are retained.

Summary of responses by stakeholder

This section provides a summary of each stakeholder response.

Bishops Castle Patient Group

Option preferred: Not stated

Comments:

- Need to provide additional services at Bishop's Castle Medical Practice (BCMP), including accident & injury services, patient observation & treatment & pre-op & post-op
- moving planned care to Telford would be more difficult for people in terms of transport
- BCMP has lowest patient usage rate of current A&E services. This is partly due to excellent local minor injury services & long travel times
- BC Community Hospital should continue to offer step down for patients not ready to go home - a community service with beds with direct GP access to hospital
- contract with WMAS needs to be overhauled to improve response times for southwest Shropshire & reinstate Community First Responder service
- two urgent care centres need to be under single NHS leadership

Caersws Community Council

Option preferred: Option 1

Comments:

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

Churchstoke Community Council

Option preferred: Option 1

Comments:

- shortest distance is vital factor in emergency, trauma and critical situations as it reduces travel time from incident to centre but also reduces ambulance 'tie-down' time
- Emergency Care site should be as near to Churchstoke/ mid Wales/ south Shropshire as possible because of reason above
- Women and children's consultant-led inpatient services should be as near to Churchstoke/ mid Wales/ south Shropshire as possible because of reason above
- distance to planned care deals more with convenience/ inconvenience which can be planned for in advance
- adequate car parking is needed on both hospital sites

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

Option preferred: Neither

Comments:

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

Councillor, Powys County Council

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

Option preferred: Option 1

Comments:

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

Councillor, Telford & Wrekin

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

Option preferred: Neither

Comments:

- Under option 1, the majority of people who would receive planned care at PRH would have to travel nearly an extra 40-mile round trip
- Vast majority of planned care patients would have a greatly extended travel element to their hospital visit

- Planned care at Telford would be problematic for the larger ageing population, many of whom have to rely on public transport
- Older people presenting at A&E have multiple conditions that may require attendance by a MDT whose specialist consultants would be based at PRH
- There is no clinical justification for either planned care or emergency care at Telford rather than Shrewsbury
- The best configuration would be to have UCC, cottage hospital, dialysis, cancer services, scans, x-rays and outpatients at PRH and A&E and all diagnostic & planned care at RSH

Russell George AM for Montgomeryshire

Option preferred: Option 1

Comments:

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

Great Dawley Town Council

Option preferred: Option 2

Comments:

- If Telford loses its 24/7 full A&E it will be the biggest urban area in England without this
- Option 2 will give the local NHS an extra £3.3m each year to spend on more GPs and nurses
- Option 2 means we retain the consultant led Women and Children Unit at PRH which opened 4 years ago at a cost of £28m
- Option 2 means two thirds of admissions to the Women and Children Unit are from patients whose closest hospital is PRH
- Option 2 means planned care at the RSH with over half of patients who require planned care closest hospital being the RSH

Healthwatch Shropshire

Option preferred: Not Stated

Comments:

- Common concern is travel and transport and accessing both emergency and planned care
- People prefer option 1 or 2 depending on their location and personal circumstances
- We would welcome a decision as early as possible as it affects other decision making and recruitment to hospitals

Healthwatch Telford & Wrekin

Option preferred: Option 2

Comments:

- Any solution must be based on projected population growth
- Higher number of over 50 year olds in Shropshire and increasing younger population in Telford means the women and children's centre should be retained in Telford
- Emergency Department should be co-located with W&C centre at PRH
- Availability of EMRTS in Powys removes the need to use A&E in Shropshire
- Staffing numbers aren't achievable - staff levels are to decrease by 9% with 12% increase in workload due to additional hospital beds
- Care in the community is vital to reducing demand on acute services

Hopton Castle Parish Council

Option preferred: Neither

Comments:

- Both options involve increased travel times for people in an area poorly served by public transport. This will lead to people calling an ambulance to access urgent care
- Centralising planned care at one hospital rather than investing in rural hubs is not acceptable
- Unbelievable that WMAS have not been involved in developing proposals and only now involved in travel & transport group
- Financial considerations are sole criteria being used

Hywel Dda University Health Board

Option preferred: Option 1

Comments:

- Future Fit principles are consistent with principles of HDdUHB Transforming Clinical Services consultation
- Option 1 would strengthen well established clinical networks and pathways between Bronglais General Hospital and RSH

- Option 1 means Bronglais patients who need complex treatment would not incur unnecessary travel
- Option 2 would mean undoing all the positive work between Bronglais and RSH and creating new networks and clinical relationships
- Option 2 would have an additional impact on Bronglais hospital as more patients would come here rather than Telford due to distance
- Option 2 would raise concerns over potential lack of availability of consultant cover from Telford for outreach clinics and other activities for hospitals in Powys

Kerry Community Council

Option preferred: Option 1

Comments:

- Concerns around travel times, given rural nature of area.
- There are few cross-border routes available and this is made worse with adverse weather, an accident close to the border of if A5/ M54 is closed
- Concern that under both options, it will mean that more care for more residents will be provided further away
- Some residents already face a 100 mile round trip to visit the women and children's centre in Telford
- Regular contact with family and friends can be vital in aiding recovery, especially for people with cognitive and sensory impairment, elderly people and those for whom Welsh is their first language
- Telford has many alternative hospital facilities which are closer than our nearest hospital in Shrewsbury, e.g. Wolverhampton, Walsall, Dudley, Stafford, Sandwell, Stoke and Birmingham
- Option 1 maintains access to life and limb-saving care without adding further travel
- Benefits to women and children's services and stroke services returning to Shrewsbury
- Urge CCGs, SaTH, PTHB and Welsh Government to work together to
    - identify opportunities for closer planned care, e.g. teleheathcare in GPs
    - tackle discrimination faced by older people re bus passes at the border
    - maintain and strengthen services in Gobowen
- Concerns around Welsh language impact
- Concerns around deprivation as parts of Newtown are amongst highest levels in mid Wales
- Concerns around impact on equality characterististics, particularly those with children with long term and life limiting conditions
- Option 2 would have an adverse impact on pathways and continuity of care of acutely unwell patients
- Option 2 would have negative impact on planned care and local recruitment as many consultants who visit local hospitals in Powys and provide outreach clinics are local
- Option 2 woud have negative impact on pathways and continuity of care for orthopaedic patients

Llandrinio & Arddleen Community Council

Option preferred: Option 1

Comments:

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

Llandysilio Community Council

Option preferred: Option 1

Comments:

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

Llanfyllin WI

Option preferred: Option 1

Comments:

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

Llangurig Community Council (late response)

Option preferred: Option 1

Comments:

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

Ludlow Town Council

Option preferred: Option 1

Comments:

- Trauma care facilities at RSH are already good
- Transport and travel distances are concerns for people in Ludlow
- Need adequate public transport links & community ambulance facilities for planned care to be successful at PRH
- Flexibility within health system is needed for people to use neighbouring hospitals
- Future Fit is driven by saving money rather than addressing the needs of residents in Shropshire
- CCGs, Shropcom & SaTH offer a fragmented structure with no efficient way of delivering healthcare services
- Ludlow needs a local hospital to support local community, with minor injuries, diagnostics and full range of maternity services
- Need proactive care in the community, such as iCares system in Sandwell

Ludlow Under Pressure

Option preferred: Option 1

Comments:

- Future Fit does not put the needs of people at the top
- Future Fit is too limited in its scope and doesn't include role of other health services, e.g. Hereford, mental health or social care
- Concern around disappearance of support for alcohol & drug addiction
- Concern around travel times
- Limited funding should be challenged and costs of borrowing explored
- Neither option is ideal as Option 2 will leave western & southern areas seriously deprived

Madeley Town Council

Option preferred: Option 2

Comments:

- Travel to hospital sites can be difficult and costly for people without transport

- Decision to locate the women and children's centre at Telford was for clinical reasons, as Telford has younger population
- 2/3 of all children and pregnant women admitted to hospital live nearer to PRH
- Option 1 would be harmful to people of South Telford
- Option 1 would downgrade PRH
- Option 2 more financially viable
- Most planned care is required in Shrewsbury
- Option C2 would be best for Telford with women and children's remaining at PRH
- Both sites should retain emergency services

Midlands Partnership NHS Foundation Trust

Option preferred: Option 1

Comments:

- Supportive of Option 1 as Redwoods Centre is in Shrewsbury and so important patients have access to emergency care
- Provide 2 RAID teams into SaTH - 24/7 at RSH and 8am - 10pm at PRH
- Transfer of people detained under Section 316 Mental Health Act to and from RSH could be more easily facilitated than if emergency care was at Telford
- Important to continue to be involved with changes in services so we can ensure configuration and operating times of RAID teams meets the needs of the services based at PRH and RSH
- Changes in community services needed to support changes in acute trusts and to reduce hospital admissions

Mochdre with Penstrowed Community Council

Option preferred: Option 1

No Comments

Newtown & Llanllwchaiarn Town Council

Option preferred: Option 1

Comments:

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

- Distance to planned care deals more with convenience/ inconvenience which can be planned for in advance

North Powys Locality Cluster

Option preferred: Option 1

Comments:

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

Oswestry Town Council

Option preferred: Not stated

Comments:

- Formally object to proposals. Two A&Es should be retained in the county
- Support provision of urgent care centre in Oswestry
- Concerned about loss of staff (which has yet to be quantified)

Plaid Cymru - Party of Wales

Option preferred: Option 1

Comments:

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

Powys Community Health Council

Option preferred: Option 1

Comments:

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

Powys County Council

Option preferred: Option 1

Comments:

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

Powys Teaching Health Board

Option preferred: Option 1

Comments:

- Need to take into considerations outcomes of other consultations around Bronglais Hospital and trauma network
- Vital that emergency care is in Shrewsbury due to travel and transport issues
- Concerns around additional travel time and transport. Will urge UK and Welsh Governments to ensure that the border is not a barrier for older people's travel
- Additional travel time means either emergency or planned care moving to more than an hour away from majority of Powys communities
- Want a commitment to enhance consultant outreach clinics in Powys
- Want a commitment to explore use of digital care solutions to improve access
- Want a commitment to explore different models of planned care that enable people to have some of their care pathway in Powys supported by outreach services, shared care and telemedicine, e.g. pre-op and post-op assessment services should

be delivered as close to home as possible and access consultation via telemedicine base in north Powys. Also routine minor surgery and endoscopy
- More complex surgery which often has longer length of stay has to be at emergency site
- Concerns around distance travelled for family visiting patients in Telford
- Improve appointment scheduling to recognise travel and transport time from mid Wales
- Commitment to work with WAS on non-emergency patient transport and Powys Council and local community transport providers to strengthen travel and transport for planned care
- concerns around people whose first language is Welsh, especially if they have a cognitive or sensory impairment
- concerns around challenges at women and children's inpatient services and stroke services worsening if moved again to Shrewsbury
- option 2 could mean consultants are based further east and be less likely to be available for outreach appointments and clinics in mid Wales
- option 2 may reduce ability of Powys GPs to work closely with SATH consultants and could have adverse impact on GP recruitment
- impact on equality protected characteristics would be significantly worse under option 2 as acutely unwell people would have much reduced access to loved ones and family

Robert Jones and Agnes Hunt Orthopaedic Hospital

Option preferred: Option 1

Comments:
- location of ED could have an impact on number of RJAH surgeons needed to support delivery of orthopaedic trauma rotas at SaTH
- current proposal would see continued fragmentation of MSK and orthopaedic care across Shropshire, Telford & Wrekin as it is split over a number of locations
- This is an opportunity to transform the provision of MSK and orthopaedic services across the region by consolidating orthopaedic inpatient elective care (including surgical pathway, pre-assessment, admission, surgery and post-surgical inpatient care. This would ensure standardised MSK and surgical orthopaedic pathways.
- working closely we can ensure continued attractive recruitment of surgeons, AHPs, nurses and specialist staff in MSK and orthopaedic care
- the demand for elective orthopaedic services is increasing
- key drivers for change in MSK and orthopaedic care around ageing population, variation in clinical pathways, workforce and new technologies align with Future Fit

Royal Wolverhampton NHS Trust

Option preferred: Option 1

Comments:

- Trust recognises need to consolidate acute care to make best use of scarce specialist staffing, especially in emergency care
- original modelling from SaTH demonstrated no material impact on neighbouring providers, however keen to explore potential impact of any short-term decisions around configuration of emergency and maternity services and implications on longer term patient pathways and flows
- RWT needs to be fully involved and consulted through the programme, along with WMAS, to understand whether it is likely that significantly more or fewer adults or children will attend RWT as a result of changes. RWT keen to discuss outcomes and impacts following conclusion of ambulance capacity modelling work

Shropshire Council

Option preferred: Not stated

Comments:

- people living in rural communities will experience long journeys under either option
- safe & clinically effective treatment services need to be in county
- appropriate mitigation arrangements need to be made for communities who are disadvantaged under either option
- Care closer to home programme is key to ensuring safe and sustainable health services and this should include greater use of telehealth to reduce need for people to travel to hospital.

Shropshire Councillors for Ludlow & Clee

Option preferred: Option 1

Comments:

- NHS does not have enough resources
- No mention of community provision proposals
- centralising services places unacceptable burden on rural communities who have to travel long distances
- CCG should help subsidise a new bus service from southwest of county for people to access planned care at PRH

Shropshire, Telford & Wrekin Defend our NHS

Option preferred: Neither

Comments:

- Future Fit is a cuts project, intended to cut costs for SaTH and local health economy
- Future Fit is entirely about secondary care and includes nothing about community NHS services or prevention

- our alternative model is more closely aligned with local population need and with the emerging priorities of a rapidly changing NHS
- the consultation documents give no financial information at all
- the financial modelling in the PCBC is out of date and inaccurate as it bears little relationship to what is happening in our local NHS
- £312 million does not exist within local health system
- the cuts required by Future Fit will be much greater than anticipated and are unaffordable in context of current financial crisis in local health economy
- PTHB's three new rural health centres should have an impact on the provision of elective care in Powys - has this been modelled by CCGs?
- if there is reasonable evidence that risks to affordability are greater than in PCBC analysis suggests then project should be halted
- there is no money left to spend on transformation of community services
- Future Fit is not a whole system approach - acute and community services are critically interdependent so should be considered together
- KPMG highlights that failure to deliver effective and sustainable community services for urgent and non-urgent care will impact on viability of Future Fit
- No current workforce plans published
- no explanation of how reduced number of staff will be able to care for patients in an increased number of beds
- the predicted activity modelling of emergency admissions is unrealistic
- UCC figures are not accurate. Walk In Centre at Monkmoor is proof as only 15-30% of patients are A&E attendances not 60% as Future Fit predicts
- Diverting 60% of patients from ED to UCC would be a risk to patients. This has been shown in other UCCs, e.g. Stoke and Ilford
- the public have been misled as plans for UTCs and the fact that they will have to go out to tender to decide who will run them only mentioned during the consultation
- There is no evidence that recommendations from the second Clinical Senate Review have been completed
- Closing an A&E is the wrong model for a large area and a largely rural area
- If A&E closes in Telford, it would be the largest town in the country without its own A&E
- Studies show a strong correlation between transport distance and mortality rates for heart attacks and stroke
- public transport is expensive, patchy and non-existent in some areas, e.g. it is not possible to travel to RSH by public transport on a Sunday, even from Shrewsbury town centre
- evidence shows that distance reduces access and adversely affects health outcomes, e.g. systematic review, BMJ Oct 2016
- evidence shows that for stroke care, the disbenefits of slightly longer journeys to reach emergency care are outweighed by the benefits of care in a specialist stroke care unit
- reality is that SaTH performs badly on key indicators for stroke care - 7th worst performing stroke unit nationally for median time to head scan
- consolidation of stroke services in 2013 has not led to improved clinical outcomes
- consolidation of stroke services in 2013 has not resolved staffing difficulties
- Move to single emergency centre would increase average journey times for ambulances responding to calls and transporting patients to emergency care.

- work of travel and transport group is either incomplete or withheld from public
- there will be a need for more ambulances as fewer will be available to respond to 999 calls
- focus should be more on providing integrated care, such as in Dorset and Yeovil where three NHS trusts work together in a systematic way
- our ageing population, many with long term health conditions, need high quality, seamless care across preventative, acute and community NHS services and social care
- Future Fit is not in line with Five Year Forward View.
- separation of consultation on acute sector changes and consultation on community NHS changes makes it impossible for public to gain an overall picture of future NHS care
- capital investment available for acute hospital buildings would be much better spent across the system as a whole - upgrading community hospital facilities, and on flexible modern health centres in areas not covered by community hospitals
- SaTH should explore wider collaborative models, either as part of multi-service network or part of a wider hospital group (like Dorset & Yeovil)
- Shropshire is one of the most sparsely populated local authority areas in England and Powys is most sparsely populated authority in Wales so a new healthcare system must take into account rurality and ensure needs of rural communities are met
- Royal College of Emergency Medicine has cautioned against closing A&Es in rural areas, arguing that benefit is outweighed by longer journey times
- rurality is missing from Future Fit proposals and is poorly understood by health leaders
- we would welcome evidence of Future Fit being rural proofed by CCGs
- the omissions of the community elements of Future Fit have never been explained to the public
- Telford & Wrekin is an area of high social deprivation with poverty a real issue
- Rural poverty is a real issue in Shropshire and is exacerbated by isolation and poor access to services
- rates of disability and long term illness are above national average in both areas
- Shropshire CCG has tightened its guidelines on eligibility for non-emergency patient transport
- patients need local provision of healthcare that they can actually get to
- Progressing telehealth should be a priority. It should be extended to cover links between acute hospital sites and community hospitals and GP surgeries and between stand-alone UCC and ED
- A single patient record is an essential piece of work in order to deliver joined-up care, however there is no meaningful progress after 4 years
- No clinically valid reason why whole of funding should be spent on new acute hospital buildings. We should be developing the wider NHS estate and infrastructure to create more integrated care and improved access to care
- staff will not stay at SaTH without a change in culture and development of different vision of patient care
- our model is for an integrated health and care system and for accessible care
- we support keeping both hospitals with two A&Es offering acute and planned care
- UCCs should be run by NHS and integrated with emergency care provision

Sight Loss Shropshire

Option preferred: Not stated

Comments:

- important that any changes do not have a detrimental effect on recent improvements to eye clinic services
- progress on improving services for people with sight loss should continue and not suffer as a result of any relocation of hospital services

Station Drive Surgery Patients Group, Ludlow

Option preferred: Neither

Comments:

- no consideration of community services, e.g. at Ludlow Hospital
- issue of rural proofing is missing from consultation
- rural populations face unique health issues, e.g. less number of visits to hospital, higher trauma deaths, higher 'dead on arrival' rates
- original future fit idea of having UCCs strategically placed across Shropshire and Telford & Wrekin is right
- Future Fit model doesn't meet the needs of the different populations in Shropshire and Telford
- original future fit model of having Local Planned Care Centres co-located with UCCs is right
- higher than average proportions of patients in South Shropshire suffer long term health conditions
- Royal College of Emergency Medicine says that 'it is more sensible to plan for increased ED demand based on further population growth'
- STP focus on prevention & lifestyle is ambitious with no explanation on how this will be achieved and where resources will come from. It has not worked in other areas, e.g. Stoke
- the plan is to close existing community services to pay for new services - this is taking community NHS care away from people who depend on it
- cuts in community provision have unintended consequences for acute services, i.e. cuts to ShropDoc has led to increase in calls to 111 out of hours that resulted in ambulance being called out
- beds at community hospitals should be retained and reopened
- cuts in funding to Shropcom should be reversed to allow them to reverse reduction in nursing staff and reinstate bases at UCCs. Telephone access to Shropdoc should be reinstated
- consultation does not factor in people who don't own a car having to access non-emergency services which is mainly older people
- impact assessment notes that 15% of Shropshire residents would be unable to access PRH by public transport
- appointment times do not coincide with public transport timetables
- 12.9% of Station Drive patients say they would be unable to attend a planned care appointment at PRH

