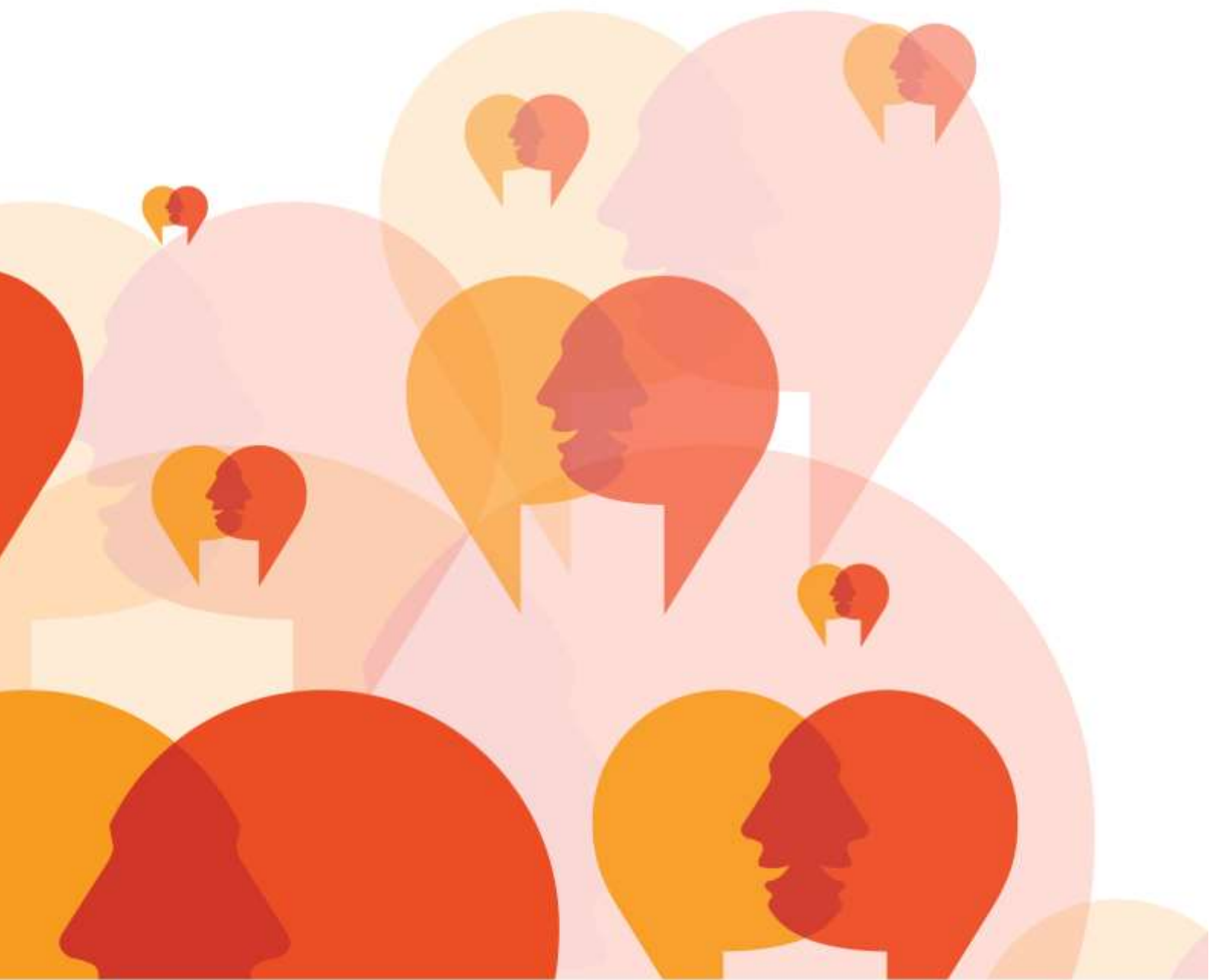


# FUTURE FIT

## Consultation Findings Report

### November 2018



## Document Control Sheet

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04	16 <sup>th</sup> November 2018	Participate	Narrative added to meeting notes

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## 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.

