



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

We (NHS Shropshire and Telford & Wrekin Clinical Commissioning Groups) (CCGs) are proposing to make some changes to the hospital services provided at the Royal Shrewsbury Hospital and the Princess Royal Hospital, Telford.

Your views are important to us. Please complete and return this survey. You can find out more information, including the full consultation document and an online version of this survey on our website: www.nhsfuturefit.org. This survey is available in Welsh, in Easyread and large print formats. You can request this survey in a different format or another language by calling 0300 3000 903 or emailing 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.

Our proposed model of hospital care

Our proposal is for one hospital to become an Emergency Care site and the other hospital to become a Planned Care site. 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.

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

Q1. Please use the	box below to descri	be any impact you th	ink the proposed model wi	ii nave on you and/ o	r your tamily.
SECTION 2: You	ır views on Optio	on 1			
Ontion 1: The Em	organeu Caro cito i	c the Povel Chrone	bury Hospital in Shrews	thurst and the Diani	and Cara
	• •	_	he preferred option of NHS SI	_	
			The preferred option of this of	nopsime and renora a	
Q2a. To what exten	it do you agree that	Option 1 would me	et your needs or the need	ls of people you care	for, or
those of the group o	or organisation you	represent? Please tic	$k \ oxdot \mathbf{\square}$ one box only.		
		Neither agree or			I don't
Strongly agree	Agree	disagree	Disagree	Strongly disagree	know
<u></u> 1	<u> </u>	3	4	5	□6
Q2b. Please explair	the reasons for yo	ur answer to Q2a.			
· '		•			

							•	_		
4	13	aı	ш	м	20	v	our views on		Intio	n 7
_	45	91	V	1.	2.0	ш	oui vievva oii	v		111 /4

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 NHS Shropshire and Telford & Wrekin CCGs.

=	, ,	represent? Please ticl	k ☑ one box only.	is of people you care	e 101, 01
Strongly agree Agree Neither agree disagree		Neither agree or disagree	Disagree	Strongly disagree	I don't know
		3	4	5	_ 6
Q3b. Please explai	n the reasons for yo	ur answer to Q3a.			
	-		to you that we have not	taken into account?	If so then
Q4b. Please use the	e box below to give	any other comment	s about the proposed cha	nges to our hospital	services.
SECTION 5: Ab	out You				
_	_	_	. You will not be identifia we have gathered a dive	•	•
Q5a. Please tell us		sponding as a memb	er of the public or on beh	•	
As	s a member of the pub	lic	On behalf of an organisat	ion (private or volunta	ry/charity)
	<u> </u>			2	
Q5b. If you are res	ponding on behalf o	of an organisation plo	ease give the name of you	ır organisation	
survey. Please contact us Q5c. If you are res	to request any additiona ponding as a memb	al copies or complete the s er of the public pleas	to respond as an individual (or visurvey online at www.nhsfuturef se provide us with your funopshire, Telford & Wrekin	fit.org I <mark>ll postcode. This wil</mark>	
character are capt	g the views of p	eopie nom across si		. and mad reales	

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.

Male Female		emale	Transgender			Prefer not to say								
12		2			4									
6.2. How old	l are yo	u? Plea	ase tick ⊠ o	ne box on	ly.						J			
16-26		27-37	38	3-47	-47 48			59-69		70+				
<u> </u>		2	Ţ.	3]34			5		□6				
6.3. Which o	f the fo	ollowin	g best des	cribes y	our et	hnicity?	Plea	se tick ☑ o	ne box	only.				
White	Whi	ite Britis	British Wels		sh Iri			Other European (plea		please s	lease state)		Other (please state)	
vviiice		<u></u> 1		2		3				4			5	
Asian or Asi	ian Bri	Indian G		Indian F		ni	Ban	gladeshi		Other (_l		(please	e state)	
					7		<u></u> 8			_ 9				
Caribb Black					African		British			Other (please state)			state)	
		<u></u> 10			<u></u> 11			12				<u></u> 13		
Mixed/Multi	W	White and Black Caribbean			White and Black African			White and Asian A		Arab Other (p		lease state)		
Ethnic		<u></u> 14			<u> </u>			<u></u> 16			17		<u></u> 18	
Chinese or		Chinese			Filipino			Vietnamese		Thai			Other (please state)	
other ethnic groups		<u> </u>			20			<u> </u>			22 [23	
Gypsy and Traveller		Irish		Romany				Other (please sta						
,, ,			24		25			26						
(6.4. What is	your re	eligion	or beliet?	Please tic	k ☑ on	e box on	lly.						,	
Hinduism	Christia	nity	Judaism	Budd	Buddhism Isl		m	n Sikhism		Other		Prefer not to say		No Religion
1		2	<u></u> 3		4 5		5	e	 6] 7]8	_ 9
6.5. How wo	uld yo	u defin	e your sex	ual orie	ntatio	n? Please	e tick	☑ one box	only.					
Heterosexual Garage Gar		Gay		Lesbia	an		Bisexual			Othe		r	Prefer not to say	
1			<u></u> 2		<u></u> 3				4		5		5	_ 6

Yes

No

___2

Yes

No

___2

Q6.8. If you have answered yes to question 6.7 please state what the disability is:

Q6.7. Do you consider yourself to have a disability?

Please tick **☑** one box only.

When you have completed this survey, please fold it and put it in an envelope and address it to: FREEPOST NHS FF CONSULTATION. You will not need a stamp for this. All surveys must be received by 12 midnight on xx 2018.

Thank you for your time. Your comments will be analysed by consultation specialists, Participate Ltd, who will then produce a report. This report will inform NHS Shropshire and Telford & Wrekin CCGs' decision-making process regarding the future of hospital services in Shropshire and Telford & Wrekin.

There will be further opportunities for you 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.





NHS Future Fit Programme led by:

NHS Shropshire Clinical Commissioning Group and NHS Telford & Wrekin Clinical Commissioning Group