- in some areas more than 25% of households do not own a car
- alternatives to public transport are not routinely available
- Shropshire CCG has tightened its guidelines on eligibility for non-emergency patient transport
- centralisation of services with inadequate transport and longer journey times leads to increase in missed appointments
- BMC Public Health study on neonatal mortality concluded that outcomes worsen with reduction of access
- Impact Assessment suggests that local authorities are not considering subsidising more local bus services
- centralisation of ED functions can be of benefit for some conditions, e.g. stroke, but then only if the transport times are not excessive
- centralisation of stroke service at PRH has not been a success with SaTH ranked 121st out of 135 for standard mortality ratio (SMR)
- for other conditions, e.g. choking, poisoning, the key issue is speed not specialism, as shown in studies in Japan and at York University on Sweden
- Future Fit requires extra ambulance resource for extended journey times and transferring sick patients between sites. WMAS has said there is currently no spare capacity
- evidence shows that closing emergency departments doesn't lead to better outcomes and may lead to increased mortality
- public have not been given information about travel and transport work as promised by the end of the consultation period
- the consolidation of stroke and women and children's services onto one site has shown that this does nothing to improve recruitment and retention of clinical staff
- alternative to Future Fit should be to implement a far more collaborative model in line with Royal College of Physician's Future Hospital Programme, e.g. Black Country Alliance - acute hospitals working together to maintain specialist services, strengthen recruitment and cut costs. This should be done with Wye Valley and Worcestershire
- financial modelling has not been revisited for almost a year and not taken into consideration increase in emergency admissions, projection of beds and staff numbers
- concerns around the proposal to reduce medical beds from 395 to 354 as these are the beds in most demand during winter pressures
- cutting staff numbers goes against RCN guidance
- the split projected by Future Fit between UCCs and ED is over-optimistic - a study by Cowling et al found that 17% of patients streamed as being appropriate for UCC subsequently required transfer to full A&E
- integrated patient records are critical to success of Future Fit yet this is not being progressed
- proposals for financing £312 capital loans are unknown and there has been no public discussion around what assets will be transferred & staffing/ financial implications
- All assumptions and associated evidence should be stated when financial and capacity models are revaluated.
- Future Fit consultation has not met requirements of Gunning Principles therefore is invalid

- public have never been consulted on removing rural features of original clinical model
- the exhibition events were the only way to get answers to questions and then people did not have all the answers
- A&E consultant at event said that many of current problems could be alleviated by having a more efficient layout of two A&Es - this should have been included as an option
- Shropshire residents should have received a door drop like Telford
- doubt that all comments can be considered within 6 weeks
- Participate has no specific knowledge of health matters
- If, due to GDPR, individual comments cannot be reviewed by professionals then responses cannot be conscientiously taken into account
- if funding is insufficient we should call on regulators and Secretary of State to ensure we have resources we need for local services to meet requirements of NHS Constitution

Telford & Wrekin Council

Option preferred: Option 2

Comments:

- Option 2 will give the local NHS an extra £3.3m each year to spend on more GPs and nurses
- Option 2 will allow the NHS to invest in a second cancer centre
- 2/3 of all children & pregnant women admitted to hospital live nearer to PRH so women and children's unit should be based in Telford
- more than half of people having planned operations live nearer to RSH so planned care should be based in Shrewsbury
- average travel times are shorter to PRH so Emergency Care should be based there
- option 2 meets more healthcare needs of the SaTH population as less money will be spent on buildings and borrowing therefore enabling more investment in other services
- under option 1 there will be more hospital workforce reductions
- option 2 is more likely to be able to meet the longer-term needs of changing population
- recruitment of new staff will be easier under option 2
- higher number of women of child bearing age and children live in East
- higher levels of deprivation in Telford & Wrekin - over 25% of T&W borough live in 20% most deprived areas nationally
- higher levels of poor lifestyles, e.g. smoking & excess weight plus long term conditions in Telford
- higher levels of BME communities in Telford
- under option 1, 55% of transfers from any midwife led unit to consultant unit during labour will be longer journeys
- more children and young people from deprived areas need emergency hospital admissions

- other hospitals are closer for some people, e.g. Wrexham Maelor/ Bronglais/ Hereford/ Leighton and New Cross, whereas for most people in Telford, their closest hospital is PRH and then RSH
- 60% of all emergency care patients live closer to PRH with average emergency travel times shorter to PRH than RSH
- there is discrepancy in time-critical journey data used in 2016 evaluation panel - Welsh time critical journeys came out higher as they don't use the same Red system
- Option 2 is more future-proofed for the future healthcare needs of the population as communities in the east are set to increase by 10% compared to 3% in the west by 2031. Over 75s will increase by 63% in the east compared to 57% in the west whilst children & women of child bearing age will increase by 8% in east compared to decrease of 2% in west
- Option 1 is less convenient for majority to have planned operations. Just over 5 out of 10 people needing planned care live closer to RSH so planned care should be based there
- option 1 will present the greatest challenge for older people - they are biggest user of planned care and are more likely to have transport difficulties
- older people most likely to have to stay in hospital for long periods so families will have longer to travel to visit relatives in PRH
- more public transport journeys would need at least two changes to get to PRH compared to RSH
- older people are higher users of community based services including GPs and district nurses and so are more likely to benefit from GPs in the community rather than hospital specialists

Trefeglwys Community Council

Option preferred: Option 1

Comments:

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

Welsh Ambulance Services NHS Trust

Option preferred: Option 1

Comments:

- Impact upon service delivery and operational capacity dependent on outcome of ambulance modelling exercise
- Key concern is impact that proposals have on patient travel time to hospital, especially in rural communities
- Two options present different implications in terms of travel time, distance to hospital and impact on overall ambulance job cycle to get patients to most appropriate health setting

- Option 1 broadly presents status quo for Powys patients
- Option 2 extends travel time by additional 18 miles/ c.25 minutes
- Wish to explore with CCGs opportunities to enhance community resilience models to provide timely community based care & reduce hospital admissions. This includes exploring Advanced Paramedic Practitioner schemes, enhancing availability of Community First Responder provision & roll out of public access defibrillators
- Need to understand the impact of proposed model and patient flows will have on where we strategically locate and deploy our emergency medical services (EMS). EMS resources may spend longer out of their deployment area taking patients to hospital and we will need to backfill this resource, particularly in more rural areas that are covered by a single EMS resource.
- Under option 1, patients travelling in Non-emergency patient transport service (NEPTS) would have to travel further to attend planned care appointment, which would have an effect on job cycle for NEPTS resources. This will also mean increased costs of non-emergency transport for WAS and PTHB.
- Concerns around patients requesting NEPTS transport as a 'social' requirement rather than 'medical' requirement to attend planned or routine appointments
- Would like confirmation regarding future arrangements to undertake secondary transfers between two hospital sites and that current arrangements with WMAS will be maintained
- Would like to work with you to ensure ambulance delays during hospital handover are avoided as much as possible
- Would like confirmation regarding future arrangements for patients to be repatriated back to Wales following a stay in hospital and that current arrangements with WMAS will be maintained
- Subject to outcome of ambulance modelling exercise, we expect any additional resources to EMS or NEPTS to be commissioned

Welshpool Town Council (late response)

Option preferred: Option 1

Comments:

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

Wye Valley NHS Trust

Option preferred: Option 1

No Comments

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Title of the report:	Report to the Joint HOSC on the Future Fit Summary of Individual Consultation Responses
Author of the report:	D Vogler, P Schreier
Presenter:	Debbie Vogler and Pam Schreier in attendance

Purpose of the report

This document provides information on the detailed letters and emails we received from individuals on Shropshire and Telford & Wrekin CCGs' proposals to change the hospital services provided at the Royal Shrewsbury and Princess Royal hospitals. The report includes the following:

- An overview of feedback from individuals who have provided a detailed response to the consultation
- Main themes from the feedback

Summary

To update the Joint HOSC on the individual letters and emails received as part of the Future Fit consultation.

Recommendations:

The Joint HOSC is asked to:

Receive the report on the individual letters and emails received as part of the Future Fit consultation.

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futurefit
Shaping healthcare together

NHS

Summary of individual responses to Future Fit consultation

V2
15 November 2018

Contents

Introduction

The Future Fit public consultation ran from 30 May to 11 September 2018. This document provides information on the detailed letters and emails we received from individuals on Shropshire and Telford & Wrekin CCGs' proposals to change the hospital services provided at the Royal Shrewsbury and Princess Royal hospitals.

The report aims to feed into the 'conscientious consideration' phase by providing the CCG boards with the following:

- Overview of feedback from individuals who have provided a detailed response to the consultation
- Main themes from the feedback
- A document to support a discussion on any potential material issues for consideration and any mitigation required

Overview of feedback from individuals

During the 15-week Future Fit consultation, we received a detailed letter or email from seven individuals, several of whom have been very involved in the Future Fit programme over the last five years. Due to data protection reasons, the names of the individuals will remain anonymous in this document.

Main themes

The following 13 themes were identified within the individual responses:

1. Alternative model
2. Care closer to home/ services joined up
3. Clinical model
4. Planned Care
5. Emergency Care
6. Consultation Process
7. Equalities
8. Finance
9. Information technology
10. Patient safety
11. Population need
12. Staffing
13. Travel and transport

This section includes more detail on the feedback related to each theme and proposed actions.

1. Alternative model

There are several comments which suggest alternative models to the proposed Future Fit model of hospital care. One respondent suggests that the CCGs should think again about the model used in Northumbria, whilst another suggests learning from Yeovil District Hospital NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust. Other views suggest a 'central hub where you have all your inpatient beds, with day care and outpatients at both RSH and PRH and rehab and diagnostics at the community hospitals.'

A centralised acute hospital on the PRH campus would be better because: it would create a defence against 'usurpers from the east'. It would help SaTH keep specialist services as local as possible.

An alternative view is for SaTH, ShropCom and maybe Robert Jones to merge to become one integrated organisation. They believe this would develop 'safe effective integrated NHS provision in Shropshire'. Or to have a single site model, which would 'release at least £37 million pa from the acute sector for reinvestment in primary and community care services.'

2. Care closer to home/ services joined up

There are comments around how the focus should be on ensuring that people can access healthcare as near to their homes as possible, therefore increasing the use of community hospitals. It is claimed that Future Fit is 'meaningless and dangerous' because of the 'absence of any context in relation to wider health economy or explanation of any plans to have integrated health and social care system.'

One person argues that planned care would be better served by having a facility somewhere like Welshpool, which would help with the problem of bed blocking. Another person suggests that the roll-out of diagnostics could facilitate first contact without the need for patients to go to a main centre. An alternative suggestion is that GPs could buy-in to the new system and take ownership of local hospitals where they could provide rehab beds and beds for minor admissions.

3. Clinical model

There are comments that the problem of a lack of beds has not been highlighted in Future Fit proposals and the argument that PRH was designed to cope with this future necessity. There is criticism that 'the proposals disregard anything other than binary choice of main hospital at either RSH or PRH' and that 'there is nothing about Future Fit that will make it fit for the future.'

4. Planned Care

It was suggested that option 1 will be more disadvantageous to majority of patients from Wales as 80-85% of patients and visitors would have to travel to PRH for planned care. Over a year planned treatments would vastly outnumber critical care treatments, making option 2 considerably more preferable to patients from west of catchment area.

One respondent also suggested that planned care would be better served by having a facility somewhere like Welshpool. . The problem of bed blocking and inability to discharge a patient was highlighted, so a regional facility might alleviate this.

It was also suggested that CCGs should reconsider a different model that involves a central hub where you have all your inpatient beds, with day care and outpatients at RSH and PRH and rehab & diagnostics at the community hospitals

One respondent specifically suggested that SaTH is likely to lose market share of planned care as residents from Wales and NE Shropshire may choose to receive their planned care in Wales rather than travel to PRH. In addition a proportion of patients from the east of Shropshire receiving emergency treatment in Stoke or Wolverhampton will then continue to receive any further planned care at the same site.

5. Emergency Care

It has been suggested that the problems around maintaining a sustainable A&E service on two sites will be more or less eliminated by SaTH installing telehealth and creating a 'world first "cross site virtual all conditions A&E department" '.

One respondent also comments and cites evidence that whilst there is little likelihood of additional mortality being experienced under the proposed model (option 1 or 2) during episodes of serious emergency care over and above what is already experienced, there is also no evidence to suggest that current mortality performance in Shropshire will improve.

Under FF, demands on the ambulance service will increase and this part of the emergency system will see major shifts in operational requirements, including treatment at scene requirements. Additional ambulance service cost consequences are not yet understood.

6. Consultation process

Some comments are critical of the consultation process, which has ‘ignored opinion of medical staff who provide secondary care, the drivers for providing excellent service and geography.’ There is also the claim that ‘people who took part in both Keeping it in the County and Future Fit consultation are biased towards geographies in Shropshire and Powys.’

There is also criticism that Future Fit has used ‘biased evaluation data’ and that the non-financial assessment methodology is a ‘badly flawed tool’ to use when determining the deployment of public resources involving multiple communities who live in a large area.

7. Equalities

One person claims that ‘there has yet to be any serious work identifying the risks posed to vulnerable groups, such as learning disabilities’ and that ‘this raises serious concerns’.

8. Finance

There are queries around the affordability of both options. There are claims that the current Future Fit plan will not work without a vibrant community/ primary care sector and that more investment (£35 million) is needed in the area.

One person comments that 'over investing capital in acute services is crazy and a self-defeating policy which runs against the need for funding more care closer to home'. Another person states that 'having a centralised acute hospital on the PRH campus would secure maximum value from recent past investment and would minimise future debt repayments'.

There is also a claim that the Future Fit plan 'takes no account of the loss in the market share that SaTH will experience, except to predict there is some repatriation of work back into the county'. For example, some people will choose a different hospital in which to have their planned care.

In addition, there are comments around how local government should be a key partner in 'developing and funding some of FF capital build' and 'potential sharing capital investment opportunities'.

9. Information technology

The benefits of telehealth are highlighted in the responses. One person comments that by installing telehealth, this eliminates the problems around maintaining a sustainable A&E service on two sites. This is echoed by another person who says that telemedicine would ensure there was always rapid contact available for specialist advice where necessary. It's also commented that patients should have a daily report card that goes with their hospital records.

10. Patient safety

There are two comments that have been categorised under the theme of 'patient safety'. One states the importance of keeping A&E at Shrewsbury while the other cites that there is no evidence that option 1 or 2 would improve current mortality performances in Shropshire.

11. Population need

Comments around population state that Option 2 is best as it would mean that 'the county's major hospital is closer to the majority of population it serves, which is a younger population that is expected to grow by about 5% over next 10 years'. It is also stated that 'the population from East Wales who use Shropshire services is 50,000 - less than one third of current population of Telford Town and one fifth of the PRH catchment area.'

12. Staffing

There are arguments that consolidating services will be best for clinical linkages and the recruitment and retention of medical staff. One person states that in order to make the FF proposals work financially, SaTH will have to reduce the cost of labour by circa £14m per year - a net reduction of 360 WTE. Staff to bed ratios will go from 5.73 staff per bed to 4.715 staff per bed.'

13. Travel and transport

Travel and transport is a key theme which several people comment on. It is stated that there is a need for a multi-storey car park, either at RSH or both hospitals in the future, with a suggestion that they are self-funding and revert to SaTH ownership after 10 years.

There are concerns around travel times, with a study by the University of Lancaster cited which found that siting services at Shrewsbury would place 2,000 people outside a 60 minute travel time, whereas if services were in Telford this would increase to over 11,000

There are also several reasons given as to why Option 2 is the better option. One comment suggests that Option 2 would mean that 'critical care services are based at a relatively modern hospital, which is designed to allow for coherent expansion and well-served by road, bus and rail links'. Another states that Option 2 would be preferable to patients from the west as 'over a year, planned treatments would vastly outnumber critical care treatments. This is echoed by another comment which states that 'option 1 will be more disadvantageous to majority of patients from Wales as 80-85% of patients and visitors would have to travel to PRH for planned care.'

There is also concern around ambulance delays in Powys and the increased demand that Future Fit would put on the ambulance service, with the suggestion that 'additional ambulance service cost consequences are not yet understood by the Future Fit programme or the West Midlands or Welsh Ambulance Service.

Summary of responses from individuals

Response #1

Option preferred: neither

Comments:

- proposals disregard anything other than binary choice of main hospital at either RSH or PRH
- there is nothing about Future Fit that will make it fit for the future
- we should be ensuring that people can access healthcare as near to their homes as possible and therefore should be increasing the use of community hospitals
- if GPs could buy-in to the new system and take ownership of local hospitals then we could provide rehab beds and beds for minor admissions at these facilities
- roll-out of diagnostics could facilitate first contact without the need for patients to go to a main centre
- telemedicine would ensure there was always rapid contact available for specialist advice where necessary
- CCGs should think again about the Northumbria model
- CCGs should reconsider a different model that involves a central hub where you have all your inpatient beds, with day care and outpatients at RSH and PRH and rehab & diagnostics at the community hospitals

Response #2

Option preferred: Option 1

Comments:

- The process has ignored opinion of medical staff who provide secondary care, drivers for providing excellent service and geography
- consolidating services will be best for clinical linkages and recruitment/ retention of medical staff
- study by University of Lancaster showed that siting services at Shrewsbury would place 2,000 people outside a 60 minute travel time, whereas if services were in Telford this would increase to over 11,000
- 55% of our population live in smaller towns or a rural setting
- current parking provision at both hospitals is woeful, especially at RSH. It will need three 3 level multi-storey car parks - two at RSH and one at PRH in order to accommodate extra 1,000 cars at RSH and 500 cars at PRH. This should be self-funding with car parks reverting to SaTH ownership after 10 years

Response #3

Option preferred: Option 2

Comments:

- Option 2 would mean that critical care services are based at a relatively modern hospital, designed to allow for coherent expansion and well-served by road, bus and rail links

- option 2 would mean that the county's major hospital is closer to the majority of population it serves, a younger population that is expected to grow by about 5% over next 10 years
- consideration has to be given to population from East Wales who use Shropshire services, however this is 50,000 - less than 1/3 of current population of Telford Town and 1/5 of PRH catchment area
- for accidents & less serious care, Welsh patients could still be treated at RSH and the few critical care cases could be treated at PRH or Wrexham
- option 1 will be more disadvantageous to majority of patients from Wales as 80-85% of patients and visitors would have to travel to PRH for planned care
- over a year planned treatments would vastly outnumber critical care treatments, making Option 2 considerably more preferable to patients from west of catchment area
- problem of lack of beds has not been highlighted in Future Fit proposals. PRH was designed to cope with this future necessity

Response #4

Option preferred: Option 1

Comments:

- Agrees with Russell George that Shrewsbury should keep A&E in Shrewsbury
- planned care would be better served by having a facility somewhere like Welshpool
- problem is bed blocking and inability to discharge a patient so regional facility might alleviate this
- multi storey car park at RSH is needed
- patients should have a daily report card that goes with their hospital records

Response #5

Option preferred: Not stated

Comments:

- concerns around ambulance delays in Powys

Response #6

Option preferred: Neither

Comments:

- Providing core hospital services on both sites and distributing specialist services on a different basis is an option and a twin site emergency care service should be considered as an option. Recommends learning from Yeovil District Hospital NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust
- SaTH is already creating a 'world first' cross site virtual all conditions A&E department'" by installing telehealth and this more or less eliminates the problems around maintaining a sustainable A&E service on two sites
- Under options 1 and 2, while there is little likelihood of additional mortality being experienced during episodes of serious emergency care over and above what is

already experienced, there is also no evidence to suggest that current mortality performance in Shropshire will improve (references "Closing five EDs in England between 2009 and 2011")

- Under FF, demands on the ambulance service will increase and this part of the emergency system will see major shifts in operational requirements, including treatment at scene requirements. Additional ambulance service cost consequences are not yet understood by the FFPB or WMAS or WAS.
- Insufficient attention has been given by the CCGs to predictable shifts in the market share which SaTH can expect under either Option 1 or Option 2. As such, the PCBC is flawed from an economic perspective. The economic impact of predictable changes in patient flow and revenue streams puts the viability of both options in very serious doubt unless the capital required for each option can be reduced by circa 50%.
- The current Future Fit plan will not work without a vibrant community/primary care sector. More investment is needed in this area (estimates it requires an additional £35million)
- Over investing capital in acute services as per current FF plans is crazy and is a self-defeating policy which runs against the need for funding more care closer to home
- A centralised acute hospital on the PRH campus would be better because: it would create a defence against 'usurpers from the east'. It would help SaTH keep specialist services as local as possible.
- Having a centralised acute hospital on the PRH campus would secure maximum value from recent past investment and would minimise future debt repayments.
- The capital cost of Option 1 was calculated in October 2016 by Rider Hunt on the basis of 765 overnight beds. The consultation doc says there will be 785. The cost of building an additional 20 overnight stay beds will be in the order of £7 million, plus interest, additional staffing charges and maintenance. This impacts on the predicted affordability of Option 1.
- The only risk/barrier associated with introducing a Northumbria-style service in Shropshire is a poor attitude towards providing integrated care and poor understanding of what a good integrated service looks like. The model is possible to adapt and implement in Shropshire.
- A merger of SaTH, Shropcom and maybe RJAH into one integrated organisation is possible. Details of a proposed eight-site hospital service are set out in his letter of 30/07/2018. There is enough money in our local system to develop a safe effective integrated NHS provision in Shropshire.
- A single site model would be the most efficient way to reconfigure services and would release at least £37 million pa from the acute sector for reinvestment in primary and community care services
- Proposed alternative plan: 1) close down RSH as venue for patient care 2) develop an ambulatory care (outpatient) facility in Shrewsbury town centre 3) provide hospital emergency facilities circa 400/450 beds on a site connected to the A5/M52 (sic) corridor on east of Shrews 4) open rehab beds on the same site as emergency beds but in accommodation owned and run by nursing care sector and adopt different contracting system for period patients spend in rehab phase; use PRH as site for planned case load as per option 2
- Local Government should be a key partner in developing and funding some of FF capital build. Equity investment approach can create income streams associated

with various non-patient care activities, e.g. provision of parking, etc. Surplus can be reinvested in care services.