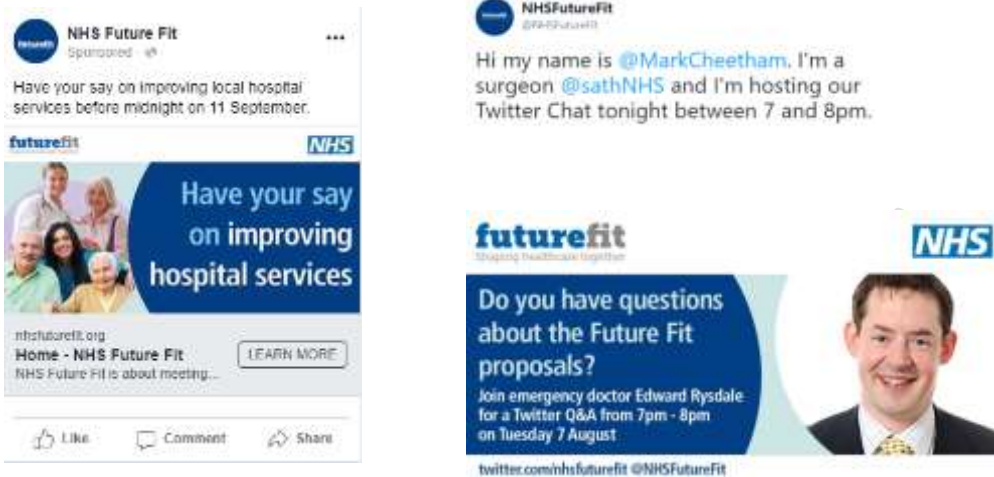


There were more than 24,000 visitors to the Future Fit website during the consultation period and more than 8,000 people completed the consultation survey online.

#### 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.

### Media Relations

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<sup>1</sup> 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.

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<sup>1</sup> 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.



## 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.

## 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.



## **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 8<sup>th</sup> June and 12<sup>th</sup> 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.

DRAFT

## *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	%
<b>Gender</b>		
Male	6569	36%
Female	11090	61%
Intersex	8	<1%
Other	19	<1%
Prefer not to say	350	2%
<b>Gender reassignment?</b>		
Yes	55	<1%
No	15375	94%
Prefer not to say	929	6%
<b>Age</b>		
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%
<b>Ethnicity</b>		
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%

