

## **Proposed Change to The Future Fit Consultation Long Document**

Following on from the Telford and Wrekin Governing Board the proposal is to make slight amendments to the public consultation document on page 7, and add the caveats including the plain English interpretation from the below table on page 9. This puts the caveats into the context of other work and the decision making process. Note the additional content on page 9 will not be in table format to support flow/readability of the document. Please see below for proposed revised wording:

### **Page 7:**

#### **How we designed the model of care**

Our proposed model of hospital care has been designed by members of the public and over 300 clinicians, GPs and social care professionals. Under either option it ensures that a wide range of hospital services will still be available at both hospital sites and, importantly, stay within the county. This includes outpatients, urgent care services, tests and patient wards. We believe that by changing our hospital services in this way, we will make sure patients receive safe, high quality NHS care now and in the future.

In recent years, we have made changes to our hospital services, such as the Shropshire Women and Children's Centre at Telford and the Treatment Centre at Shrewsbury. Whatever the outcome of this consultation, the money that has already been invested in our services will not be wasted and these hospital spaces will continue to be used for patient care in the future.

### **Page 9:**

#### **We want your views**

As CCGs, we have a legal responsibility to involve and consult you when we are considering making significant changes to our NHS services and we take that responsibility very seriously. We are planning to make considerable changes to our hospitals to improve patient care, so it is vital that we get this right and your views will help us.

#### **How we will make a decision**

The views and suggestions of everyone who responds to this consultation are an important part of how we will make a decision. However, we also have to complete a number of pieces of work before any final decisions are made. These have been requested by the West Midlands Clinical Senate, NHS England and members of the CCG Governing Bodies\*. No decision can be made after the end of the formal public consultation until this work has been completed and considered. They include:

- more work to model the care we will need to deliver in the community; (read more on page 40)
- ensure that the CCGs are confident that options are affordable; (read more on page 34)
- looking at what we might need to do to lessen the impact for women and children and older people, their families and carers, particularly around travel; (read more on pages 30 and 38 )
- understanding how the Urgent Care Centre at the Planned Care site will be staffed by skilled professionals to deliver the high level of care required for children; (read more on page 16)
- understanding the effect of the proposed changes on the demand for both emergency and non-emergency ambulance and patient transport services (read more on page 30)
- ensuring we are considering new ways of working in the future including new staff roles; (read more on page 40)

*\* The conditions were requested at the Joint Committee of the two CCGs in August 2017 (read more on page 35). The wording of all conditions and details of the extra work to be completed can be found in the Pre-Consultation Business Case at: [www.nhsfuturefit.org](http://www.nhsfuturefit.org)*

Once a decision is made, nothing will happen overnight. It will take about five years from now for any change to be fully implemented and we will continue to involve patients and the public over the coming years.

**We want as many people as possible to respond to this 14 week consultation by 12 midnight on xx 2018. You can do this by completing our survey online at [www.nhsfuturefit.org](http://www.nhsfuturefit.org) or completing a paper copy of the survey in the middle of this document. Please return your completed survey free of charge to FREEPOST NHS FF CONSULTATION. Throughout the consultation period, we will be holding a number of events where you can find out more about the proposed changes and share your views. For more information, including dates of events near you, please visit [www.nhsfuturefit.org](http://www.nhsfuturefit.org)**

**Table to show the Caveats on the Future Fit decision making process raised at the Joint Committee in 10 August 2017 (for reference only)**

<b><i>Original Caveat or Concern</i></b>	<b><i>Plain English Text</i></b>	<b><i>Where you can find more detail</i></b>
The CCGs were fully involved in the development of the financial business case	Ensure that the CCGs are confident that options are affordable	Page 34 and 35 list the financial appraisal and securing the money we need
Consideration given to the appropriate level of paediatric cover in place at the urgent care centre on the planned care site	Understand how the Urgent Care Centre at the Planned Care site will be staffed by skilled professionals to deliver the high level of care required for children	Page 16 describes the model for the new 24/7 urgent care centres and improved facilities for children.  The Clinical Strategy Group is where there are ongoing pathway development discussions
Mitigation is put in place for travel and accommodation needs for women and children using the ED site and for older people using planned care	Look at what we might need to do to reduce the impact for women and children and older people, their families and carers, particularly around travel	Page 30 and 31 lists some of these ideas around how we can reduce the impact of additional travel times  Page 38 sets out more information about the work to ensure we meet our public sector equalities duties and the work of the integrated impact assessment
Ensure a carefully balanced ambulance service with regard to planned care and emergency care.	Understand the effect of the proposed changes on the demand for both emergency and non-emergency ambulance and patient transport services	Page 30 and 31 lists some of these ideas around how we can work with our partners  The CCGs have also commissioned more detailed modelling of the impact of the proposed changes on demand for both emergency and none-emergency ambulance services
Acknowledged the local NHS is really innovative with developing workforce solutions	Ensure we are considering new ways of working in the future, including new staff roles	Page 40 describes how traditional medical and nursing roles will need to change