- Detail on CRE027/15: replacement hospital on eastern side of Shrewsbury would include 'franchise' space. With the exception of the outpatient department, it would have the same facilities as the FF option 1 proposal. Response includes suggested locations pinpointed on maps. RSH outpatient services should be central Shrews close to public transport.
- The FF plan takes no account of changes in SaTH market share except to predict there is some repatriation of work back into the county. There will be a loss of market share at SaTH. There will be a loss of market share at SaTH due to: a) Powys residents having more choice where to receive their planned care as a result of the PTHB strategy; residents from NE Shropshire will choose to use the hospital in Wrexham for planned surgery rather than travel to PRH and they may want all their hospital care - including emergency - from Wrexham, shifting their loyalty from SaTH to PTHB services; emergency cases on the east of Shropshire will receive their emergency care in Stoke or Wolverhampton - this will also impact on planned surgery since circa 16% of people attending A&E are referred to other hospital specialists for further treatment as planned care.
- In order to make the FF proposals work financially, SaTH will have to reduce the cost of labour by circa £14m pa - a net reduction of 360 WTE. Staff to bed ratios will go from 5.73 staff per bed now to 4.715 staff per bed under FF
- people who took part in both Keeping it in the County and Future Fit consultation are biased towards geographies in Shropshire and Powys
- The benefits points allocation is based on a biased sample of opinions which are no better than the random geography based biased views of the public. FF has used biased evaluation data
- KPMG consultants were not made aware of socio-geographic bias that exists
- the non-financial assessment methodology is a badly flawed tool to use when determining the deployment of public resources in the context of multiple communities spread over a large area

Response #7

Option preferred: Not stated

Comments:

- ignoring the local authority as a potential partner in development of local health service infrastructure and potential sharing of capital investment opportunities is short sighted
- absence of any context in relation to wider health economy or explanation of any plans to have integrated health and social care system renders Future Fit meaningless and dangerous
- There has yet to be any serious work identifying the risks posed to vulnerable groups, such as learning disabilities. This raises serious concerns

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Title of the report:	Report to the Joint HOSC on the draft Future Fit Equality Impact Assessment
Author of the report:	Sarah Makin – Communications and Engagement, Future Fit
Presenter:	Debbie Vogler and Pam Schreier in attendance

Purpose of the report

This draft Equality Impact Assessment has drawn upon a wide range of existing information, intelligence, previous engagement work and the findings from the public consultation. It examines if particular protected characteristic groups or other vulnerable groups are likely to experience any disproportionate impact from the proposals – either negatively or positively. Our assessment work pays particular attention to equality legislation and to showing how the Programme is considering the needs and views representative of the nine protected characteristics under the Equality Act 2010 and Public Sector Equality Duty 2011. Four additional groups that we have made particular efforts to engage with during the consultation have also been identified:

- People living in rural areas
- People living in areas of deprivation
- Carers
- Welsh speakers, as a first language

The draft EIA was presented at a joint meeting of the CCG boards on 14th November 2018 and also to a meeting of the Future Fit programme board on 22nd November 2018.
This is a post consultation This document will be taken to the December Board meetings of the CCGs and will form part of the decision-making business case. This will be considered by the joint committee of the two CCGs in early 2019.

Summary

To update the Joint HOSC on the work on the draft equality impact assessment and the consultation feedback in relation to the nine protected characteristics.

All presentations and documentations are submitted to facilitate further discussion and update on progress to date.

Recommendations:

The Joint HOSC is asked to:

Receive the draft executive summary of the equality impact assessment and the consultation feedback in relation to the nine protected characteristics.

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Future Fit Programme
Equality Impact Assessment

November 2018

1.0 Executive Summary

The CCGs in Shropshire and Telford and Wrekin are proposing to transform acute hospital services for patients in Shropshire, Telford and Wrekin and Powys with the aim to improve care for local people (including people from mid Wales). The consultation, which ran from 30 May to 11 September 2018, asked for views on proposed changes to the hospital services provided at the Royal Shrewsbury Hospital in Shrewsbury and the Princess Royal Hospital in Telford. The proposals are that one hospital becomes a Planned Care site and the other hospital becomes an Emergency Care site (including women and children's consultant-led services) with a 24-hour urgent care centre at both sites.

Our approach to developing a final Equality Impact Assessment (EIA) was to create and update a 'living' process. An EIA was developed at the pre-consultation stage and has been updated throughout, with a refresh at mid-point and now a further post-consultation EIA. A further EIA refresh will be considered post decision making.

This Equality Impact Assessment has drawn upon a wide range of existing information, intelligence and previous engagement work. It examines if particular protected characteristic groups or other vulnerable groups are likely to experience any disproportionate impact from the proposals – either negatively or positively.

Our assessment work pays particular attention to equality legislation and to showing how the proposed work is considering the needs and views representative of the nine protected characteristics under the Equality Act 2010 and Public Sector Equality Duty 2011.

Four additional groups that we have made particular efforts to engage with during the consultation have been identified:

- People living in rural areas
- People living in areas of deprivation
- Carers
- Welsh speakers, as a first language

We have also engaged with groups who are either likely to be more impacted on by the proposals or are likely to have more health needs. These have included military personnel and families, asylum seekers and refugees and homeless people.

Local population data has been reviewed as well as local, regional and national evidence in relation to health and prevalence of conditions in the different protected characteristic groups. This gives a picture of which groups might be disproportionately impacted on by the proposed changes.

We have not produced a separate analysis for each of the protected characteristic groups by each of the proposed options. This decision has been made on the grounds that the type of impact – for example, the issues around access – does not change between options for the protected characteristics, although the extent and relative impact may differ. The main difference in impact between the options is geographical - where people live is a greater indicator of the impact rather than their protected characteristic.

1.1 Summary of local demographic data

The data we have reviewed demonstrates a different demographic profile across Shropshire, Telford and Wrekin and Powys although there is some consistency for certain protected characteristic groups. It is important to consider the difference between the percentage of people and the number of people belonging to a particular group in the different geographical areas as the percentage of the local population from a particular protected characteristic group might be higher in one area but the actual number of people higher in a different area.

Protected characteristic	Demographic profile
Age	Higher % of older people (aged 50+) living in Shropshire and Powys but higher % aged 30-44 in Telford and Wrekin. Higher % of 0-19 year olds in Telford and Wrekin but higher number in Shropshire. Higher % of 5-9 year olds in Powys than in other areas. Projected increase in older age groups (over 65) across all areas.
Sex	Across all areas, number of men and women similar to national levels. Slightly higher number of women.
Sexual orientation	No specific local data available but between 1.5 and 5.85% of the population is estimated to be lesbian, gay, bisexual or transgender.
Disability	% of people with a long term condition/disability across all areas is similar but slightly higher for Powys and slightly lower for Telford and Wrekin.
Race	All areas are mainly White British. Higher % of BAME groups in Telford and Wrekin.
Religion	High number of Christian people across all areas. Higher number of people of different religions in Telford and Wrekin. Small Amish/Mennonite community in South Shropshire.
Pregnancy/maternity	Although the % of women of child-bearing age in the Telford and Wrekin population is higher, the total number of women aged 16-44 living in Shropshire and Powys is larger than in Telford and Wrekin.
Gender reassignment	No specific local data available but 1% of population is estimated to be transgender.
Marriage/civil	% of married people in Shropshire and Powys is higher than the national rate but lower in Telford and Wrekin. % of

partnership	civil partnerships is slightly higher in Powys.

Other key groups	Demographic profile
People living in a rural area	The main rural areas are in Shropshire and Powys (although there are some rural areas to the west of Telford.) Rural poverty includes increased costs of housing and fuel, poor access to public transport and low wages. People tend to be older White British. Health is generally better than for people living in urban areas but social isolation can increase with age and long term conditions.
People living in a deprived area	Telford and Wrekin has the highest levels of deprivation, although there are also some pockets of deprivation in Shropshire and Powys. Some residents in Powys suffer from not only financial but also fuel, health, digital and child poverty.
Carers	Higher % of carers across all areas than nationally, with Powys having the highest % of unpaid carers.
Welsh speakers	Highest % of Welsh speakers in Powys is in the north west. The number of Welsh speakers is decreasing and over 80% of the population has no knowledge of Welsh.

For more detail, please go to section 8.

1.2 Summary of health profile by protected characteristic

Protected characteristic	Health profile/risk factors
Age	Certain age groups access A&E more: adults 80+ often due to falls, young children up to age 4, 20-24 year olds and 25-44 year old men (due to higher suicide rates) and are more likely to be impacted on by changes to A&E services. Women of child-bearing age most likely to be impacted on due to changes to women's and children's services. Long term conditions more likely in older people. Higher risk of stroke in over 55 year olds. Higher usage of planned care by older patients e.g. hip and knee surgery, therefore higher impact on older people if planned care site and hyper acute stroke unit move further away from where they can be accessed now. Travel impacts greatest for younger and older people.
Sex	Higher impact on women due to women's and children's services, particularly BAME women (see Race section below) although men may be impacted on as visitors. Young men may have a greater need to access A&E and acute services. Older women are more likely to require joint surgery. Older women and younger men have a higher risk of

	stroke. Fewer women drive than men and more women therefore tend to use public transport.
Sexual orientation	LGBT people have poorer mental and physical health e.g. higher rate of self harm and suicide. LGBT people are more likely to smoke and drink heavily and less likely to have had a smear test, increasing the risk of some cancers and stroke. Lesbian and bisexual women are at higher risk of complications during pregnancy. LGBT people may not be confident that healthcare services understand or meet their needs, which may discourage service usage and lead to late interventions. Higher rates of asthma, arthritis and obesity in lesbian and bisexual women. Some LGBT people may feel unsafe on public transport.
Disability	People with a disability more likely to use health services. Low screening uptake, excluded from sex education and less likely to have weight checks. Possible premature ageing. Higher rates of risky behaviours. Lower life expectancy for people with mental health problems and intellectual impairments. People with a learning disability (LD) have worse physical and mental health. Some ethnic groups have higher disability rates. Women with a LD more likely to access services late in pregnancy. Higher risk of worse outcomes for pregnant disabled women. People who have already had a stroke are at increased risk of another stroke, with a higher risk of disability and death. Barriers include not only transport but also accessing information and communication.
Race	BAME women have a higher risk of still birth, low weight babies, pre-term birth, congenital abnormalities, severe maternal morbidity and maternal death. Higher emergency hospital admission to intensive care for South Asian children. Higher prevalence of certain conditions in Black and South Asian people including diabetes and stroke. Higher number of emergency admissions for gypsies and travellers. Black men and Asian women have higher risk of some cancers.
Religion	Amish/Mennonite communities more likely to have genetic disorders, birth defects and increased infant mortality rate. However, overall, they tend to have better health than the general population due to their healthy lifestyle. They are less likely to seek medical attention for non-urgent conditions and often prefer to use natural or homeopathic remedies.
Pregnancy/maternity	Older mothers more likely to have complications during and after pregnancy. Higher risks for pregnant teenagers and their babies, especially if they live in a deprived area. BAME women have higher rates of maternal mortality and still births. Disabled women are more likely to have a caesarean section and stay in hospital longer. Mental ill health may cause women to miss health checks, which could lead to pregnancy complications. Mental ill health can occur for the first time during pregnancy and women who have severe mental health problems before are at higher risk. Appendicitis, gallbladder disease and ectopic pregnancies can necessitate emergency surgery on pregnant women. Some cancer and stroke risks can be related to pregnancy. Travel impacts greatest for pregnant women without a local support network and young women particularly if they live in a deprived or rural area. Women of child-bearing age and their families most likely to be impacted on due to changes to women's and children's services.

Gender reassignment	No particular risk factors identified except lack of understanding of healthcare staff.
Marriage/civil partnership	No particular risk factors identified.

Other key groups	Health profile/risk factors
People living in a rural area	Living in a rural community can have positive health benefits but social isolation can be a problem particularly for older people and people with long term conditions. Rural deprivation and increased travel time and cost particularly for young and older people who are less likely to have their own transport are particular challenges.
People living in a deprived area	People living in a deprived area spend fewer years in good health and have a lower life expectancy. Higher prevalence of behavioural risk factors for cardiovascular, cancer and respiratory disease deaths e.g. smoking, poor diet and inactivity. More likely to suffer alcohol-related harm. The risk may be increased for certain ethnic groups living in a deprived area. High infant mortality rate for women in a deprived area, particularly from certain ethnic groups.
Carers	Caring can have a significant impact on physical and mental health. Carers are more likely to have a long term condition and young carers are more likely to have a health condition e.g. back and mobility problems. Carers often lack time to attend a medical check-up, to exercise and eat healthily. Carers of a disabled child are most likely to suffer from depression. Travel impacts particularly high for carers of someone with a disability.
Welsh speakers	No particular risk factors identified except possible anxiety due to having to converse in a language other than Welsh.

For more detail, please go to section 9.

1.3 Summary of impacts by protected characteristic

Overall, the proposed changes would have a positive impact for the whole population including those from the nine protected characteristics due to improved quality of care, waiting times, facilities and staffing. The impacts on the different protected characteristic groups may be lower or higher depending on where people live and also if they belong to multiple protected characteristic groups. Where there is no evidence found to show a different impact on one particular protected characteristic group compared to other groups, this is included as “none identified.”

	Age	Sex	Sexual	Disability	Race	Religion	Pregnancy/	Gender	Marriage

			orientation				**maternity**	**reassignment**	**/civil partnership**
Consultant - led maternity services	Women of child-bearing age and neonates	Women of child-bearing age	Pregnant lesbian and bisexual women	Pregnant women with a disability, partic. learning	Pregnant BAME women BAME babies	*None identified*	Pregnant women - aged 35+ - teenagers, e.g. in deprived areas - BAME women - disabled women e.g. mental illness	*None identified*	*None identified*
Paediatric services	Children and young people (0-16)	*None identified*	*None identified*	Children and young people (0-16) with a disability	South Asian children	Amish/ Mennonite children	BAME babies Babies born to older and teenage mothers Babies living in an area of deprivation	*None identified*	*None identified*
Emergency care	People aged 80+ Children aged 0-4 Men aged 20-24	Young men, particularly under age 30	LGBT people aged 55+ Lesbian and bisexual women Gay men	People with a disability e.g. mental illness	Black and South Asian people with sickle cell disease, thalasse-mia, diabetes,	*None identified*	Pregnant women with - a mental illness - appendicitis or gallbladder disease - an ectopic pregnancy	*None identified*	*None identified*

					stroke Gypsies and travellers				
Planned care	People over 60 People with a long term condition	Women over the age of 50	LGBT adults Lesbian and bisexual women Male to female transgender patients	People with a disability	Black people Asian women	Amish/ Mennonite people	Older pregnant women	*None identified*	*None identified*
Stroke services	People aged 50+ (also children and working age)	Older women, women of child-bearing age, younger men	Gay and bisexual men Lesbian women	People who've already had a stroke	Older BAME people (also children and working age)	*None identified*	Pregnant women with gestational diabetes or hypertension and increased bleeding after birth Pregnant BAME women	*None identified*	*None identified*
Travel	Young people and older people	Women, particularly younger and older women	Young LGBT people	People with a disability e.g. learning, children, wheelchair users and	Young people and older people	*None identified*	Pregnant women, mothers and their families e.g. living in rural and deprived areas Pregnant	*None identified*	*None identified*

				people living in rural and/ or deprived areas			women without family/friends nearby Pregnant BAME women		

For more detail, please go to section 9.

1.4 Summary of consultation participant profile

All feedback received as part of the formal consultation has been collated and analysed by an independent, external organisation - Participate. This organisation provided a factual report to feed into the decision-making process. This includes equalities monitoring data provided as part of the consultation survey as well as equalities monitoring forms circulated at focus groups and meetings, which enabled us to evaluate the response rate from the different protected characteristic groups and identify key themes.

Consultation survey

The demographics of the respondents to the consultation survey are broadly representative of the local population except for their age and gender, with more women and people in older age groups completing the survey. This is regarded as normal in consultations and we recognised this at the midpoint review and targeted younger, male groups specifically in the second half of the consultation.

Focus groups and meetings for seldom heard groups

The completion of equalities monitoring forms by people attending focus groups and meetings, during the consultation, was optional. This data is therefore not reflective of the profile of all participants and should be regarded with caution. Some focus group/meeting participants may also have completed the consultation survey and therefore their equalities monitoring data will also have been collected via this route.

1.5 Summary of themes from consultation feedback – meetings and events

Where it has been possible to identify themes from the consultation survey feedback from a particular protected characteristic group, these have been highlighted below.

Some particular groups have specific themes based on their potential level of access to specific services or their particular needs and therefore the potential level of impact the changes might have on them. For example, young people sometimes show a lack of interest as they don't see the changes as affecting them and working age people like the convenience of having all services on one site. Older people commented on non-emergency patient transport and voluntary transport as well suitable appointment times for people living a long way away, as these are most likely to have an impact on this age group.

People with a mental illness or people who work in this field commented about the need for staff to understand mental health issues and the need for links to psychiatric assessments. The possible increased anxiety for patients who need to travel further and out of their familiar area was also mentioned by this group. Similar travel challenges were also mentioned in relation to people with a learning disability and people with dementia.

Feedback also told us that people with autism don't like to access GP services until something serious is wrong suggested that hospitals should have a support team for people with autism.

Although travel and transport is a common theme across all protected characteristic groups, feedback highlighted the possible additional negative impact on older and younger people who don't drive, people with a learning disability, people with a visual impairment and carers/visitors, particularly if they need to travel on public transport, on a Sunday and on a regular basis. It could also have a negative impact on a patient's mental health if carers, friends and family are unable to visit them or not regularly. Carers in particular fed back about transport issues and that they can't travel with the person they are caring for on community transport.

Women tend to be more focussed on the quality of maternity services than men as we would expect. Younger women also expressed concerns about how they would travel to hospital if they were in labour and if they had to visit a sick child who needed to stay in hospital overnight, particularly if this is further to travel than it is now. For female gypsies, there was a concern about travelling further to hospital as they often don't drive and wouldn't be able to travel on public transport due to low levels of literacy.

For the different religious and race groups we spoke to at meetings, the feedback was broadly similar to that from other protected characteristic groups. People of the Sikh religion were the only group that mentioned a concern about language issues particularly for older Sikh women who don't have family nearby to translate for them.

Welsh people felt that bi-lingual signage, Welsh TV channels and easily identifiable Welsh-speaking staff were important. They also seemed to prefer to go to the Royal Shrewsbury Hospital due to its proximity to Powys and the perceived likelihood of there being more Welsh speakers there.