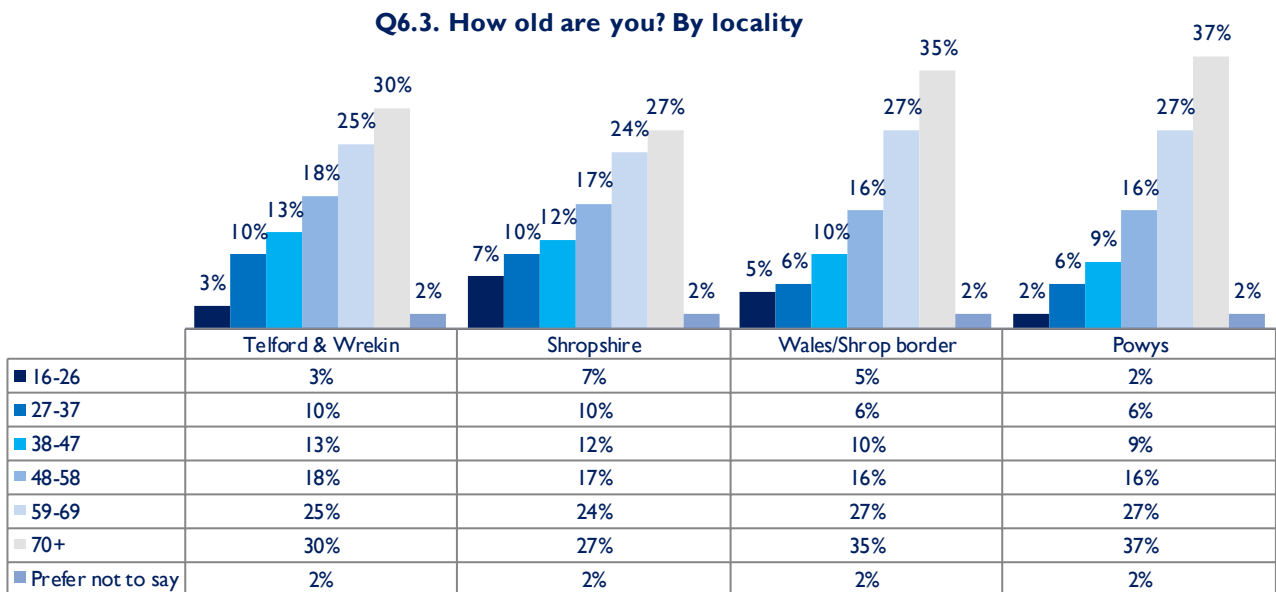
Profile information	n	%
<b>Ethnicity Continued....</b>		
Mixed - Other	24	<1%
Other - Chinese	13	<1%
Other - Filipino	7	<1%
Other - Vietnamese	1	<1%
Other - Thai	2	<1%
Other - Other	2	<1%
Gypsy - Irish	1	<1%
Gypsy - Romany	3	<1%
Gypsy - Other	16	<1%
Prefer not to say	484	3%
<b>Religion</b>		
Christianity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

### 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<sup>2</sup>, 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.



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

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.<sup>3</sup> 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.

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<sup>3</sup> 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.

<b>Q6.9. Please state what the disability is</b>		
<b>Response</b>	<b>n</b>	<b>%</b>
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		

DRAFT

## 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%
<b>Base</b>	<b>18742</b>	<b>100%</b>

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

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.

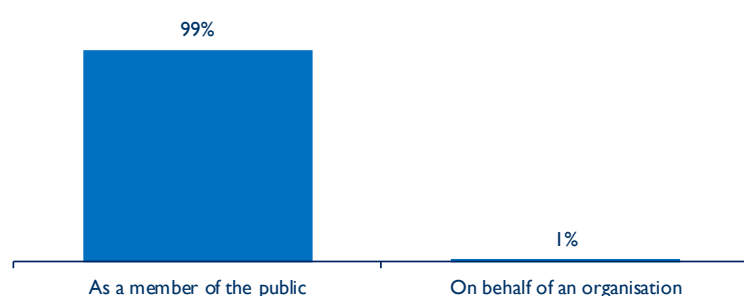
Survey method (area)	Shropshire		Telford & Wrekin		Wales/Shrop border		Powys		Out of area		Postcode refused	
	n	%	n	%	n	%	n	%	n	%	n	%
	Online	1833	52%	3482	37%	839	52%	681	47%	812	94%	744
Paper	1645	47%	5979	63%	737	46%	762	52%	49	6%	1011	57%
Online -Welsh	-	-	1	<1%	3	<1%	1	<1%	-	-	1	<1%

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%
<b>Base 18,742</b>												

## 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.

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



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%
<b>Base 131</b>		

## 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
<b>Base 15,329</b>	

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.

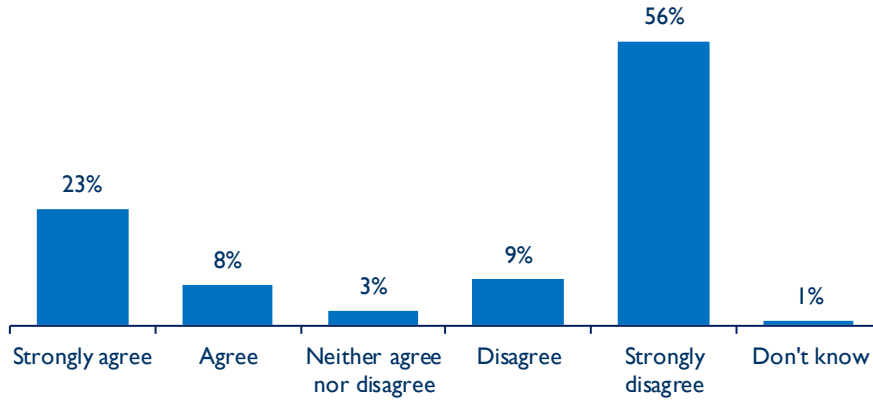
Similarly, the frequent mentions of support for the retention of emergency care at Telford is also reflective of the distribution of survey responses. There is also a frequently recurring theme around Telford and population growth with the view that emergency care should be retained at the Princess Royal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

