

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

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

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

This survey is available in Welsh and in an Easyread format. You can also request this survey in a different format or another language by calling 0300 3000 903 or emailing [nhsfuturefit@nhs.net](mailto:nhsfuturefit@nhs.net). Please also contact us if you need any help filling out this survey.

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

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

- Q1a. Please use the box below to explain what you feel is positive about our proposed model.
- Q1b. Please use the box below to describe anything that worries you about our proposed model.
- Q1c. Please use the box below to tell us what we could do to address any worries you have about our proposed model.

## SECTION 2: Your views on Option One

### Option 1:

**The Emergency Care site is the Royal Shrewsbury Hospital and the Planned Care site is the Princess Royal Hospital in Telford.**

Option 1 is the preferred option of NHS Shropshire and Telford & Wrekin CCGs

- Q2a. Do you feel that this option for changing our hospital services would meet your needs or the needs of people you care for or those of the group or organisation you represent?

**Please tick ✓ one box only.**

I feel this option will fully meet needs	I feel this option will slightly meet needs	I feel this option will neither meet nor fail to meet needs	I feel this option will slightly fail to meet needs	I feel this option will fail to meet needs	I don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q2b. What DO you like about this option for changing our hospital services?

Q2c. What DON'T you like about this option for changing our hospital services?

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

### SECTION 3: Your views on Option Two

#### Option 2:

**The Emergency Care site is the Princess Royal Hospital in Telford and the Planned Care site is the Royal Shrewsbury Hospital.**

Option 2 is not the preferred option of our doctors, nurses and other health professionals

Q3a. Do you feel that this option for our hospital services would meet your needs or the needs of people you care for or those of the group or organisation you represent?

**Please tick ✓ one box only.**

I feel this option will fully meet needs	I feel this option will slightly meet needs	I feel this option will neither meet nor fail to meet needs	I feel this option will slightly fail to meet needs	I feel this option will fail to meet needs	I don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q3b. What DO you like about this option for changing our hospital services?

Q3c. What DON'T you like about this option for changing our hospital services?

Q3d. Please use the box below to add any further comments on this option

### SECTION 4: Any other comments

Q4a. Can you think of any other options? If so then please explain them in more detail

Q4b. Now that you have told us your views, please use the box below to give any other comments about the proposed changes to our hospital services. (Please continue on a separate sheet of paper if you need more room)

## SECTION 5: About You

Please can you fill in the following details about yourself. You will not be identifiable from any information you give us. We are asking for this information to make sure we have gathered a diverse range of feedback.

Q5a. Please tell us whether you are responding as a member of the public or on behalf of an organization (private or voluntary/charity)

**Please tick ✓ one box only.**

As a member of the public	<input type="checkbox"/> 1
On behalf of an organisation (private or voluntary/charity)	<input type="checkbox"/> 2

Q5b. If you are responding on behalf of an organisation please give the name of your organisation

*Please note – if you are responding as an organisation and would also like to respond as an individual (or vice-versa) please complete a second survey. Please contact us to request any additional copies*

Q5c. If you are responding as a member of the public please provide us with your full postcode.

## SECTION 6: More information about you

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

Q6.1. Are you?

**Please tick ✓ one box only.**

Male	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2
Transgender	<input type="checkbox"/> 3
Prefer not to say	<input type="checkbox"/> 4

Q6.2. How old are you?

**Please tick ✓ one box only**

16-26	27-37	38-47	48-58	59-69	70+
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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

Please tick ✓ one box only

<b>White</b>			<b>Mixed/Multi Ethnic</b>		
	English	<input type="checkbox"/> 1		White and Black Caribbean	<input type="checkbox"/> 14
	Welsh	<input type="checkbox"/> 2		White and Black African	<input type="checkbox"/> 15
	Irish	<input type="checkbox"/> 3		White and Asian	<input type="checkbox"/> 16
	Other European (please state)	<input type="checkbox"/> 4		Arab	<input type="checkbox"/> 17
	Other (please state)	<input type="checkbox"/> 5		Other (please state)	<input type="checkbox"/> 18
<b>Asian or Asian British</b>			<b>Chinese or other ethnic groups</b>		
	Indian	<input type="checkbox"/> 6		Chinese	<input type="checkbox"/> 19
	Pakistani	<input type="checkbox"/> 7		Filipino	<input type="checkbox"/> 20
	Bangladeshi	<input type="checkbox"/> 8		Vietnamese	<input type="checkbox"/> 21
	Other (please state)	<input type="checkbox"/> 9		Thai	<input type="checkbox"/> 22
				Other (please state)	<input type="checkbox"/> 23
<b>Black</b>			<b>Gypsy and Traveller</b>		
	Caribbean	<input type="checkbox"/> 10		Irish	<input type="checkbox"/> 24
	African	<input type="checkbox"/> 11		Romany	<input type="checkbox"/> 25
	British	<input type="checkbox"/> 12		Other (please state)	<input type="checkbox"/> 26
	Other (please state)	<input type="checkbox"/> 13			

Q6.4. What is your religion or belief?

Please tick ✓ one box only

Hinduism	<input type="checkbox"/> 1	Islam	<input type="checkbox"/> 5
Christianity	<input type="checkbox"/> 2	Sikhism	<input type="checkbox"/> 6
Judaism	<input type="checkbox"/> 3	Other	<input type="checkbox"/> 7
Buddhism	<input type="checkbox"/> 4	Prefer not to say	<input type="checkbox"/> 8

Q6.5. How would you define your sexual orientation?

Please tick ✓ one box only

Heterosexual (straight)	Gay	Lesbian	Bisexual	Other	Prefer not to say
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Q6.7. Are you a parent of a child or children under 16?

Please tick ✓ one box only.

Yes	No
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<input type="checkbox"/> 1	<input type="checkbox"/> 2
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Q6.8. Do you consider yourself to have a disability?

**Please tick ✓ one box only.**

Yes	No
<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q6.9. If you have answered yes to question 6.8 please state what the disability is:

Q6.10. Are you a carer for anyone?

**Please tick ✓ one box only.**

Yes	No
<input type="checkbox"/> 1	<input type="checkbox"/> 2

Please complete this survey by **xxpm on XXMonth 2018** and send it back to **[add FREEPOST address]**.

Thank you for your time. Your comments will be analysed by independent company, Participate, who will then produce a report. This report will form part of NHS Shropshire and Telford & Wrekin CCG's decision-making process regarding the future of hospital services in Shropshire and Telford & Wrekin.

There will be future opportunities to get involved in shaping the future of our local health services. Please provide your email address if you would like us to stay in touch with you.