There are also lots of similarities in the feedback themes from many or all groups. These include (in no particular order):

- Why can't we stay as we are
- The decision has already been made
- Travel time and cost
- Travel between sites and on discharge
- Availability of public transport
- Parking – cost and availability
- Risk of increased travel in an emergency
- Cost of making the changes
- Waste of money building women's and children's unit at PRH
- Need clear explanation of the difference between the ED and a UCC and where patients need to go in different situations
- Pressure on ambulance service
- Availability of GP appointments
- More local community services
- Capacity of one site to take more patients
- Condition of buildings/facilities
- Different demographics of different areas

It should be noted that people of the same protected characteristic can frequently give contradictory feedback for a variety of reasons. For example, some feedback was more related to where a person lives than their protected characteristic or they might have a number of different protected characteristics.

Further details on feedback from the consultation engagement work with seldom heard groups can be found in Appendix 5.

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1.6 Summary of considerations

The disproportionate impacts on certain protected characteristic groups are largely in relation to increased travel and transport, and cost. This impact is increased for groups who are more likely to need to access the services we are proposing to change:

- Women of child-bearing age and pregnant women, particularly older and younger women, women with a disability (especially a learning disability), BAME women, lesbian and bisexual women
- Young men (under the age of 30)
- Babies and young children (aged 0-4), particularly neonates, and their parents/carers
- People with a disability, particularly children and young people and their carers
- BAME people including women and babies, South Asian and Mennonite children, Black and South Asian adults
- Gypsies and travellers
- Older people (particularly over the age of 80)
- People with a long term condition
- LGBT people

The impacts could be further increased if these groups live in rural and/or deprived areas.

Our local demographic profile tells us that there is a higher percentage of people (aged 50+) living in Shropshire and Powys and a higher percentage of 0-19 year olds living in Telford and Wrekin (however, the actual number of 0-19 year olds is higher in Shropshire.) There is also a higher percentage of women of child-bearing age in Telford and Wrekin but the total number of women aged 16-44 in Shropshire and Powys is higher.

The higher number of older people living in Shropshire who may have a greater need to access planned care may be negatively impacted on if they had to travel further to PRH under option 1 but there would be a positive impact under option 2 as planned care would be closer to where they live. The opposite would be true if they needed to access emergency care.

As the women's and children's centre is currently based in Telford, there would be no change in the impact on children and young people from Shropshire and Powys if this remains at PRH under option 2, but there would be a positive impact if the centre was moved to RSH under option 1. Although there is a smaller number of children and young people living in Telford and Wrekin, there are some protected characteristic groups that are more prevalent in this area, for example BAME babies, children and young people, particularly those living in a deprived area, who may have an increased need to access paediatric services and they may be negatively impacted on if the services are moved to Shrewsbury.

Similarly as the women's and children's centre is currently based in Telford, there would be no change in the impact on women of child-bearing age and pregnant women from Shropshire and Powys if this remains at PRH under option 2 but there would be a positive impact if the

centre was moved to RSH under option 1. Although there is a smaller number of women of childbearing age living in Telford and Wrekin, there are some protected characteristic groups that are more prevalent in this area, for example BAME women and pregnant teenagers, particularly those living in a deprived area, who may have an increased need to access consultant-led maternity services and they may be negatively impacted on if the services are moved to Shrewsbury.

We do not have any specific local demographic data in relation to the LGBT community but this group could have an increased need to access emergency, stroke and some planned care services. Lesbian and bisexual women are also more likely to have more complications during pregnancy which may increase their need to access the consultant-led maternity unit. Depending on where they live, changing the location of these services may have a negative or positive impact on this protected characteristic group.

The percentage of people with a disability across Shropshire, Telford and Wrekin and Powys is broadly similar but this group could have an increased need to access emergency, stroke and some planned care services. Women with a learning disability may have the need to access consultant-led maternity services more. Depending on where they live, changing the location of these services may have a negative or positive impact on this protected characteristic group. Through our engagement work and the consultation, travel and transport has been raised as a particular challenge for people with a physical disability, a vision impairment or a learning disability, as well as for their carers, and they may therefore be more impacted on by increased travel, particularly if they live in a rural or deprived area. We have also identified concerns that people with a learning disability or with dementia are very reliant on support from carers and they may be negatively impacted on if carers are unable to visit due to transport challenges.

As there is a larger BAME population in Telford and Wrekin than in Shropshire and Powys and this group may have a higher need to access emergency and stroke services, this group may be impacted on under option 1 if the main emergency centre is moved to Shrewsbury. Older Sikh women in Telford and Wrekin who don't have relatives living nearby have raised concerns about travelling outside their local area and about language barriers. Gypsies and travellers across all three areas may have an increased need to access emergency services and travel for gypsy and traveller women has been highlighted as a particular challenge if they have to travel further.

The demographic profile of our local area tells us that the most rural areas are in Powys and Shropshire. There are already significant transport challenges for young people and older people, particularly those who don't drive, in these areas. The higher number of older people living in Shropshire and Powys, who may have a greater need to access planned care, may be negatively impacted on if they have to travel further to PRH under option 1 but there would be a positive impact under option 2 as planned care would be closer to where they live. We have, however, been told that generally it's easier to organise transport for planned care and so the greatest negative impact would be likely to be if older and young people from Shropshire and Powys needed to access emergency care in Telford under option 1.

As there is a higher number of areas of deprivation in Telford and Wrekin than in Powys and Shropshire and evidence shows that people living in these areas may be more likely to need to access emergency services, there could be a negative impact on this group if the emergency centre were in Shrewsbury under option 1 but a positive impact if the centre was in Telford under option 2. Travel costs are a high consideration for people living in a deprived area and this would particularly impact on women of child-bearing age and pregnant women, parents of 0-4 year olds, young men, older people and BAME people living in a deprived area.

Through our engagement and consultation work, carers have raised particular concerns about travel and transport for themselves and for the people they care for, as there is often a particular need for them to travel together and to visit regularly if people need to stay in hospital. Depending on where they live, changing the location of emergency and planned care services may have a negative or positive impact on this group.

Our engagement and consultation work tell us that people living in Powys whose first language is Welsh, particularly those with a learning disability or dementia, would prefer to go to a hospital where there are more likely to be Welsh speakers and they perceive this to be in Shrewsbury due to its proximity to Wales. RSH would also be nearer for their family/friends/carers to visit, particularly in view of the transport challenges for people living in a rural area.

1.7 Conclusions

In conclusion to determine whether the Future Fit Programme and the CCGs have met the general duty of the Equality Act, we need to ask ourselves three questions:

- Does this policy help eliminate discrimination?
- Does this policy help promote equality of opportunity?
- Does this policy help foster good relations between people possessing the protected characteristic and those that do not?

The analysis and evidence presented in this document have highlighted a number of potential impacts that people with protected characteristics may experience both in accessing and providing the health services under consideration within the reconfiguration proposals. In recognition of the risk of potential indirect discrimination against some protected characteristic groups, the Future Fit Programme has already begun the process of identifying appropriate mitigation options, and these are outlined in the recommendations below and in other more detailed mitigation plans that will be set out as part of the Decision-Making Business Case (DMBC).

The Programme recognises that some protected characteristic groups may face additional difficulties in accessing the reconfigured services. These challenges will be greatest for those individuals that have more than one protected characteristic – for example, disabled children, older

people on low income. However, it is also worth noting that the reconfiguration of services for some protected characteristic groups will in fact improve their access to these services as specialist sites are relocated more locally to them.

Additionally, reconfiguration will ensure that when our sickest patients do use these services better access to senior clinicians will mean they will get the right diagnosis, start the right treatment quicker and get better faster, meaning their clinical outcomes will improve.

While potential negative impacts on people's equality of opportunity have been identified options to mitigate these have been proposed and continued to be developed.

The public consultation process provided a public forum for people to share their experiences of accessing health services. It is hoped therefore that this process has in itself promoted better relations between people possessing protected characteristic and those that do not by raising awareness of the range of challenges each section of society may experience. PAVO, Impact and RCC have been engaged in supporting the consultation process. The Programme will continue to engage with these and other advocacy groups for the protected characteristic groups in the next phase of developing the business case, so they can help ensure the needs of all members of the public are given due consideration.

1.8 Recommendations

In considering this equality impact assessment on the options set out in the public consultation, the Future Fit Programme must now conscientiously take into account the views expressed by those who may be affected by proposed service changes. This is achievable because of the extensive engagement through the consultation process, in particular the engagement with those defined as having one or more protected characteristics, but also what was already known from the original impact assessment work done in 2016 and 2017 and this EQIA. They will all contribute to this conscientious consideration phase of the programme.

The programme has over the last 2 years included through all the impact assessments it has carried out, used national evidence, Public Health data, Census data, travel times and distances to hospitals, and public and staff views to identify issues. These impact assessments have identified the issues common to the whole population as well as specific protected characteristic groups.

Central to the equality impact assessment is the consideration of actions to mitigate adverse impacts. Consideration must now be given to whether separate or combined actions are necessary to lessen any negative impact for any relevant group and better promote equality of opportunity.

The Future Fit Programme has reached stage three of its equality impact assessment, the post consultation pre-decision stage. In examining this evidence and analysis and the detailed findings from the consultation response, the Future Fit Programme Board through their conscientious consideration will need to consider any necessary and relevant mitigation plans to address impacts or issues raised for

protected characteristic groups and for the wider population, prior to making any final recommendations to the Joint Committee of the CCGs. The suggested initial mitigations are described below, and these will need to be worked through together with any further issues and mitigations once a decision about the way forward has been made. This will be the focus of stage four of the equality impact assessment process.

For this reason, any issues and mitigations described at this stage must be considered preliminary, not exhaustive. The Programme has also shared the content of the Draft EIA with the Directors of Public Health from Shropshire and Telford & Wrekin Councils and Powys Health Board and sought their input to inform the final EIA Report.

In conclusion, it is recommended that mitigation plans will need to include but not be limited to:

1. **Developing an effective communications and engagement strategy**, looking to address continued confusion from the public including those within protected characteristics, of the differences between emergency care, urgent care and planned care. The use of various tools such as on-line video, talking stories of services now and the proposed changes, emphasising that there will be urgent care on both sites where the majority of people will be able to go as before. Advertising and materials should be in different languages and formats where appropriate.
2. **Developing a strong public awareness campaign** about the correct service to access in the case of an urgent or emergency medical need. Consider different tools and languages/formats to reach the widest possible audience and the nine protected characteristics. Target in particular those groups most likely to access A&E services, for example, young men, parents of young children, older people and new migrants.
3. **Incorporating findings into the work of the Travel and Transport Group** the potential impacts for access and travel on protected characteristics groups as set out in this EIA into the Travel and Transport Mitigation Plans. As the impact is likely to be greatest on people living in an area of deprivation or a rural area, older people and young people, people with a disability and homeless people particular attention should be paid to the needs of these groups. This should include a Review appointment times by the Acute Trust and how these could be adjusted to take increased travel times and costs into account, particularly for groups who are more likely to travel by public transport such as people living in deprived areas, older people and younger people and people who are likely to have to travel further, for example, people living in rural areas.
4. **Considering how the Out of Hospital Care Strategies and Neighbourhood Developments** for Shropshire, Telford& Wrekin and Mid Wales might mitigate some impacts in looking at avoiding the need for hospital admission, the need to travel to hospital for appointments and for any other opportunities for enhancing local services for some groups. Particular consideration given for groups who are more likely to travel by public transport such as people living in deprived areas, older people and younger people and people who are likely to have to travel further, for example, people living in rural areas. Example of developments under consideration would including tele-medicine.

5. **Addressing the areas of mitigation in the W&C Integrated Impact Assessment in 2017**, that were set out in three broad areas to address the anticipated impacts relating to a consolidation of women's and children's services including:
    i. **Reducing unnecessary journeys** and transfers for young children
    ii. **Safe care pathway** agreements for children
    iii. **Reducing risk factors** before, during and after pregnancy (particularly for young women, BAME women and women living in deprived areas. This will include the work within the LMS Programme
6. **Ensuring the on-going review of midwife led services** considers findings and analysis in this EIA feeds into the developing model of care for midwife led services and in particular in the design, location and scope of community hubs under consideration.
7. **Ensuring the provision of appropriate accommodation** for parents/carers whose child is an inpatient to mitigate the impact of longer journey times and increased costs.

Post final decision making and in the next phase of the reconfiguration programme the CCGs, the Acute Trust and the wider STP Partners should:

8. continue to work collaboratively to build on existing and planned public health interventions and a more proactive system-wide approach to prevention, bridging deprivation and other health equalities gaps
9. continue to work collaboratively with the voluntary sector, community groups, Healthwatch and patient reference groups to carry out more detailed assessments of potential impacts in future phases of the development including the design phase and through to implementation.
10. continue to improve the volume and diversity of patient views and increase future opportunities for on-going engagement and establishing long term relationships with the protected characteristic groups as a result of the links developed through the Future Fit consultation.
11. continue to consider an inclusive approach to language barriers through fair access to information, services and premises supported by embedding equality and inclusion compliance for all sections of our local community
12. consider the translation, interpretation and other services available to people whose first language isn't English in delivering any newly configured service to ensure that it is effective and that speakers of other languages are not being negatively impacted on when they access services.
13. noting the limited activity data breakdown available, consider how the collection and analyse of data and information can be improved to better understand patient flows and experience of the protected characteristics.
14. continue to share with the groups that have been engaged with developing the EIA and particularly the voluntary sector and others

representing seldom heard groups, the EIA report and the outcomes of the consultation to ensure that they are aware of how their feedback is utilised in any decision-making process.

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Title of the report:	Report to the Joint HOSC on the draft STP Travel and Transport Mitigation Plan
Author of the report:	Andrea Webster
Presenter:	Phil Evans in attendance

Purpose of the report

To update the Joint HOSC on the work of the STP travel and transport group.

The proposed Draft Plan draws together travel and transport issues raised within the Integrated Impact Assessment Plans undertaken in 2016 and 2017, the Transport Study undertaken by JMP in September 2016, key issues identified from the members of the Travel and Transport Group that was created in May 2018, any feedback from engagement with seldom heard groups engagement and the wider consultation findings and key themes from the Participate Report submitted on 8th November 2018. The Draft Mitigation Plan sets out areas for mitigation for consideration.

Summary

The STP Travel and Transport Group established in May 2018 has led on developing the draft Mitigation Plan. The draft Plan has been set out in a way to identify key themes and mitigations that have to date been identified to maximise opportunities to improve travel and transport services as well as timescales for delivery. It must be acknowledged that rurality, urban and geographical spread of Shropshire, Telford and Wrekin and Powys currently presents challenges in relation to access and availability of travel and transport. The group therefore were steered towards considering the potential impact of the two options within the consultation to ensure travel and transport issues are not exacerbated any further by either option.

Recommendations:

The Joint HOSC is asked to:

Receive the draft travel and transport mitigation plan.

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DRAFT TRAVEL AND TRANSPORT MITIGATION PLAN

This Plan draws together travel and transport issues raised within the Integrated Impact Assessments undertaken in 2016 and 2017, the Transport Study undertaken by JMP in September 2016, key issues identified from the members of the Travel and Transport Group that was created in May 2018 and Consultation key themes from the Participate Report submitted on 8th November 2018.

The proposed solutions are set out below with a short narrative outlining how improvements can be undertaken.

Timescales are defined as follows: -

- Short term – Less than 1 year
- Medium term – 1 – 3 years
- Long term – 3 – 5 years

Category	Proposed Solution	Narrative	Short/Medium/ Long term
National Drivers	Consider implications on proposed model through review of the Department of Transports Inclusive Transport Strategy: achieving equal access for disabled people	This strategy requires plans to implement improvements in travel for disabled people in particularly, whilst identifying opportunities for improvements for all Whilst many people take for granted the ability to travel easily from A to B, this is not the reality for everyone. For our ageing population, and the fifth of people who identify as having some sort of disability, access to transport can be far from straightforward. That is why this Government is determined to make sure that disabled people have the same access to transport as everyone else, and that they are able to travel easily, confidently and without extra cost https://www.gov.uk/government/publications/inclusive-transport-strategy/the-inclusive-transport-strategy-achieving-equal-access-for-disabled-people	Long term
	Ensure access to national funding is available to improve transport infrastructure and services in the county	Over £2.5 billion available on mobility awards £1 billion each year on concessionary fares for older and disabled people using local bus services.	Medium to Long term
	Review Shropshire Travel Plans 2011-2026 to incorporate impact of hospital reconfiguration	This Plan is currently being refreshed and sets out the Council's ambition for travel. The impact of the acute reconfiguration will need to become an integral part of the Councils future plans due to its potential impact on changes to travel across the region	Short Term

	Review Telford and Wrekin Travel Plan 2011-2026 to incorporate impact of hospital reconfiguration	The impact of the acute reconfiguration will need to become an integral part of the Councils future plans due to its potential impact on changes to travel across the region	Short Term
	Powys Local Development Plan 2011-2026 to incorporate impact of hospital reconfiguration	The impact of the acute reconfiguration will need to become an integral part of the Councils future plans due to its potential impact on changes to travel across the region	Short Term
Local Drivers	Shropshire and Telford integrated care programmes	A review of the provision of community-based services in Shropshire Telford and Wrekin to make changes to the overall system that is required to better deliver services closer to home resulting in fewer hospital admissions and need for travel e.g. Development of prototype MDT for medium risk strat patients, on the day admission avoidance Work with local GPs and national leads to look at governance and organisational development as an enabler for delivery of services across each locality in the county	Medium to Long Term

Public Transport	Baseline review of all public transport providers across Shropshire, Telford and Wrekin and Wales to identify opportunities for improvements through a collaborative and system wide partnership approach where travel stakeholders are working together to map public transport availability and identify opportunities to improve services, reduce overlap and improve spread of availability	This work has already commenced and is being led by Shropshire Council. The aim is to engage with all public transport providers to map where services are provided, identify solutions for improvements, reduce duplication of services and where possible provide improved transportation. This work will include working with local councils, bus services, non-emergency patient transport services and voluntary sector providers, including – • How do we increase capacity? • How do we keep it affordable? • Could we link some community transport with public transport routes? This baseline review will enable stakeholders to review access to transport further relating to rurality, womens and childrens and EIA considerations to ensure any improvements reduce the impact of changes on those groups who are identified as more impacted.	Short to Medium Term

	Bus services travelling to the hospital and on site	Shropshire Council are currently working with local bus companies to improve the number of journeys to and from hospitals as well as between both Hospital sites. X5 - To explore the opportunity to decrease number of stops to reduce journey times	Medium to Long Term
		SATH have recently been able to add a further bus service which travels on site to 2. Nos. 11 and 553. 5 x buses pass close to the hospital (No.s 74, 558, X75, 70A and 12). SATH and the Council will continue to discuss more buses being able to access the site to enable wider choice to be available.	Medium to Long Term
		X4 offers 9 journeys per day between Shrewsbury and Wellington Bus Stations. It is proposed to start discussions with the bus company in order that this bus could stop at PRH.	Medium to Long Term
		Baseline modelling will identify areas where access to public transport is low, as well as areas of deprivation. This modelling will show where all public services operate and as a result identify opportunities and plans for all services to work collaboratively to improve spread of access	Medium to Long Term

		To commence discussions with other bus service providers such as Tanat Valley and Celtic to divert services on to PRH site.	Short Term
		Baseline modelling will identify areas where public transport options are low as well as areas of deprivation.	Medium to Long Term
	Concessionary Travel	Whilst raising awareness of eligibility of concessionary travel, to consider improvements to travel which will enable older people, women and children, homeless, people with learning difficulties, long term conditions and those within a rural area to benefit from concessionary travel opportunities that work with travelling to hospital appointments throughout the day including early mornings.	Long Term
	Through ticketing	To enable access to public transport across border and modes of transport, the Councils will link into national initiatives which are looking at opportunities and benefits to through ticketing for the general public. This will provide greater opportunity to travel more seamlessly across Shropshire, Telford and Wrekin and Powys.	Long Term
	Train services	Local Councils and Train providers to begin to review current services and identify commercially viable opportunities to improve linkages relating to times and locations of services which will reduce long waits and delays and maximise use of services.	Long Term

		To ensure all hospital, GP and community sites raise awareness of the train links that work effectively across Shropshire, Telford and Wrekin and Powys identify alternative and quicker train journeys.	Medium Term
		To raise awareness that there is a train service that runs from Wellington Rail Station to Shrewsbury.	Short Term
		Improve signage to Train and bus stations	Medium Term
	Review of taxi service provision, including pricing and access	Local Councils to review all taxi services to ensure services align with Inclusive Strategy Plan	Short Term
		Review taxi charges to ensure there is no evidence of discrimination against disabled users and that there is sufficient provision and access	Short Term
Community Transport	Review provision of community transport services across Shropshire, Telford and Wrekin and Powys	To ensure all voluntary sector providers of transport are identified and services mapped within the baseline validation.	Short Term

	Increase the role of community transport services	Support and incentivise voluntary sector service providers to further develop local service in areas where there is very little transport provision.	Medium Term
	Wider the scope and role of community transport services	Commission the voluntary sector to identify and bid for further work and opportunity which will broaden their use and involvement.	Medium to Long Term
	Raise awareness of community transport availability for those who need it	Understand the need to raise awareness of community transport availability for those who need it vs capacity of volunteers to continue to provide an efficient service	Medium Term
	Non-Emergency Transport Services	To review all NEPTS services to ensure fitness for purpose and opportunities to provide services to areas which lack services	Medium Term
	Other transport options	Look at opportunity for Fire Service vehicles to be used for community transport to and from hospital, this is in place in other parts of the country.	