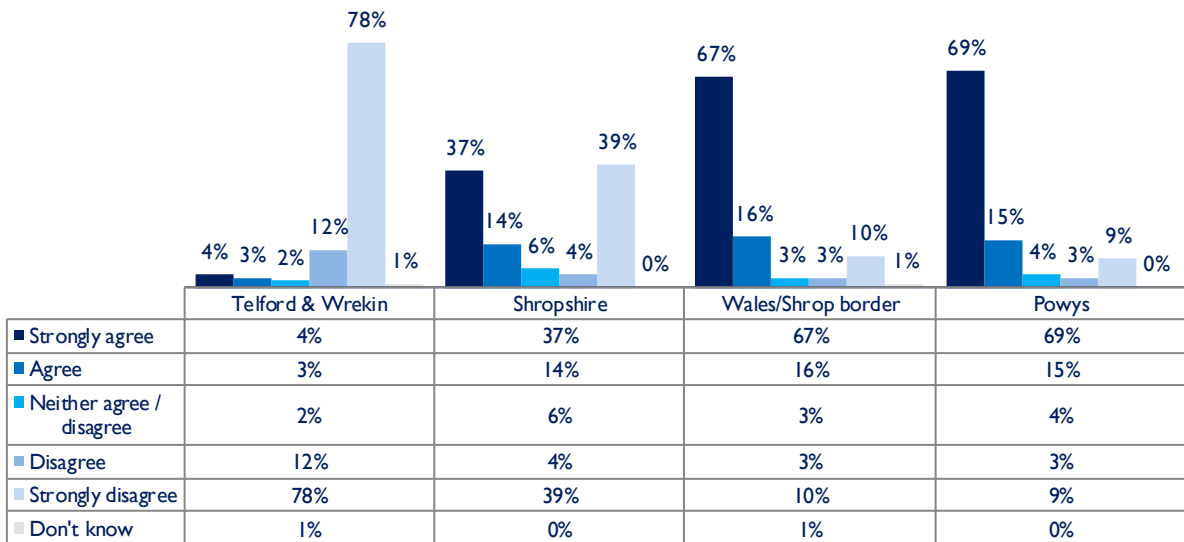
**Q2. To what extent do you agree that Option 1 would meet your needs or the needs of the people you care for, or those of the group or organisation you represent?**

**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**



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
<i>Reasons for agreeing with Option 1</i>	<b>Base: 5,200</b>
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
<b>Total Base 16,406</b>	

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 it may result in higher quality services for patients. These views were mentioned more frequently by respondents in Shropshire, Wales/Shropshire border and Powys.