Costs of travel	Publicise widely the Help with Travel Costs Scheme	To ensure patients and their families are aware of Help with Travel Costs for those receiving a qualifying benefit or allowance or meets the criteria of the NHS Low Income Scheme, publicise the scheme across a variety of media and focus groups as well as local hospitals, GPs and community services. Ensure patients are aware of current travel options and reimbursements available for travel	Short Term
Parking at sites	To improve and reduce the need for parking facilities for patients and staff across both sites	To provide a shuttle bus service between sites that can be utilised by both patients and staff at a concessionary or free cost.	Long Term
	Develop Park and Ride Facilities	To consider options for park and ride facilities which will maximise a reduction in car usage	Medium Term
		To update SaTH's Travel and Estates Plans to identify alternatives to car and public transport travel.	Medium to Long Term
	Improve signage and walking access to site	To improve signage, information on Trust website and lighting to improve walking access to site	Medium to Long Term

Modern Technology	Reduce unnecessary travel to hospitals	Ensure clinical model reduces the need to travel to hospital, particularly for routine follow-ups which may not be required.	Medium Term
	Use of Technology to reduce travel and travel costs	Develop the use of electronic booking system to reduce the need to travel unnecessarily. PA Consulting currently working with the Trust to develop programme of work. Business case to be submitted to SATH Board in January 2018	Medium to Long Term
		Development of technologies to reduce requirement to attend hospital e.g. telemedicine, APPs, outreach teams, electronic booking system to reduce need to travel and increase choice Ensuring that technological advances and new business models provide opportunities for all, and that people are involved from the outset in their design.	Medium to Long Term

Title of the report:	Report to the Joint HOSC on the Shropshire Care Closer to Home programme
Author of the report:	Lisa Wicks, Deputy Director of Performance & Delivery
Presenter:	Debbie Vogler and Pam Schreier in attendance

Purpose of the report

To provide the Joint HOSC with an overview of the Shropshire Care Closer to Home programme and how this aligns with the Future Fit reconfiguration.

Summary

The work completed by Optimity (2017) and Deloitte (2016) illustrates Shropshire's over dependency on in-patient resources secondary to inadequate, poorly commissioned community-based services. Optimity (2017) suggest that through shifting secondary service utilization by a 5 year age band will reduce emergency usage of secondary services by 385 cases per 5000 head of population within the 65+ age band equating to 4586 admission avoidances. Based upon the existing parameters in the Future Fit Outline Business Case, the target admission avoidance for this age band is set at 2689. The work produced to inform the target for the Frailty Intervention Team focused upon the 75+ population of Nonelective admissions during previous years. This methodology has been expanded to include patients 65+, this has provided an admission avoidance target of circa 3000.

Recommendations:

The Joint HOSC is asked to:

Receive the Shropshire Care Closer to Home programme report.

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NHS Shropshire CCG
Shropshire Care Closer to Home Transformation Programme

The vision for the out of hospital transformation programme for Shropshire is:

"Using all available resources to commission integrated health and care services that are clinically effective and cost-efficient and as close as possible to where people with the greatest need live'".

Background

A review of the provision of community based services in Shropshire in 2017 identified the need to make changes to the overall system that is required to better deliver services closer to home. The Community Services Review identified a case for change and the Out of Hospital Programme was agreed to develop options for future delivery models of community services that are:

- Equitable, clinically and financially sustainable and consistent
- Fit for the future needs of the people of Shropshire
- Functionally integrated with the rest of the county's urgent care system as required by NHS England's Next Steps on the NHS Five Year Forward View
- Deliver the activity assumptions for the Pre Consultation Business Case (PCBC) for Future Fit

This supports the delivery of the The Five Year Forward View that advocates collaborative whole system solutions**.** Out of hospital care will become a much larger part of what we do across the Shropshire care economy.

Rationale

In the work completed by Optimity (2017) and Deloitte (2016) their observations were "Shropshire's over dependency on in-patient resources secondary to inadequate, poorly commissioned community-based services." Optimity (2017) suggest that through shifting secondary service utilization by a 5 year age band will reduce emergency usage of secondary services by 385 cases per 5000 head of population within the 65+ age band equating to 4586 admission avoidances.

Based upon the existing parameters in the Future Fit Outline Business Case, the target admission avoidance for this age band is set at 2689. The work produced to inform the target for the Frailty Intervention Team focused upon the 75+ population of Non-elective admissions during previous years. This methodology has been expanded to include patients 65+, this has provided an admission avoidance target of circa 3000 per year.

The following table presents the potential admission avoidance for the phases of the programme:

Optimity admission avoidance figures considered against resources required to meet need			
Service	**Admission Avoidability**		
	Usually avoidable	Sometimes avoidable	Total
Hospital at Home	1093	48	1141
Hospital at Home or Crisis Response/Step up beds	1796	1215	3011
Hospital at Home or Crisis Response/Step up beds or Admission	0	464	464
Crisis Response/Step up beds	72	0	72
Crisis Response/Step up beds or admission	0	358	358
Total	2963	2085	5048

Phases of the Programme

Phase 1 Frailty Intervention Team (presently operational)

A dedicated Frailty Intervention Team (FIT) based in the Emergency Department and are responsible for the early identification, treatment, risk assessment and planning for frail and long term condition patients. The team facilitate appropriate triage of patients to either the acute/community/home setting. This team liaise and work with existing teams in the community such as intermediate care, Care Co-ordinators etc. 90+ patients are added to the FIT case load each week and the team facilitate an average of 7 discharges every day. 83% of those discharged go home. There has been a reduction in the conversion rate from ED to admission for >75s at RSH to 53.02% compared to 57.71% in the same period the previous year. The target admission avoidance for this phase of the Programme is 558 in 18/19.

Phase 2 – Case Management

This model has two parts. The first is about our community-based NHS workforce working closely with GP practices across Shropshire to get a clear understanding of how many people over the age of 65 have complex care needs. A crucial part of this process relates to categorising the people identified in terms of whether their need complexity is low, moderate or severe - a process known as “Risk Stratification”.

Once Risk Stratification is complete, those identified as being in severe need will be given the opportunity to work with a designated professional (also known as a “Case Manager”) who in turn will be responsible for a group of patients - also known as a “caseload”. The professional background of a Case Manager may vary dependent on what the most pressing needs of the recipient of support are. For example, for some patients a nurse would be best placed to provide support, whereas in others a social worker may be more suitable.

The Case Manager is responsible for developing and reviewing care plans with those in their caseload, and where required, coordinating services to meet their needs. Case Managers will promote recovery and identify when people under their supervision are deteriorating. This will enable them to put preventative measures in place to minimise the occurrence of acute and severe ill health, also known as a “health crisis”. This development of care plans and their delivery represents the second part of the Case Management model. For a more detailed description of Case Management please see Appendix B.

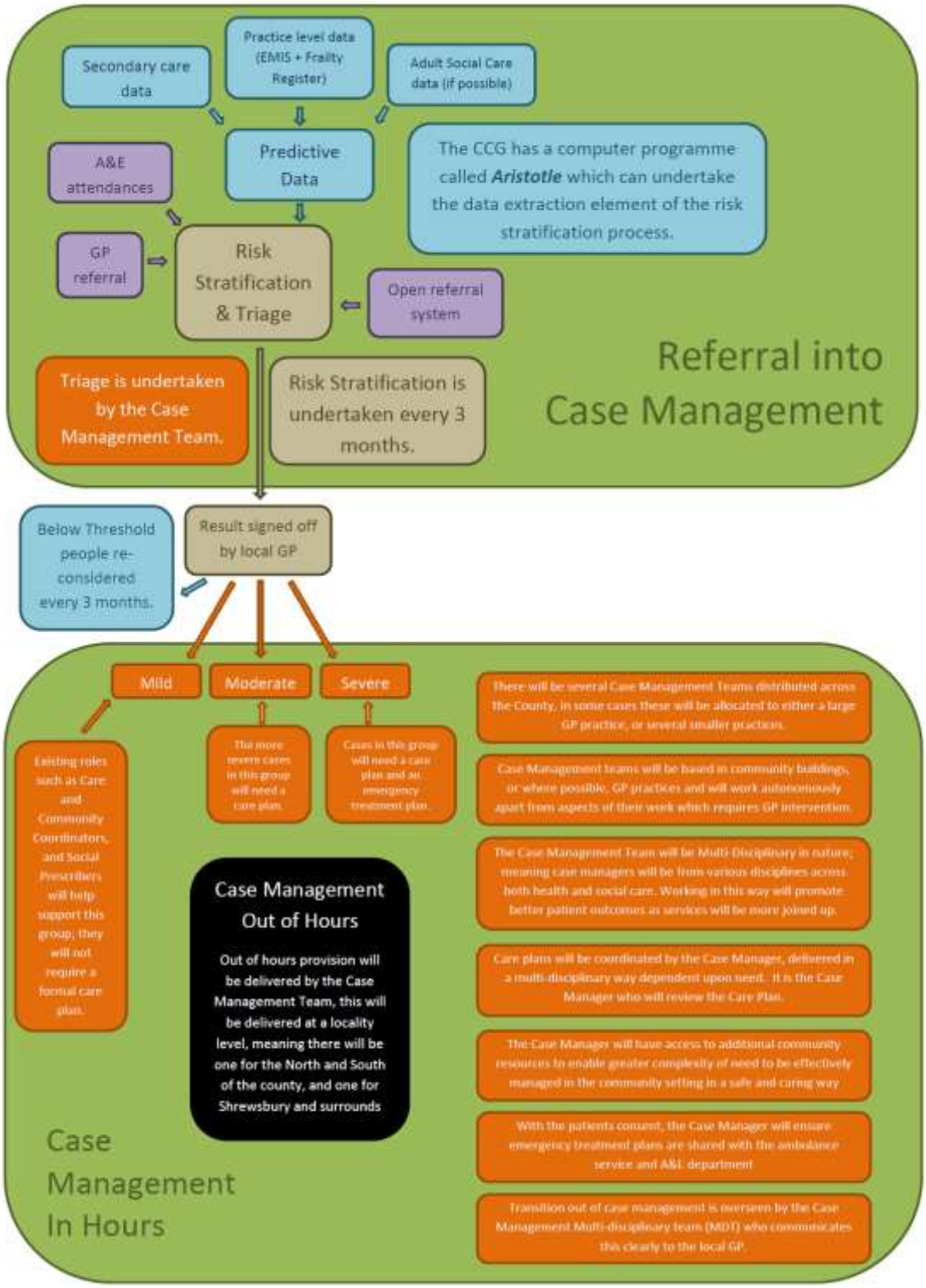
Service specifications have been drafted and shared with providers and stakeholders for:

- Shropshire Care Closer to Home Community Model
- Risk Stratification
- Case Management
- Interdisciplinary Teams
- Intermediate Care

A series of design and engagement workshops took place between December 2017 and July 2018 involving a wide range of stakeholders across the health and social care economy including patients and public representatives, Shropshire CCG, Shropshire Council, SaTH, Shropshire Community Health NHS Trust, Midlands and Partnership Foundation NHS Trust, GPs and Primary Care colleagues and the voluntary and care sector. This ensured fully collaborative co-design of the case management model options as well as fulfilling engagement requirements.

The collaboratively designed Risk Stratification and Case Management model was approved by the CCG Clinical Commissioning Committee on 15th August 2018 and is shown below:

Shropshire Care Closer to Home Case Management Model



For full details of decisions made around Phase 2 of the programme see Appendix C. For details of engagement activities undertaken during the design phase for Case Management please see Appendix D.

Additional resource is now focusing on progressing the Alliance Agreement Partnership needed to enable operationalisation of the model through developing more detailed service delivery and workforce models that underpin demonstrator pilot sites. Detailed service specifications are being developed for all aspects of Case Management to enable workforce planning.

Phase 3 Hospital at Home/Crisis Response/Rapid Response/DAART and Step-Up Beds

The third phase is made up of a number of high-level models:-

The aim of Hospital at Home is to provide diagnostic testing and treatment interventions that are traditionally associated with care in a hospital setting either in peoples own homes or from places close-by. Just as is the case in the local general hospital, this model would be delivered by a multi-disciplinary team made up of a range of health professionals including: GPs; Specialist Consultants; Social workers; Community Nurses; District Nurses; Advanced Nurse Practitioners; Mental Health Nurses; Pharmacists, Physio Therapists, Occupational Therapists and Dieticians.

However, Hospital at Home is not a rapid-response model of care delivery. It functions as a planned care service alongside the Case Management model to prevent health crises from happening. Design work on possible Hospital at Home models is currently underway. Feedback and critique on the options will be sought from public and patient representatives and stakeholders before a longlist of model options is produced.

A Rapid Response model will be developed in the same way. This service would deliver both diagnostic testing and treatment interventions similar to those available from in the Hospital at Home model, but within a standardised 2 hour response window. This team would be made up of senior clinical staff, for example Advanced Nurse Practitioners, who are capable of making clinical decisions and in most cases prescribing and administering medicines to manage acute health needs.

The modelling of Step Up beds has been deferred awaiting the Joint Strategic Needs Analysis which is essential in shaping a sustainable and fit-for-purpose service.

Programme Progress Update as at October 2018

Project Plan Areas

Project Plan Ref	Work Package Name	Status[1]	Notes[2]
1	Programme Management	In place	As per overarching Project Plan
2	Vision & Model Design	In progress (Phase 3 delay)	Change to design approach with some impact on timeline – currently being refreshed.
3	Impact Assessments	In progress – behind agreed timeline	Joint Strategic Needs Assessment under development by Shropshire Council (delayed).

[1] Either Pending Authorisation, In Execution or Completed (in the period)
[2] For example if Work Packages are being performed by external suppliers, this information may be accompanied by purchase order and invoicing data

			Full QIA, PIA and EQIA to be completed on agreed models. QIA on Phase 2 complete.
Project Plan Ref	**Work Package Name**	**Status[3]**	**Notes[4]**
4	Phase 1	In place	FIT requirements in SaTH should diminish and reduce in time with the implementation of Phase 2. Positive impact reported with plans being developed to expand and rollout to PRH.
5	Phase 2	In progress	Final preferred model for risk stratification and case management agreed by the CCC. Developing operational and workforce models for implementation once Alliance agreement in place.
6	Phase 3	In progress (delay)	Design sessions planned for October & November have been cancelled. Programme Team now working on scoping model options & possibilities before seeking input and critique from stakeholders.
7	Patient Involvement	Ongoing	Regular stakeholder workshops and ability to email queries. Further What Matters to Me events to be arranged.
8	Comms & Engagement	Ongoing	Strategy and plan undergoing refresh to reflect change in design process for phase 3. High level support in place to oversee strategy and orchestrate comms activities of various providers. Inadequate comms and engagement support identified and added as a programme risk.
9	Quality & Safety	Pending	To be reviewed once shortlist of model options is being finalised. Phase 2 QIA complete.
10	Finance	Pending	To be modelled and reviewed once shortlist of model options is being finalised, and dependant on alliance working or not.
11	Workforce	Pending	To be reviewed once shortlist of model options is being finalised, and dependant on alliance

[3] Either Pending Authorisation, In Execution or Completed (in the period)
[4] For example if Work Packages are being performed by external suppliers, this information may be accompanied by purchase order and invoicing data

			working or not. Remit of provider(s).
Project Plan Ref	**Work Package Name**	**Status[5]**	**Notes[6]**
12	IT	In progress	Dedicated IT Task & Finish Group addressing data and IT infrastructure requirements (data sharing, risk stratification tools and shared electronic Care Plan, emergency care plan and end of life plan).
13	Options Appraisal Process	Pending	Consultation not required for Phase 2, and will be planned in for Phase 3 – the formal requirements dependant on the models and potential changes that emerge.
14	Decommissioning	Pending	Decision depends on alliance working outcomes.
15	Procurement & Contracting	Pending	To commence once model is agreed and again, dependant on outcome of alliance discussions.
16	Commissioning	Pending	To commence once model is agreed, and again, dependant on outcome of alliance discussions.
17	Enhanced Commissioning	Pending	To commence once model is agreed.
18	Pilot Demonstrator Sites	Pending	To be developed, pending the outcome of alliance working discussions.
19	Full Mobilisation	Pending	To commence once model is agreed and/or following pilot of demonstrator sites.
20	Monitoring and Evaluation	Pending	Independent clinical review of implemented models. Routine monitoring and reviews established following mobilisation, feeding back into a constant loop of improvements or changes if necessary (PDSA).

[5] Either Pending Authorisation, In Execution or Completed (in the period)
[6] For example if Work Packages are being performed by external suppliers, this information may be accompanied by purchase order and invoicing data

Products

Product Ref	Product name	Status[7]	Notes[8]
P1	Aristotle	In progress	Being utilised as the software to support and enable risk stratification. Meetings being planned to ascertain reporting criteria.
P2	Information Leaflet	Complete	Overview information leaflet ratified. Circulated widely to the media and public from, and uploaded to the CCG website 1st August 2018.
P3	Generic Email	Complete	Generic programme email address established for public to make contact.
P4	Ideas Proforma	In progress	Template to be used for the submission of concepts to the Programme Board for consideration of inclusion within the Programme. Final changes to process being agreed.
P5	Staff Briefing	Complete	Provided and actioned by each provider organisation on 1st August 2018.
P6	FIT evaluation	Complete	Evaluation of RSH pilot of frailty intervention team complete.
P7	Preferred Case Management Model	In Progress	Model identified through collaborative design process and approved by the Clinical Commissioning Committee making decision on 15th August 2018.
P8	SharePoint	In Progress	SharePoint platform being developed which will provide one online forum to hold all papers, reports and documents relating to the programme; improving shared access and visibility of programme information.
P9	Primary Care Networks	In Progress	NHSE initiative that reflects the intentions and aspirations of Case Management in the Care Closer to Home Programme. Work underway to map synergy to ensure integrated approach. SOP on case management and risk stratification operational compliance for GP colleagues also being developed for inclusion in a Primary Care Commissioning Framework.
P10	FIT filming	In progress	NHSE filming RSH FIT team
P11	Ideas Pro-forma and submission process	Complete	Template agreed and ideas process complete – going to Programme Working Group for final sign-off.

Corrective Actions Undertaken

- **Following a poor response from required stakeholders, the phase 3 design sessions were stood down and instead, as a contingency measure approach, the Programme Team are working on draft models to take to stakeholders in January 2019 for critique and feedback.**
- **Communication & Engagement team working on a refresh of strategy to reflect the change in design process and a refresh of timeline to allow for stakeholder involvement and feedback on draft models.**

[7] Completed (in the period), Planned (but not started or completed) or Underway (as planned)
[8] Indicate if any products are running behind schedule.

Appendix A

The table below outlines the figures that were originally modelled for the Out of Hospital Case management.

Table 1

Locality	July 2017 65+	July 2017 65+ with 1+ LTC	2019/20		2020/21		2021/22	
			Case Management numbers (assuming 20% NEL admission avoidance)	NEL Admission Avoidance Target	Case Management numbers (assuming 24% NEL admission avoidance)	NEL Admission Avoidance Target	Case Management numbers (assuming 28% NEL admission avoidance)	NEL Admission Avoidance Target
North	**23,190**	**19,233**	1430	286	2383	572	2454	687
Central	**22,135**	**17,442**	1510	302	2517	604	2589	725
South	**27,962**	**22,034**	1490	298	2492	598	2564	718
Total	**73,287**	**58,709**	**4430**	**886**	**7392**	**1772**	**7607**	**2130**

Method for establishing the above:

- *Practice prevalence of 65+ populations is based upon NHS Digital July statistics;*
- *Size of 65+ LTC cohorts is based upon Age UK (2017) statistics;*
- *Size of cohorts with 1, 2, 3, 4, 5, 6, and 7+ LTC's is based upon locally produced data (Optimity, 2017);*
- *All non-elective (NEL) admission data for 65+ people with LTC's is derived from the Secondary Users Service (SUS) data;*
- *All NEL admissions registered with non-Shropshire GP Practices have been excluded;*
- *Total numbers of NEL admissions for people over 65 with between 1 and 3 LTC's have been established in order to understand a benchmark to work against for the purpose of NEL admission avoidance;*
- *Target admission avoidance has been set at 10% of these figures for 2019/20, 20% for 2020/21, and 24% for 21/22.*

Additional Work Undertaken

The work undertaken to establish the projected hospital avoidance figures to occur as a consequence of the Frailty Intervention Team (FIT) focused upon NEL admissions in the 75+ cohort. Based upon the ICD10 codes used by Optimity, CCG Business Intelligence have projected within this group, admissions that could usually be managed out of hospital, those that could sometimes be managed out of hospital, and those where hospital admission is not avoidable.

This report has been re-run to include all 65+ NEL admissions, and this method indicates the following:

Total NEL Admissions August 16 – July 17	14,556
Admission Avoidability	
Unavoidable	9,508
Sometimes avoidable	2,085
Usually avoidable	2,963

Based upon the above figures, the target Admission avoidance will be set at circa 3,000 patients, equating to 20.6% of the total NEL admissions reported for the timeframe. Data underlying the original modelling demonstrates that of the 14,556 NEL admissions recorded, 8,987 were for individuals with between 1 and 3 LTC's. Our expectation is that the 3,000 circa admission avoidance target will be realised within this cohorts of patients meaning 33.4% admission avoidance (AA) needs to be achieved. This has been broken down as follows:

65+ NEL Admissions with between 1 and 3 LTC's between August 16 and July 17			
Number of LTC's	1	2	3
Numbers of NEL admissions	3,481	3,299	2,207
Target % of AA	45%	33.4%	15%
Numbers of AA	1566	1102	331

Based upon Optimity figures, the scope of primary care risk stratification will include all 65+ registered patients, equating to around 240 patients per 1,000 head of population registered. Of this 240 patients, it is expected (based upon initial modelling) that around 50% will have between 1 and 3 LTC's requiring case management in order to achieve the admission avoidance target.

The table below indicates what this would look like at a locality and county level

Numbers for Case management based upon projected volume of people with 1-3 LTC's		
Locality	% of population	Numbers for case management
North	31.6%	2,782
Central	30.2%	2,656
South	38.2%	3,355
Total	**100%**	**8,793**

Considering the ICD10 codes constituting the Optimity reporting, CCG medical resources have been drawn upon to help determine where those admissions identified as sometimes and usually avoidable would best be managed in the Out of Hospital context. The table below indicates what this would look like in terms of numbers requiring input from which community resources:

Optimity Admission Avoidance Figures Considered Against Resources Required to Meet Need over a 1 Year Period			
Service	**Admission Avoidability**		
	Usually avoidable	Sometimes avoidable	Total
Hospital at Home	1093	48	1141
Hospital at Home or Crisis Response/Step up beds	1796	1215	3011
Hospital at Home or Crisis Response/Step up beds or Admission	0	464	464
Crisis Response/Step up beds	72	0	72
Crisis Response/Step up beds or admission	0	358	358
Total	2963	2085	5048

Some of the service rows in the above table illustrate the level of difficulty surrounding the task of projecting service demand, it is crucial therefore that the reader understands that these projections reflect **"best guess"** methodology. This approach will be robustly tested within the locality task and finish groups. Although it is entirely possible that admission avoidance (AA) could be achieved for the "sometimes avoidable" cohort, the "Usually avoidable" cohort will be used to project the community resource requirement to achieve the target circa 3,000 AA's.

In order to discern the proportionate split of the "Hospital at Home or Crisis Response/Step up beds" row pertaining to "Usually avoidable" admissions, the following will be assumed: Based upon the target of 45% of this cohort having 1 LTC, it will be assumed that 45% of this row (808 AA's) will be enabled by the hospital at home service. This equates to 64.2% of the services required to achieve the AA target being Hospital at Home. The following table provides the resource breakdown required to achieve the circa 3000 AA target by locality:

Overview of projected model for achieving target 3000 AA's per year					
Locality	% of population	Numbers for case management	Target AA Numbers	Numbers for Hospital at Home (64.2%)	Numbers for Crisis Response/Step up beds (35.8%)
North	31.6%	2,782	948	609	339
Central	30.2%	2,656	906	582	324
South	38.2%	3,355	1146	736	410
Total	**100%**	**8,793**	**3000**	**1927**	**1073**

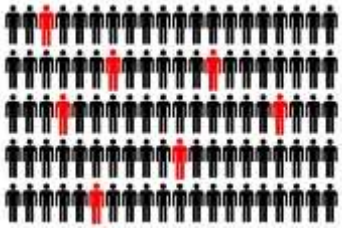
Appendix B

Case Management Process

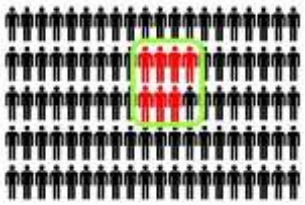
Reporting, predictive data modelling and risk stratification

Combined primary and secondary care patient data. A routine report is generated that draws out a cohort of patients deemed to be at risk of hospital admission in the following 12 months, or in possible need of case management as per the agreed reporting criteria. This includes new individuals each time the report is produced as well as patients who are already being case managed. Depending on the size of the GP practice and its population, this report and supporting Case Management team can work with one practice, or a number of smaller practices, or supporting a collective cluster.

Dispersed unknown healthcare needs



A predictive risk model identifies and groups a cohort of patients



Review and Triage

A routine meeting is established for the Case Manager, Community Matron, GP and/or practice nurse to review and discuss the predictive report. Using a combination of practice knowledge of the patient, with assessment against agreed eligibility criteria, a decision is made on whether to include in, or exclude from case management. Where a patient is excluded, a note can be added to the data system to advise of the next planned review. This prevents unnecessary repeat reviews of the same patient every month. Review and triage also takes place on an ongoing basis of direct referrals, in addition to the planned routine review of patients identified through the risk stratification and predictive reporting process.

Assigning to appropriate care setting

The GP and Case Management team agree the most appropriate care setting based on their respective level of need; whether that be mild, moderate or severe. The team also discusses potential admissions identified from the predictive risk report and any other cases identified by staff at the meeting.

In addition to predictive modelling and proactive earlier intervention, direct referrals into case management can also be made by GP's, A&E, other clinicians, and patient self-referral. In other UK versions of this system, the ratio of patients seen is usually around 80% through predictive modelling and risk stratification, and 20% direct referrals.

Agreeing the Care Plan

Patients are assigned a dedicated Case Manager, who acts as the one point of contact for the patient, as well as being the interface between the various providers; co-ordinating the package of wraparound health and social care.

Based on patient information and a health assessment, a Care Plan is collectively agreed between the Case Management team, GP and any other providers involved in the care of that individual. This same multi-disciplinary team would also set the baseline against which to monitor, agree suitable review dates, and conduct regular reviews. Where necessary, to go with the Care Plan with also be an Emergency Care Plan to be enacted in the case of crisis or sudden deterioration, and an End of Life Plan. It is anticipated that it will be an electronic shared Care Plan accessible to all involved in the care of that individual on a need to know basis. It shall also include alerts such as medication allergies and DNAR notes to ensure the provision of shared vital information and minimising risk and error.

Delivering the Care Plan

As the main point of contact, the Care Plan is co-ordinated by the Case Manager who acts as an interface between all of the providers and care teams, as well as ensuring ongoing regular reviews and updates to the GP and practice teams.

Ongoing monitoring

At the time of agreeing the Care Plan, based on the acuity and complexity of the individual, review requirements are agreed as an MDT. The Case Manager and community Matron and nursing teams are responsible for that ongoing review, monitoring and evaluation, reporting back into regular MDT meetings where decisions are made to either continue with the current Care Plan, adjust the Care Plan, transfer the patient to another setting or discharge from case management. This forms part of the constant cycle of case management, with existing patients being reviewed as some are discharged, and new cases are considered and triaged.

Discharge or continuing care

MDT reviews of each individual will determine the next steps, whether to continue with the existing Care Plan, make changes to it, transfer to a different more appropriate setting, or discharge. Discharge would be on the basis of marked improvement where it was felt that case management for the individual was no longer necessary. This would also be assessed against strict agreed discharge criteria.

The other discharge routes out of case management are patient choice where support is refused, or through death.

Appendix C

Shropshire Care Closer to Home
Decision Making Record

Date	Group	Decision or Action
Monday 4th December 2017	Commissioning Team	High level scoping complete
Wednesday 20th December 2017	Clinical Commissioning Committee (CCC)	Strategic intent of Programme formally noted
Friday 15th December 2017	Commissioning Team	Project Team and Programme Plan established
Friday 12th January 2018	Commissioning Team	Current and future state scoping complete (from GP and patient rep workshops)
Monday 15th January 2018	Commissioning Team	Programme governance established
Wednesday 17th January 2018	Clinical Commissioning Committee (CCC)	Approach and phasing of Programme approved
Monday 29th January 2018	Commissioning Team	Programme Risk Log Established
Wednesday 15th February 2018	Programme Management Team	Programme Working Group and ToR established
Wednesday 21st February 2018	Clinical Commissioning Committee (CCC)	Srategic intent and progress noted
Friday 9th March 2018	Programme Management Team	High level modelling complete
Thursday 22nd March 2018	Programme Management Team	Programme Board and ToR established
Wednesday 25th April 2018	Programme Board	Programme officially named 'Shropshire Care Closer to Home'
Friday 27th April 2018	Programme Management Team	High level scoping of other Case Management models complete
Wednesday 16th May 2018	Clinical Commissioning Committee (CCC)	Strategic intent of Phase 2 (Case Management) and its links with Frailty formally noted
Thursday 7th June 2018	Programme Board	Public-facing information leaflet, and provider staff briefing ratified for circulation
Friday 29th June 2018	Programme Management Team	Design outputs consolidated into Case Management model options
Monday 2nd July 2018	Programme Management Team	Agreement to utilise existing Aristotle system for risk stratification
Thursday 5th July 2018	Programme Working Group	Emerging model and various options agreed
Wednesday 18th July 2018	Programme Board	Agreed the Case Management core model and 9 areas of variability
Thursday 19th July 2018	Programme Working Group	Explored the 9 areas of variability and agreed the final preferred Case Management model
Wednesday 16th August 2018	Clinical Commissioning Committee (CCC)	Agreed the final Case Management model. Agreed strategic intent and approach to Phase 3.
Wednesday 4th October 2018	Programme Management Team	Invitations to Phase 3 design circulated, along with input template
Tuesday 16th October 2018	Programme Management Team	Phase 3 design sessions stood down due to poor uptake & response from stakeholders
Thursday 18th October 2018	Programme Board	Alternative Phase 3 design approach proposed - CCG in house design following by stakeholder critique

Appendix D

Shropshire Care Closer to Home
Involvement and Engagement Record

Date	Event	Aims/Purpose of Session
Thursday 7th December 2017	Patient Representative Workshop	Current and future state scoping complete
Thursday 7th December 2017	Shrewsbury/Central GP Locality Workshop	Current and future state scoping complete
Thursday 4th January 2018	South GP Locality Workshop	Current and future state scoping complete
Thursday 11th January 2018	North GP Locality Workshop	Current and future state scoping complete
Wednesday 28th February 2018	Patient & Provider Stakeholder Event	Overview of Programme, and exploring comms & engagement of local population
Wednesday 7th March 2018	GP Task & Finish Group	High level modelling of Care Closer to Home possibilities/needs
Wednesday 6th June 2018	What Matters to You event	Open dialogue with public and gathering feedback & suggestions
Wednesday 6th June 2018	What Matters to You event	Open dialogue with public and gathering feedback & suggestions
Thursday 7th June 2018	NA	Ratified public information leaflet circulated, public email to make contact and dedicated section of website launched
Wednesday 13th June 2018	South GP Locality Workshop	Developing possibilities for Phase 2 Case Management model
Thursday 14th June 2018	Shrewsbury/Central GP Locality Workshop	Developing possibilities for Phase 2 Case Management model
Wednesday 20th June 2018	North GP Locality Workshop	Developing possibilities for Phase 2 Case Management model
Tuesday 26th June 2018	North GP Locality PLT	Overview presentation and update on progress of programme & emerging Case Management model
Tuesday 10th July 2018	Shrewsbury/Central GP Locality Workshop	Overview presentation and update on progress of programme & emerging Case Management model
Wednesday 25th July 2018	Stakeholder Event (patient reps, GP's, providers, voluntary & care sector)	Progress update on Programme, and emerging Case Management model
Friday 14th September 2018	MP and Oswestry Health Group	Overview and update on Care Closer to Home Programme
Wednesday 19th September 2018	Voluntary & Care Sector Assembly	Overview and update on Care Closer to Home Programme
Wednesday 19th September 2018	Shropshire Patient Group	Overview and update on Care Closer to Home Programme
Thursday 20th September 2018	Shrewsbury/Central GP Locality Workshop	Overview and progress update on programme, and the Case Management model
Thursday 25th October 2018	North GP Locality Meeting	Update on journey of Phase 2 (Case Management) and use of their input.
Friday 26th October 2018	Shropshire Making It Real Board	Overview and progress update on Shropshire Care Closer to Home

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Title of the report:	Report to the Joint HOSC on the Telford and Wrekin Neighbourhood Working programme
Author of the report:	Tracey Jones
Presenter:	Debbie Vogler and Pam Schreier in attendance

Purpose of the report

To provide the Joint HOSC with an overview of the Telford and Wrekin Neighbourhood Working programme and how this aligns with the Future Fit reconfiguration.

Summary

This document presents a position statement on Neighbourhood Working. It has been produced as an update to inform wider discussions around Future Fit. The report revisits some of the underlying principles and vision before moving onto highlight some of the main changes in the national and local context which have, and will continue to have, an influencing factor on the programme. It also considers progress and next steps for each work stream and provides a brief activity and finance update on the agreed projects.

Recommendations:

The Joint HOSC is asked to:

Receive the Telford and Wrekin Neighbourhood Working programme report.

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Telford and Wrekin: The Community Solution Across Health and Social Care

Paper for Future Fit Programme Board

1. Background

In 2015 the CCG and Council began work on a collaboration to design and deliver a programme called 'Neighbourhood Working' across Telford and Wrekin. This programme was adopted as part of the Shropshire, Telford and Wrekin STP. Neighbourhood Working encompasses all elements of community based developments including volunteering, development of community health services and joint working between GP practices. The work includes a broad range of changes which aims to improve quality of life for the people living in Telford and Wrekin and amongst other aspirations will reduce admissions to hospitals. This will be achieved through primary prevention, strengthened community support and by taking a more proactive approach for patients with known illness. In the summer of 2017 the CCG outlined their current position around neighbourhood working in the Pre Consultation Business Case (PCBC) which was produced to support the acute reconfiguration known at that point as Future Fit.

This document presents a position statement on Neighbourhood Working. It has been produced as an update to inform wider discussions around Future Fit. The report revisits some of the underlying principles and vision before moving onto highlight some of the main changes in the national and local context which have, and will continue to have, an influencing factor on the programme. It also considers progress and next steps for each work stream and provides a brief activity and finance update on the agreed projects.

2. The vision and guiding principles

There has been significant change across health and social care over the last few years both locally and nationally. This has included policy change, central directives on the inclusion/delivery of certain services, an increased 'command and control' culture from NHSE and increased demands on both health and social care budgets. There has also been a growing body of publications which aim to guide commissioners and providers on new ways of working to promote innovation and integration. Despite all these changes the underpinning principles agreed in 2014 as part of the Future Fit work are still relevant and act as a useful guide; in particular 'Home is Normal', 'Empowerment' and 'Integrated Care'.

The vision for Neighbourhood Working also remains applicable with an overarching theme to improve resilience and independence. The approach evolved as a response to a series of issues which are ever present in Telford and Wrekin. These include the need to challenge the current deficit based model of care which promotes dependency. Budget cuts coupled with an increased demand on statutory services have created further financial pressures across health and social care in 2017/18. There is still a heavily acute hospital dominated health system across Telford and Wrekin.

The Council and CCG continue to respond to these challenges in seeking to maximise opportunities associated with creative solutions. Developments aim to address peoples personal goals and support the growth of vibrant and health communities which promote independence. Plans are progressing

to move care traditionally delivered in hospital settings within peoples own homes or in community settings. Integration remains fundamental to new models of care in Telford and Wrekin, bringing together professionals from different organisations and professions to mobilise care around the patient.

The Neighbourhood Working programme is a complex set of activities bringing together all aspects of community centred approaches. There is no single model of care, rather this is a collection of approaches and services each with their own description all contributing to the achievement of the outcomes below:

- Communities will be connected and empowered
- People will stay healthy for longer
- Clinical outcomes will be optimised for patients
- Services will be available closer to home for patients
- People will feel support during times of crisis (both physical and mental health)
- People and their carers will be supported at the end of their lives

3. Changes in the national and local context

During the last 12 months there has been a growing momentum around locality and neighbourhood working throughout the country. Many areas are looking to implement place based approaches which include a strengthened community response as well as a move to self-managed integrated teams. This is illustrated in the Primary Care Home's 'transformed state' and described well in the following link https://www.youtube.com/watch?v=3YdlV1DsK54&feature=youtu.be. This increased national focus has led to a sharing of information, particularly case studies, about what has happened elsewhere in the country. Telford and Wrekin are now part of a regional network to support these developments which provides a forum to share the latest guidance and consider the challenges in a supportive environment.

There have been some key issues across the local health economy which has had an influencing factor on the programme. The 'Right Care' programme has indicated a need for improvements in care for people with CVD and diabetes. Latest Rightcare data (November 18) has indicated further opportunities in the management of Respiratory conditions. As such these have been adopted as the key clinical priorities for the CCG and will be built into all aspects of the programme particularly with healthy lifestyles, early identification of disease and improved management in primary care.

Over the last year there has been more activity in hospital than planned. This and other contributing factors have worsened the financial situation for the CCG. It now means that the projects within Neighbourhood Working are expected to deliver both financial savings as well as quality improvements. Their financial pressures are mirrored across the local health economy.

There are also increased pressures in the local urgent care system. A&E performance remains a challenge and a proposal has been made to temporarily reduce the opening times of the emergency department at the Princess Royal Hospital. This expedites the need to consider alternatives to hospital solutions to support people in the community as well as keeping people well.

4. Progress against each of the 5 work streams of neighbourhood working

Over the last year the CCG and local authority have had a continuous process to review and progress all aspects of Neighbourhood Working. The activities are now grouped into five work streams. The tables below consider each of the work streams in turn outlining an overview of the work, progress made and next steps.

5.1 Work stream one: Prevention & Encouraging Healthy Lifestyles

Prevention & Encouraging Healthy Lifestyles

What is included in the work?

The work stream aims to support people to stay healthy with a combination of approaches for the whole population and targeted programmes for priority groups in Telford and Wrekin.

The work stream was added to the programme during 2017. Many long term diseases are closely linked to known behavioural risk factors. With at least 80% of all premature heart disease and over 40% of all cancers prevented through healthy diet, regular exercise and not smoking. Local data continues to highlight the high number of admissions associated with preventable disease. In particular around alcohol and obesity.

The work stream includes a range of activities and interventions to help improve healthy lifestyles, supporting people to make healthy life choices. The work has been driven by the Health and Wellbeing Board, led by the Council and improving healthy lifestyles is a priority for Telford and Wrekin. Whilst this is distinct work stream there are clearly links between this area and other projects.

The Healthy Lifestyle Service is provided by Telford and Wrekin Councils Health Improvement Team. The team consists of a small number of Advisors who support local people to make improvements to their lifestyle with a particular focus on healthy eating, weight management, emotional health and wellbeing, physical activity, reducing alcohol consumption and support to quit smoking.