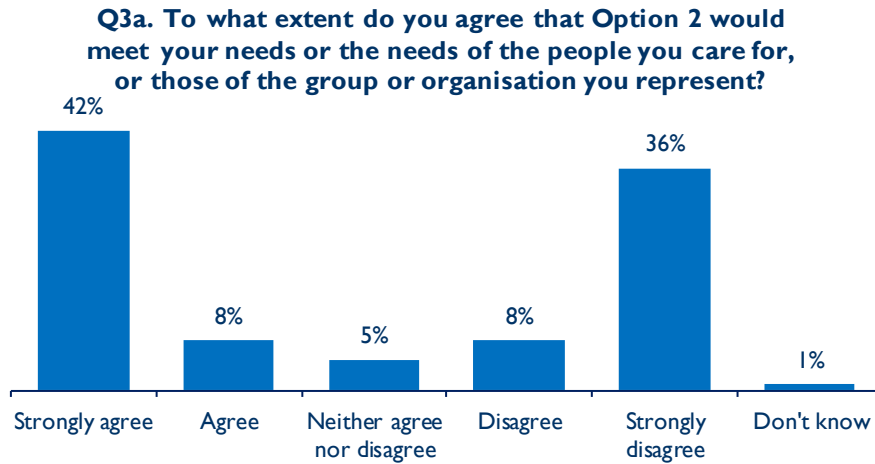
<b>Q2b. Please explain the reasons for your answer to Q2a.</b>	
<b>Theme</b>	<b>Frequency of mention</b>
<b>Reasons for disagreeing with Option 1</b>	<b>Base: 10,500</b>
The extra distance to A&E will be life threatening and will be exacerbated by frequent traffic jams on the A5 to RSH	3126
Telford needs 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
<b>Total Base 16,406</b>	

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
<b>Reasons for neutral responses regarding Option 1</b>	<b>Base: 706</b>
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
<b>Total Base 16,406</b>	

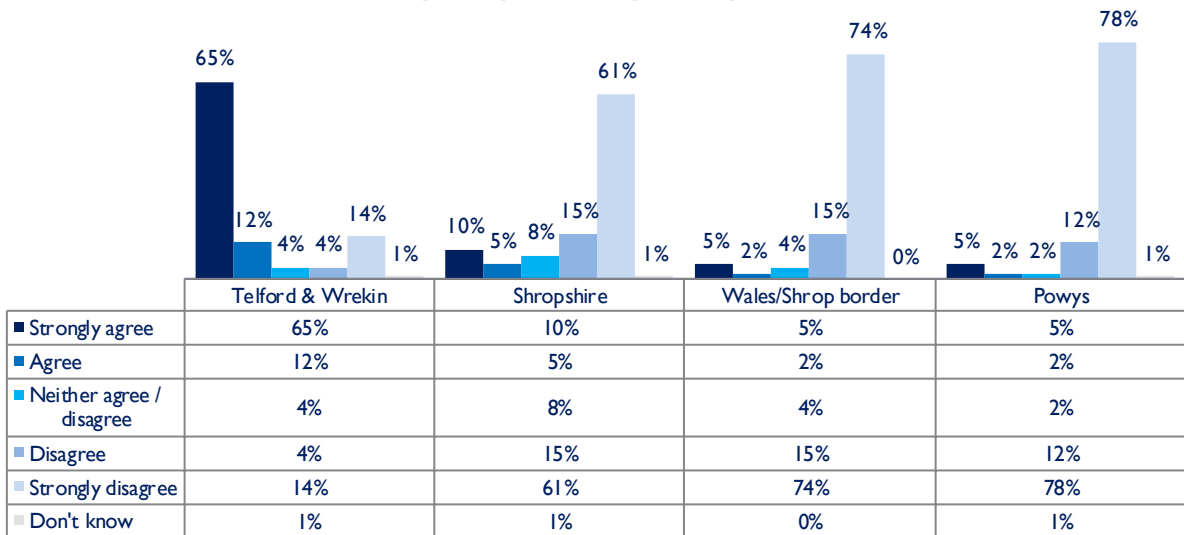
Overall, 4% of respondents did not agree or disagree with Option 1. Themes apparent here relate to positive and negative elements within both proposals, concerns about accessibility if services were to be separated and a belief that both hospitals should provide all services.