What progress has been made?

Achievements:

- Healthy Telford has 3,359 twitter followers (75% Telford residents). Our average engagement rate is 1.2%, considered ‘very good’ and the newsletter distribution list has 1,444 subscribers including professionals and volunteers working with vulnerable residents.
- Trained 550 staff and volunteers to ‘Make Every Contact Count’ - learning how to successfully raise a lifestyle issue with an individual and where to direct them for further support if needed.
- Coordination and delivery of ‘Active Signposting’ training to 140 Practice reception staff.
- Provided lifestyle advice to 17,378 people, brief interventions to 27,087 and completed health checks with 2,689 people. 1503 people referred to the service committed to a Personal Health Plan with 61% achieving their primary lifestyle goal. 79% had one or more long term conditions. 11,620 referrals were made (including signposting) to support services and community projects provided by partner organisations to support people to achieve their lifestyle goals.
- Successful transfer and integration of the Healthy Families Service and Quit Smoking Service

into the overall service offer for Healthy Lifestyles.

- Simplified pathways, data recording and administrative processes – 80% of advisor time is now spent directly with people wanting to make improvements to their lifestyle.
- Improved engagement with General Practice and wider NHS partners - now making up 73% of all referrals to the Healthy Lifestyle Service.
- Weekly healthy lifestyle clinics in all but one Medical Practice across Telford - some GP clinics have increased from 1 half-day session to 2 full days due to the clinics being 100% booked and the GP's being encouraged by the positive outcomes achieved by patients along with a reduction in GP visits.
- Worked collaboratively with the Midlands Partnership NHS Foundation Trust to address the physical health needs of patients on the psychosis pathway particularly those patients with low self-esteem and where medication has led to weight gain.
- Achieved a 54% increase in the number of people with long term conditions committing to a Personal Health Plan - this can be attributed to our increasing work with the musculoskeletal team and clinics within Euston house and the hospital, raised presence in the practices and more structured health care professional referral pathways for clients with long term conditions into the service.
- Secured £90,000 over three years from the British Heart Foundation (Sept 18) to implement a community blood pressure monitoring programme.
- Worked collaboratively with partners to produce the Annual Public Health Report – Tackling excess weight and obesity. The report summarises 40 high level actions that the council with partners will prioritise over the next 12 months and makes 24 recommendations for key partners.
- 30 local Pharmacies (79%) have achieved their Healthy Living Pharmacy Accreditation (Level 1) which recognizes the positive contribution of pharmacies too promoting health, wellbeing and self-care.
- Established governance arrangements for the Living With and Beyond Cancer Programme (system wide across the STP); collaborative programme funded by Macmillan Cancer Support for three years. The programme is hosted by the Shrewsbury and Telford Hospitals in partnership with: local people living with and beyond cancer, Telford and Wrekin and Shropshire Commissioning Groups, Powys Health Board, Shropshire Council and Telford and Wrekin Council, Macmillan Cancer Support, Severn Hospice and The Lingen Davies Cancer Fund. Programme includes two new posts funded by Macmillan and hosted by SaTH.

What are the plans for the future?

- On-going implementation of the Making Every Contact Count Training programme with a focus on our adult social care workforce.
- On-going delivery of the Healthy Lifestyle service.
- Working with partners to develop our approach to social prescribing - whilst our approach for healthy lifestyles is well developed work is required to develop our local programme. This will include further development of our referral pathways, identification of more link workers, community arts programmes, community learning (including Reading Well programmes) and strengthening links with services that provide local support for social issues (unemployment, welfare and debt).
- Leading a whole system approach to reducing excess eight and obesity.
- Implementation of the Community Blood Pressure Testing programme.
- Implementation of the Living With and Beyond Cancer Programme.

5.2 Work stream two: Community Resilience

Promoting Community Resilience

What is included in this work?

The council and NHS, together with the third sector, have vital roles to play in building confident and connected communities as part of efforts to improve health and reduce health inequalities. Community-centred approaches seek to mobilise the assets within communities, promote equity and increase people's control over their health and lives. Telford and Wrekin Council, working with partners, has a long history of neighbourhood working. Over recent years we have seen a significant increase in the active involvement of residents within their neighbourhoods. This activity includes higher rates of volunteering, establishment of new community based groups and delivery of projects and some services by community organisations. While many people already make a contribution to community health, this work stream recognises that more could be done to realise the full potential of communities and address social exclusion. The assets within communities, such as the skills and knowledge, social networks, local groups and community organisations, are building blocks for good health.

Our approach has been to:

- Strengthen communities - through community development, asset based methods and developing social networks
- Develop volunteer and peer roles - enhancing individuals capabilities to provide advice, information and support or organise activities around health and wellbeing in their communities
- Develop collaborations and partnerships – working with health partners, communities and the voluntary sector to design and or deliver services and programmes
- Improving access to community resources – connecting people to community resources, information and social activities

Ref: A Guide to Community Centred Approaches for Health and Wellbeing (2015: NHS England & PHE)

What progress has been made?

Restructuring of the public health team to create four Health Improvement Practitioner roles to support this work stream

A number of projects were identified as priorities in 2016. These projects are listed below with a brief summary of progress.

Commissioning a Mental Health Hub

The Branches mental health hub was jointly commissioned by the council and CCG to provide practical and emotional support for people who are suffering with mental ill health and dual diagnosis. The Hub and its weekly programme of support groups and training courses attracts 750 attendances each month and is supported by nearly 60 volunteers. Case studies highlight how the hub has supported individuals through crisis and avoided attendance at A&E, admissions to the Section 136 suite and referrals to the mental health service.

Wellbeing Care & Support Networks

The Wellbeing Hubs Network is now recognised as an independent consortium led by T&W CVS. The network has 40 Members connected by the common aims to improve Community Care with people for people including care, support, housing and assistive technology. The network has established community 'Hubs' within Wellington and surrounding areas and hold regular 'Art of Wellbeing Events.' The Hubs coordinate community activities, provide local information and raise awareness of care and support across all ages.

The network has coordinated a number of community care initiatives. Examples include:
Living well with dementia in the community (SPIC, Wellington Library & CCG) - The 'Keeping Active Live well with Dementia Collection' is a service that increases dementia awareness and supports carers to be aware of a range of items available to include jigsaws, books, puzzles, DVD's, table top games, inflatable games and activities **Wellbeing Groups** – focussing on empowering family carers to keep resilient, avoiding crisis and breakdown, dealing with common challenges with others through peer-led support groups, a social scene, promoting health & wellbeing and strengthening personal networks.

Enterprising Communities

- Six community businesses have been supported in year one in extending their work into health and social care
- A further 35 community businesses and entrepreneurs have received support to apply for funding, access training and have been signposted to a range of other organisations.
- Work with Birmingham University has started to gather evidence to demonstrate outcomes and value.

Health Champions and volunteering

- 53 community Health Champions are taking an active role in improving the health and wellbeing of their local community
- 19 Feed the Birds volunteers have been matched with lonely and/or socially isolated people and are regularly visiting clients in their home on a weekly basis as part of the project
- 8 Community Connectors working in partnership with Citizens Advice Telford & Wrekin and CVS to support families at an early stage to prevent escalation of health and social care needs and higher tier support
- All volunteering programmes are evaluating well for improving the health and wellbeing of the client and the volunteer

Wellbeing for Carers

- A range of offers available to carers to access throughout their caring journey. This includes access to creative activities, education and wellbeing workshops – outcomes include improved wellbeing; personal resilience and improved connectivity with other carers reducing isolation.

Establish a virtual system to capture community assets

- Live Well Telford is in the development phase – progress includes: stakeholder engagement; migration of data and information from existing systems; completion of live testing, website

configuration; and branding.

What are the plans for the future?

The ethos of community resilience is the golden thread that will run through all the elements of Neighbourhood Working. The Council's health improvement team and community participation team will support developments; commissioning (including any procurement) work will consider how it can promote resilience through social value and new initiatives/projects/innovations are planned as the community drives change. Mores specific areas include:

- Recruitment of additional volunteers.
- Launch of the community directory 'Live Well Telford' to allow people to access information and advice easily and be signposted to the care and support they may need in order to help themselves or those they care for.
- The public health team will work to produce locality plans in each of the localities providing a strong leadership role at strategic and community level. These plans will include elements of the healthy lifestyle work identified in work stream one and will also focus on broader health and wellbeing outcomes including reducing excess weight and obesity, smoking and addressing social isolation. They will bring together key partners including voluntary sector and general practices. They will co-produce improvement plans which will include consideration of assets such as; skills and knowledge, social networks and infrastructure. The team will focus on building community capacity to support development of our social prescribing programme with a focus on physical activity and arts and health.
- Establish the links for partners to support work around 'Compassionate Communities' with the Hospice.

5.3 Work stream three: Direct care in the community

There are a number of key developments within this work stream that provide additional capacity in the community. They all have a strong 'health' focus and an aim to promote integration across health and social care. They each bring together professionals from different organisations in a multi-disciplinary team approach to proactively care for patients who already have developed illness or have significant risk factors. The teams will all help people stay well in community settings and provide either links to, or provision for patients as an alternative to hospital should their condition exacerbate

5.3.1 Care Homes

What is included in this work?

The CCG has commissioned a dedicated multi-disciplinary team to support local care homes, providing inspiration and support to facilitate care home staff to provide confident, comprehensive care until the end of life for their residents. Evidence has shown that a focused, targeted approach can help to achieve the anticipated reduction in avoidable unplanned admissions to hospital from care homes.

Team objectives in the first year:

- Reduce attendances and admissions to hospital from 6 early focus homes by 9%
- Develop protocols/pathways and support to use these for the following: Delirium, UTI,

pneumonia, dehydration, end of life and falls

- Ensure Emergency Passports are in place for residents in 6 early focus homes
- Implement Red Bag scheme in 6 early focus homes
- Increase in number of Advanced care plans and DNARs

What progress has been made?

The team are now in place embedded within the Rapid Response team. The profile of rapid response has been raised; an increase in calls to the team has been observed from the targeted care homes with staff contacting the team first rather than dialling 999 when they are worried about a resident.

Following an intervention by rapid response (whether patient is admitted or not), the team support the care home to carry out a route cause analysis to understand what happened, why, and how it can be prevented from happening in future.

In addition to the reactive work described above, the team are carrying out a supporting function which focuses on prevention and proactive working, specific to the needs of the home and residents, including more intensive input following training provided by Shropshire Partners in Care (SPIC).

The team have successfully formed working relationships with the dementia workers and have been actively raising the profile of dementia within care homes, in addition to participating in neighbourhood MDT meetings.

- In June 18 the team commenced an intensive roll out of "Emergency Passports" for the residents in the six targeted homes. There are documents providing a snapshot of an individual's "normal" function and behaviour to aid paramedics in their decision making. Feedback from homes and WMAS has indicated that this is impacting on the need to convey patients to hospital.

- The team have been working with the hospitals and the Dementia Team to develop a "Red Bag Scheme" which has been evidenced as successful by the Vanguard sites (http://www.suttonccg.nhs.uk/News-Publications/news/Pages/The-Red-Bag--Improving-life-for-care-home-residents.aspx). This scheme is a transfer pathway designed to support care homes, ambulance and acute hospital on transition between in-patient and care homes and went live in the six early focus homes on 15th October 18. This scheme is to be nationally mandated in March 2019.

In addition to falls prevention awareness, the "I-Stumble" protocol has been implemented in the six homes by the team, which is a tool aimed at care homes for use in assessing falls, and includes guidance for staff on what to do during and after a fall, and when it is appropriate to call 999.

The team have been collating case studies and feedback from homes to demonstrate impact and admission avoidance. As of month 5 project performance was on track demonstrating an 8% reduction in cost and performing 7% above target for expected reduction in non-elective activity (*NB the numbers are very small*).

This project is working with a small cohort of patients and will not necessarily impact on the way it "feels" at the front door of A&E. This project is about improving quality of life and experience for

patients living in care homes and their families (for example, dying in their preferred place), whilst delivering a small NET saving to ensure sustainability of the team.

What are the plans for the future?

Over the next three years the care home team will increase the number of care homes they are working with, adapting their approach as appropriate. More specifically during the next 12 months the teams will:

- Roll out of Emergency Passports across 30% of care homes in Telford and Wrekin (by April 2019).
- Implement phase 2 of Red Bag Scheme in additional 6 homes (January 2019)
- Implement phase 3 of Red Bag Scheme in a further 6 homes (March 2019)

5.3.2 Integrated Teams

What is included in this work?

The development of integrated teams is one of the most fundamental projects within the neighbourhood working programme. The aspiration is to form dynamic, integrated teams who will have a strong emphasis on building resilience (in individuals, families and communities), early intervention and prevention when delivering care. The teams will consist of people from multiple organisations, harnessing the skills and knowledge of the professionals working within them. The patients who will be targeted will be those in the 'medium risk' cohort as defined by a risk stratification tool.

The team *functions* are as follows:

1. *Find the patients*: Proactively case finding (includes use of risk stratification tools but not limited to e.g. contacting patients over the age of 80)
2. *Form a team around the patient*: Deliver a multi-disciplinary approach to looking after a patient e.g. establish joined up processes, strong relationships, sharing information, holistic view of the patient
3. *Prevent deterioration*: Preventing deterioration of patients to prevent future admissions by supporting patients with long term conditions to manage their illness (i.e. "tomorrow's admission")
4. *Prevent admission*: Ensuring care plans in place, outlining what support is available for patients in crisis and making links with services such as Rapid Response.
5. *Improve clinical outcomes for CVD and diabetes*
6. *Inspire*: Establish the "One Team" ethos, team around the patient, to influence and inspire current workforce to change their ways of working

The *interventions* that the team will deliver are as follows:

A) Find the patient
B) Carry out multidisciplinary assessment (bio-psycho-social)
C) Develop Care Plans
- Mapping networks of informal care
- Identify formal care needs
- Care delivery
- Supporting the patient in their usual social environment

D) Interventions:

- Promoting self-care and independence
- Connecting people to community help and support
- Therapy interventions (mobility, activities of daily living, dietary)
- Nursing support (comprehensive assessments, signposting, coordination of care, health education, administration of drugs)
- Addressing loneliness and isolation, housing issues, financial, relationships
- Offer a point of contact for patients and their carers

The team *formation:*
Direct team: Nurses, occupational therapists, psychological wellbeing practitioners, care navigators, early help and support workers, social worker, speech and language therapist and dietician.

The following people will be include in a wider virtual team

The number of teams has yet to be determined and recommendations will be made once the prototype team are in place (as detailed below)

What progress has been made?

The original plan was to align existing professionals from Shropshire Community Trust and the Council to each of the four groupings of practices to form close working teams. The community nursing teams from Shropshire Community Trust have begun that alignment with groups of practices. Similarly workers from the local authorities have been linked to practices. Multi-disciplinary team meetings have taken place in two of the four localities to discuss better joint ways of supporting identified patients.

Whilst these activities have led to some improved working relationships and improvements for individual patients, the different organisations (and staff working within them) were finding it difficult to change culture, introduce new ways of working and create new joined up working practice/processes whilst delivering their existing 'day job'. In addition too much responsibility was given to the practices to drive the processes and changes without sufficient managerial support. The scale of work now needs to be increased to achieve the changes quicker and harness the motivation and enthusiasm across Telford and Wrekin to work in a different way. It has been recognised that the change needs to be provider led to be effective. A significant amount of learning has been achieved during this work e.g. the initial geographical split of teams across practice populations is not effective and a different approach to align teams to primary care networks is needed.

What are the plans for the future?

In order to develop integrated working more quickly a proposal has been agreed to form a completely new team who will be responsible for both the design and testing of a sustainable integrated model of care. This team will be the catalyst for the transformation of community

services, creating a detailed prototype with proven benefits that can be rolled out across the whole CCG area.

The team will reduce the number of people at risk of being admitted to hospital by better supporting patients. It will be formed from existing service providers who will work together in partnership under an Alliance arrangement. The host provider will appoint a Project Lead to manage the transformation project. The Project Lead will co-ordinate activities across the alliance partnership (or similar mechanism) and oversee and provide direction to the team to ensure the solution is outcome focussed and can be rolled out at scale.

The main priority for this team will be to target those patients in the second tier of the at risk triangle. There are currently limited services available to support these people so very often their conditions deteriorate, their needs escalate and they end up being admitted to hospital. The team will find the cohort of patients who would most likely benefit from intervention, deliver interventions and monitor the results. A bid for funding has also been submitted via the STP digital workstream for an intelligence tool that will enable the measurement of the impact on the whole system (e.g. savings to primary care, number of acute beds saved).

A team will be mobilised quickly to find a solution that works for Telford and Wrekin. It will draw on the national findings and utilise a PDSA (Plan Do Study Act) type of improvement methodology to implement change, and then amend working practice according to the results. As part of their work they will help to inspire and motivate the current community staff and roll out the model to ensure a sustainable solution is reached. The team will be given the remit that they are “safe to fail”, and supported to test ways of working and change what is not effective first time.

The people delivering this model need to be the people to design it and drive it forward. It will take 3 months to get the team in place, a further three months to design the processes and begin some delivery of care, then a further 6 months to refine the prototype so it is fully functioning and maximising the opportunities for the cohort of patients it is serving. During that time some in roads should also be made into improvements with other teams.

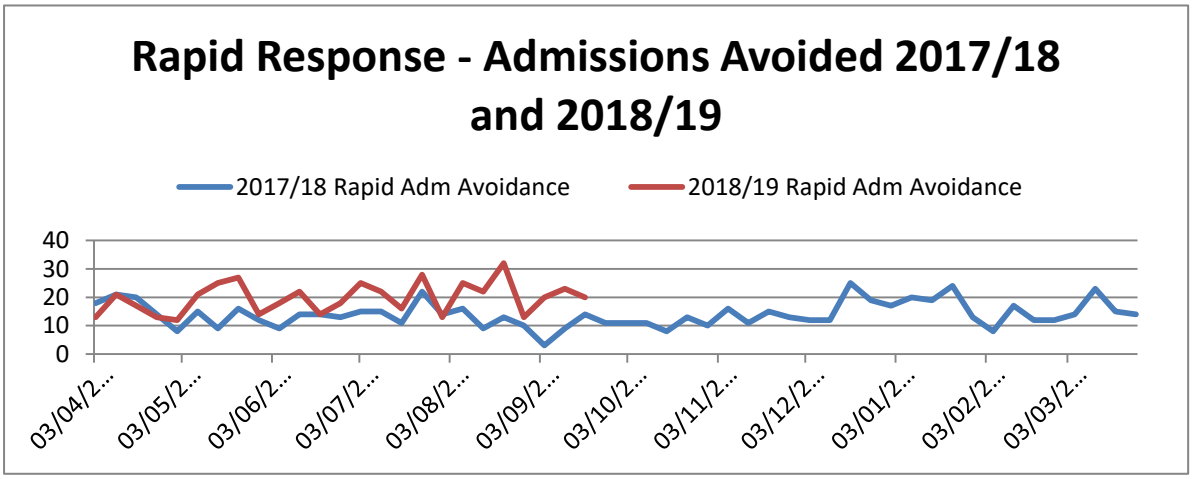
5.5.3 Rapid response

What is included in this work?

The Rapid Response Team provides urgent clinical interventions to support patients in their permanent residence (home or residential home). The criteria for referral is that the patient’s condition must be due to a deterioration in health condition that without rapid clinical intervention would require an admission to the emergency department or acute medical unit. Response is within 2 hours of referral. The service is in place from 8am -10pm 7 days a week

What progress has been made?

Other the past few years the capacity of the team has been increased and working relationships/processes with the local authority, WMAS, SaTH and practices has improved significantly. This has led to an increase in the number of patients supported and admissions prevented. The graph below illustrates the increase in admissions avoided this year compared to last



What are the plans for the future?

However, there are a few changes taking place which will increase referrals to the team and ensure the current capacity is maximised.

- Better links with care homes to prevent admissions as detailed in section 5.3.1.
- An improved access point to ensure GPs can easily refer to the team
- Rapid response will develop joint working protocols with the new prototype team. Patients supported by the prototype team will know who to contact in a crisis (i.e. rapid response) and this will documented in their care plan. Patients who are supported by rapid response team during a crisis will be stepped back down to the prototype team after stabilisation.
- Consideration of the skills and competences within the team to make better use of the resources e.g. nurse prescribing.
- Inclusion of the team in the 'frailty front door team' as detailed below in 5.5.4
- Introduce Emergency Passports to patients at risk, who live in their own homes

N.B. No additional activity/finance savings are included against the rapid response team per se, instead they will fall under savings for care homes and frailty front door. This will avoid any duplication

The requirement to further consider how avoidable admissions for those in the under 75 age group can be realised may expand the role and capacity within the team. This work is in its formative stages and is being clinically led by a Board GP.

5.5.4 Frailty front door

What is included in the work?

In 2017 a dedicated frailty team was introduced in Royal Shrewsbury Hospital (RSH). There is now a plan to develop a similar model based in PRH supporting admission avoidance before and at the Front Door of the Emergency Department (ED) and through ED/AMU/ CDU. The model (supported by the Acute Frailty Network) is based around three inter-linked processes:

- *Admission avoidance before the Front Door*: The Frailty Front Door team (FFD) acts as a triage for WMAS, CCC, Care Homes, SPOA, GPs to divert patients to community options including Rapid Response/ ICT before and instead of conveying to hospital

- *Admission avoidance at the Front Door*: The team will be based within ED/ CDU and AMU. They will meet frail patients at the front door so they can divert or turnaround if necessary. They will ensure timely diagnostics and assessment are carried out before discharge from ED/ ADM/ CDU. The Team will follow the patient and/or co-ordinate with other community teams for alternative support

- *Shorten Length of Stay*: the team will work within ED/ AMU/ CDU to produce care plans so if the patient is admitted to the deep bed base there is already a plan for discharge

Team make up

The intention is to utilise current staff to support this early identification, treatment and risk assessment and planning for frail patients. This includes SATH clinicians, SATH Frailty Team, Rapid Response who currently attend ED, TICAT social workers and Matron, carer workers and independent sector capacity (British Red Cross). A recent plan do study act (PDSA) cycle has suggested that additional staff are needed (Senior Doctor, Emergency Care Practitioner and therapist). The team will also liaise and work with GP Streaming, CCC, WMAS, primary care and community teams to link into existing frailty expertise, resources and skills.

[NB At the time of writing the issue of funding has not been finalised i.e. who will fund the additional costs and what the costing structure will be for payment of either the team or the activity]

Expected benefits

- Improved patient experience delivering care in the right place at the right time in line with patient choice and care need
- Improved use of system capacity to meet patient care
- Reductions in conveyances to SATH
- Reductions in emergency admissions, length of stay and occupied bed days
- Some impact on 95% ED target
- Support the implementation of Criteria Led Discharge through care planning in ED
- Support implementation of End PJ paralysis through care planning in ED
- Improved dignity in dying
- Seamless/integrated working between acute and community teams

Potential savings

Evidence and audits including the recent 6 As Audit show at least 15%+ of admissions are avoidable and 40-50% of patients stay in hospital longer than clinically needed. Strategic CSU analysis suggests there is potential to reduce admissions by 5-6 per day and reduced occupied bed days c6000 per year.

Admission avoidance targets *before the Front Door* have been identified as 4 per day, due to reduced conveyance to hospital.

Admission avoidance *at the front door*: The initial working assumption is to achieve an 8% reduction in A&E conversions to admissions (75+ years based on identified procedures) for the Frailty Team at the Front Door. This equates to 1 patient not being admitted per day

Activity	8% reduction	16/17 Spend	8% saving
3,431	274	£9,909,879	£712,790

What progress has been made?

Admission avoidance before the Front Door

Planning meetings have taken place with WMAS and SCT to develop admission avoidance schemes. Current actions include:

- Rapid Response team are working with the crews at Donnington Ambulance station to review live information on conveyances. The weeklong PDSA in October 2018 to test the impact of this approach i.e. rapid response working alongside crews diverted 15 calls. During this cycle there is a target to reduce two admissions per day.
- Rapid Response team are working with the crew member from Donnington Ambulance station to act as first responders to calls when identified on the WMAS CAD system. This commenced on 2nd November and will continue for the month. The first week averaged 3 visits a day.
- Rapid Response is working with high admitting GP practices. A Rapid Response nurse makes direct contact with the duty GP and encourages referrals for patients whose admission could be avoided. This commenced from 29/10/18 to test the approach. A third practice is committing to work with this approach. Again, there is a target to reduce two admissions per day.
- All new patients to Rapid Response will have a completed Emergency Passport as part of their intervention. This will commence from 19/11/18 as a trial and review.

Admission avoidance at the Front Door

- A PDSA was carried out in July creating a temporary team from existing resources to measure the potential impact of the change and consider which model would work best. This identified the need for additional capacity of senior doctor; emergency care practitioner and therapist.
- A '6As audit' of inpatients at PRH highlighted that 20% of admissions could have been managed in the community and a significant percentage could have been discharged earlier. This highlighted the opportunities associated with a different model
- Existing capacity (Rapid Response, social worker and SATH therapists) continue to attend the hospital to identify patients whose admission could be avoided

Shorten Length of Stay

- Frailty scoring being completed at PRH

What are the plans for the future?

Whilst the principles of the service have been agreed, the team will utilise PDSA methodology to test and evolve their approach. This will also help to better assess the impact of the change and which interventions maximise admissions avoidance. Key next actions include:

- Seek agreement for additional staffing to fully implement Frailty at front Door of PRH
- Further improve pathways within ED to maximise potential for admission avoidance
- Continue to develop admission avoidance before the Front Door using PDSAs to maximise

learning and impact
- Monitor impact against the targets

5.4 Work stream four: Speciality Review

Speciality Reviews

What is included in this work?

In addition to undertaking work around healthy lifestyles, community resilience and development of teams to provide care in the community it was agreed that speciality reviews should be carried out to improve care from prevention through to end of life. The initial priorities for action were to consider the respiratory pathway, hypertension and diabetes. These reviews consider information on clinical outcomes (particularly from Right Care), best practice guidance and local intelligence on areas for action. Cross cutting themes are also considered to ensure that a single disease focus is not reinforced and more holistic solutions are considered. The reviews consider all elements of the pathway. This ranges from the promotion of prevention programmes to avoid development of the disease, early intervention, delivery of care and support in end stages of the disease.

What progress has been made?

The right care methodology was utilised for each area with the production of project plans and logic models. After considering a breadth of information key areas for action were decided and changes implemented. Some of the progress against those plans are considered below:

Diabetes

- An aspirational 'three tier' model of care was developed with local stakeholders including patients.
- Funding was secured from NHSE to implement changes around enhanced patient education and to improve treatment targets
- Additional diabetes structured education classes were commissioned which are now up and running including shorter 'taster sessions'
- A GP incentive scheme was carried out to help improve achievement of the three clinical treatment targets. Most practices achieved their defined goal
- The National Diabetes Prevention Programme commenced in April 2018

Respiratory

Telford and Wrekin already had well established respiratory services, with the specialist community teams working well with both practices and acute clinicians.

- Self-Management Coaching and Workshops were commissioned for COPD patients at the greatest risk of admission (as identified by the Respiratory Specialist Nursing teams and GPs). The first workshop started in June 17 provided by the British Lung Foundation.
- IAPT workers were recruited and trained to work as part of the integrated Respiratory Team. Named workers are now aligned to the team to provide LTC specific IAPT support. Initial figures suggest a decrease in admissions after receiving support from the IAPT workers
- These and other actions have helped to reduce costs associated with respiratory admissions (approx. £100k) and the CCG is achieving well in the various performance metrics outlined in Right Care. Whilst Telford and Wrekin are considered to have achieved best practice in many areas, recent Right Care data (November 2018) has identified that there is further opportunities for the CCG to improve. A cross agency group has been established to explore these opportunities further.

Hypertension

The main aspirations were to increase the reported to estimated prevalence of hypertension, improve management of blood pressure and as a consequence see a reduction CVD related admissions. During 2017 a range of activities were undertaken which included staff awareness sessions and trialling the use of modern technology in practices to detect problems. There was also a workshop including national organisations (e.g. British Heart Foundation), patient groups, voluntary sector organisations (e.g. the rotary group) and providers. The work around health promotion has continued throughout the year led by the public health team and a successful bid was made to the British Heart Foundation to support the work. This is still seen as a priority area and from here on in will be included in the wider CVD programme described below in future plans.

What are the plans for the future?

The most up to date information indicates that the CCG still has some of the poorest CVD related outcomes when compared to its peers from elsewhere in the country and significant opportunities for improvement. Therefore there has been a renewed focus on cardio vascular disease including both diabetes and hypertension with a clear commitment from the CCG to improve health in these areas. An all new comprehensive CVD programme is being launched. A logic model and action plan has been drafted to demonstrably improve performance across these areas. Key actions include:

- Implementation of the 'Bradford Healthy Hearts' programme including a full communication plan and practical changes to achieve medicines optimisation
- Improvement in the management of diabetes within primary care to better meet local need. This will include practices working together to share best practice and introduction of initiatives such as targeted multidisciplinary clinics for those patients most vulnerable
- A more innovative and flexible approach to the delivery of structured education will be taken to ensure it is accessible to target groups
- Improved diabetic foot care

5.5 Work stream five: Primary Care Networks

Primary Care Networks

What is involved in this work?

Refreshing NHS Plans for 2018-19 set out the ambition for CCGs to actively encourage every practice to be part of a local primary care network so that these cover the whole country as far as possible by the end of 2018/19. Primary care networks will be based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. Since publication of the planning guidance NHSE have developed further guidance on definitions and a tool to assess maturity. The following video provides a useful explanation.

https://www.youtube.com/watch?v=W19DtEsc8Ys

What progress has been made?

Whilst the term 'Primary Care Networks' has only recently been introduced, as part of Neighbourhood Working and the implementation of the General Practice Forward View, practices have been considering how they can work together more closely. They formed into groupings of four localities across Telford and Wrekin. Both the approach and the extent of change have been quite

different in each of the areas but some progress has been made in all areas. Some examples are outlined below:

- Work across the 7 practices in South East Telford to align the vision, share learning, improve care (e.g. alcohol/substance misuse pathways) and agree practical ways of working together (e.g. production of a single website). The group have also taken steps to create a coherent approach to improve the management of diabetes
- Delivery of 'extended access' on behalf of other practices
- Development of a clear vision for Newport by the two constituent practices who became an early implementer 'Primary Care Home' sites
- Testing of the 'super practice' model by TELDOC achieved through merging a number of local practices. They are currently in the process of systematically unifying processes and practice and have ambitious plans to increase efficiency across the sites. They also have some innovative models of care planned to improve care including speciality based clinics and improved pathways for frail older people

What are the plans for the future?

The CCG will work with the practices to explore the notion of primary care networks. To aid this thinking a work shop style meeting will be held with practices. This will help illustrate the different models, the benefits of different ways of working and any national guidance/supporting documentation. It will also provide thinking time to consider whether current groupings are appropriate and define aspirations for the future. It is suggested that groupings of practices are referred to as Primary Care Networks (rather than neighbourhoods) to avoid confusion with wider work. The maturity matrix will be used to assess current performance, which will inform plans to progress work as defined by practices themselves. In the future, primary care networks could be used as a basis for improved governance and planning across the CCG. Strengthened PCNs also form the local bones of a fuller Integrated care system.

5. Evaluation of the programme

During the development of the programme, a light touch PMO has been employed to help define projects, set KPIs for each of the work streams and aid reporting. A simple project management methodology has been useful in planning and assessing achievement against those plans. The use of logic models has also been useful to clearly articulate the inputs, outputs and anticipated outcomes.

However, as previously articulated this is a complex programme with multiple activities and stakeholders. In order to consider the impact of the programme overall, the Strategy Unit have been commissioned to produce an evaluation strategy. A logic model forms the basis of this evaluation and was co-produced with the key stakeholders.

It is vital that it is understood that the multiple projects within Neighbourhood Working are cross cutting and contribute to the same outcomes. A whole system understanding and approach is required to assess the true impact on people and measuring projects by individual monetary targets (i.e. reduction in non-elective admissions) is not effective and not an accurate representation of the impact on people. Rather than an over simplified, reductionist approach a more dynamic approach is needed.

1. **What are the revised activity trajectories?**

   In the PCBC a set of planned activity reductions were outlined against each of the known projects. As indicated in the progress report above a number of these have progressed/changed and new projects included. The table below summarises the revised predicted activity and financial reductions associated with each project. There is also an indication of the investment needed to achieve the change. In addition to these reductions, as per the PCBC, the work streams around healthy lifestyles and community resilience will help to reduce the impact of demographic growth. Therefore they are considered as part of employing a 'realistic' growth figure in projections for acute activity.

	18/19				19/20				20/21				21/22				Total impact			
	Activity reduction	Financial reduction	Investment	Net	Activity reduction	Financial reduction	Investment	Net	Activity reduction	Financial reduction	Investment	Net	Activity reduction	Financial reduction	Investment	Net	Activity Reduction	Financial Reduction	Investment	Net Financial Reduciton
		£000s	£000s	£000's		£000s	£000s	£000's		£000s	£000s	£000's		£000s	£000s	£000's		£000s	£000s	£000's
Activity reduction committed to in Pre Consultation Business Case	883	1668	1167	501	428	711	498	213	445	772	540	232	438	723	506	217	2194	3874	2711	1163
Neighbourhood Schemes in Delivery or with a development plan																				
Diabetes programme	27	52	23	29	24	46	0	46				0				0				
CVD programme (non elective)	95	180	0	180	89	65	46	19	89	65	46	19	89	65	46	19				
CVD programme (elective)					44	84	59	25	44	84	59	25	44	84	59	25				
Care Home Support Team		117		117	19	67		67	10	37		37	5	11		11				
Development of integrated teams *					243	462	220	242	243	462	220	242	243	462	220	242				
Frailty Front Door (before the front door)					91	237	166	71	91	237	166	71	91	237	166	71				
Frailty Front Door (at the front door)					205	534	320	214	69	178		178				0				
Respiratory	110	209	8	201																
Total Schemes in Progress	**232**	**558**	**31**	**527**	**715**	**1495**	**811**	**684**	**546**	**1063**	**491**	**572**	**472**	**859**	**491**	**368**	**1965**	**3975**	**1824**	**2151**
Balance - Schemes in development	**651**	**1110**	**1136**	**-26**	**-287**	**-784**	**-313**	**-471**	**-101**	**-291**	**49**	**-340**	**-34**	**-136**	**15**	**-151**	**229**			
Examples of schemes in early development																				
Urgent Care Under 75's Project									134	198	138	60	134	198	138	60	268	396	276	120
Respiratory Phase 2									41	59	0	59	41	59	0	59	82	118	0	118

In addition to a reduction in the number of admissions, projects may also contribute to a reduction in length of stay. Further work needs to be carried out as certain schemes have this as an explicit aspiration and when the impact is combined could lead to a small reduction in the number of beds needed for Telford and Wrekin. In particular, the care home project has already shown to reduce the length of stay for patients who are admitted from the 6 participating homes by 2 days. The frailty front door will also reduce length of stay by supporting discharge planning from the point of admission.

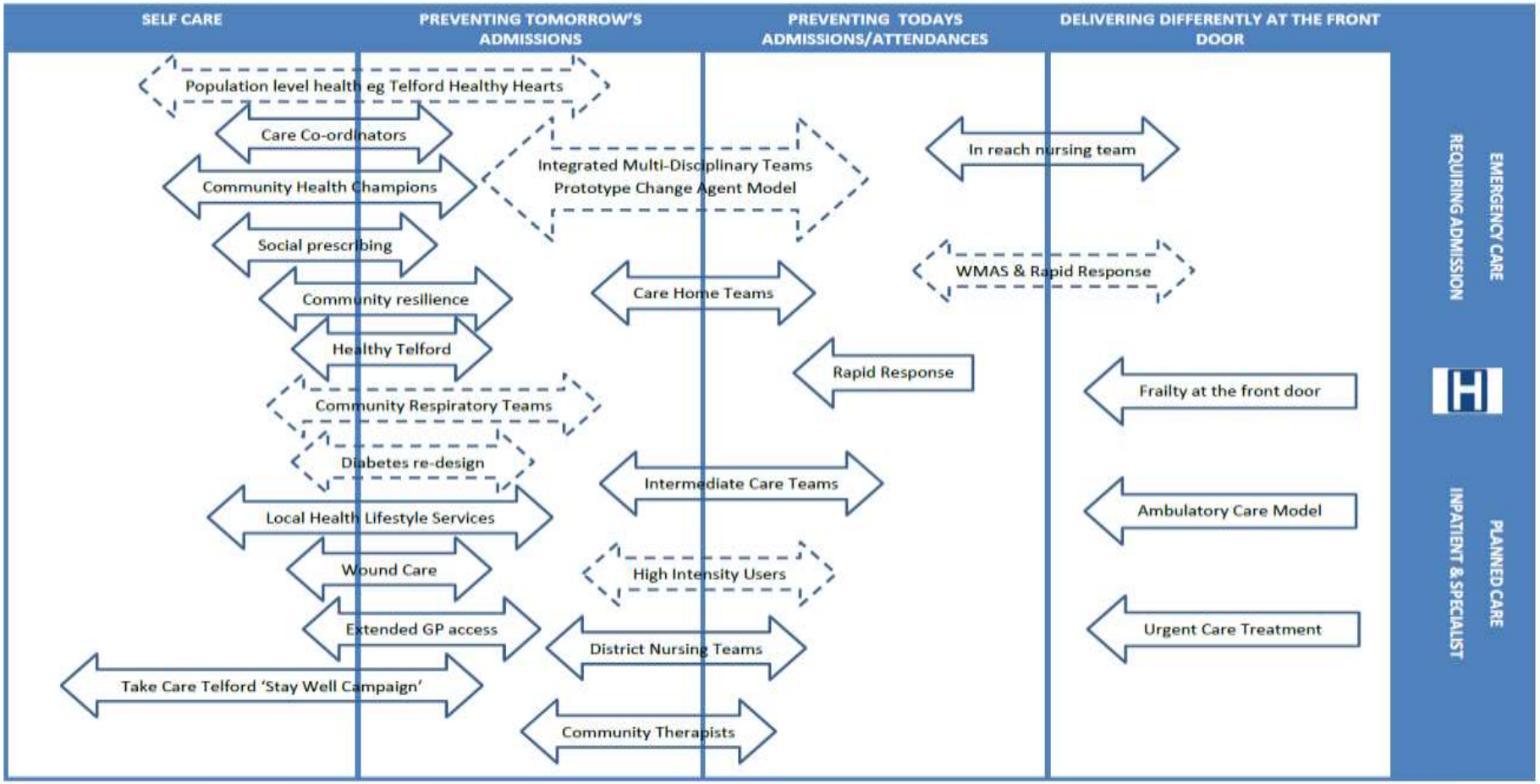
The finance lead for STP is currently creating a dynamic financial tool which will assist in the on-going work. It will allow assumptions to be changed and calculations revised as implementation commences and testing begins.

2. Conclusion

Neighbourhood Working across Telford and Wrekin has progressed significantly over the past 18 months. Relationships have been established, a series of developments have begun, new teams introduced and plans created to increase the pace of change in community based solutions. Appendix One describes the work in the context of demand reduction on acute care based on a multifaceted approach which addresses ill health across a continuum with an emphasis on prevention.

Together all these programmes have and will strengthen a place based approach but the momentum needs to be maintained; the programme needs to owned and driven from the top of organisations as well as evolving from the community and front line staff. A greater systems wide approach is also required to maximise the opportunities and actively remove some of the barriers to change created by isolated organisational working. Delivering differently in the community will require closer working with acute physicians to manage more individuals closer to home supported by community systems. Together these areas of work will help to establish an identity for Telford and Wrekin and create foundations to move towards a much more innovative integrated model of care across the health economy.

Appendix 1



OUTCOMES

1. Communities will be connected and empowered
2. People will stay healthy longer
3. Clinical Outcomes will be optimised for patients
4. Services will be available closer to home
5. People will feel support during times of crisis (both physical and mental health)
6. People and their carers will be supported at the end of their lives

NEIGHBOURHOOD PROGRAMMES

1. Encouraging Healthy Lifestyles (targeting obesity, smoking & alcohol)
2. Community Resilience
3. Direct care in the community (inc Integrated Teams, Care Home Team & I C beds)
4. Specialty reviews (inc diabetes)
5. Primary Care Networks

V1.2

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