**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)

**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? By locality**



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**

<b>Q3b. Please explain the reasons for your answer to Q3a.</b>	
<b>Theme</b>	<b>Frequency of mention</b>
<b>Reasons for agreeing with Option 2</b>	<b>Base: 8,301</b>
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
<b>Total Base 16,445</b>	

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
<b>Reasons for disagreeing with Option 2</b>	<b>Base: 7,095</b>
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
<b>Total Base 16,445</b>	

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
<b>Reasons for neutral responses regarding Option 2</b>	<b>Base: 1,049</b>
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
<b>Total Base 16,445</b>	

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
<b>Total Base 12,965</b>	

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**

<b>Q4b. Please give any other comments about the proposed changes to our hospital services</b>	
<b>Theme</b>	<b>Frequency of mention</b>
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
<b>Total Base 12,206</b>	

DRAFT

## 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 outreach 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
<b>Emergency care</b>
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
<b>Planned care</b>
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
<b>Urgent care</b>
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?

<b>Maternity/children's services</b>
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
<b>Stroke services</b>
Information on stroke care provided as part of Future Fit consultation is incorrect
Question about location of stroke unit under Option 1
<b>Travel/transport</b>
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 pay 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.

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## 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.

### Shropshire

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
<b>Emergency care</b>
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
I 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

<b>Planned Care</b>
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
<b>Urgent care</b>
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?

<b>Maternity/children's services</b>
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 I
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
<b>Stroke services</b>
Concern over stroke golden hour
<b>Travel/transport</b>
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

<b>Travel/transport continued...</b>
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
<b>Finance</b>
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.

<b>Telford &amp; Wrekin</b>
<b>Emergency care</b>
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 I 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 I - where will gynae outpatients be?
Opt I - 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

<b>Planned care continued...</b>
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
<b>Urgent care</b>
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
<b>Maternity/children's services</b>
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?

<b>Maternity/children's services continued...</b>
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
<b>Stroke services</b>
Concern over losing stroke unit to Shrewsbury
How will high risk (e.g. of stroke) patients be dealt with?
<b>Travel/transport</b>
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
<b>Travel/transport</b>
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

<b>Travel/transport</b>
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
<b>Finance</b>
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

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## 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.

<b>Powys/mid-Wales</b>
<b>Emergency care</b>
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
<b>Urgent care</b>
Confusion around difference between A&E and emergency care / urgent care
<b>Maternity/Children's services</b>
Babies should be born closer to home (registration in Wales should be allowed)
Women and children's centre is needed in Telford
<b>Stroke services</b>
Support for stroke services at Shrewsbury
<b>Travel/transport</b>
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
<b>Finance</b>
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

<b>Shropshire</b>
<b>Emergency care</b>
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
<b>Planned care</b>
Concern over specialist medicines being available at Telford
<b>Urgent care</b>
Urgent Care centre not close enough to residents
<b>Maternity/Children's services</b>
Concerned the maternity unit will close down
<b>Travel/transport</b>
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)
<b>Finance</b>
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

<b>Telford and Wrekin</b>
<b>Emergency care</b>
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
<b>Planned care</b>
Wanting planned care closer for elderly
<b>Urgent care</b>
Confusion over where to go in an emergency
<b>Maternity/children's services</b>
Is neonatal going to close?
Concern over closure of W&C centre
<b>Travel / transport</b>
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

<b>Powys/Mid-Wales</b>
<b>Emergency care</b>
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
<b>Planned care</b>
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)
<b>Maternity/children's services</b>
Why did women and children's services move so far away?
<b>Stroke services</b>
Returning W&C and Stroke units to Shrewsbury best for west Shropshire and Powys
<b>Travel/transport</b>
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.

<b>Council/LJC meetings themes</b>
<b>Emergency care</b>
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
<b>Planned care</b>
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?
<b>Urgent care</b>
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?)
<b>Maternity/children's services</b>
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
<b>Travel/transport</b>
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?

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## 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	Shawburch 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.

<b>Other meetings themes</b>
<b>Emergency care</b>
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
<b>Planned care</b>
What does planned care mean?
Where will ophthalmology be?
<b>Urgent care</b>
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
<b>Maternity/children's services</b>
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?
<b>Travel/transport</b>
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
<b>Finance</b>
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 I, 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

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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	%
<b>Gender</b>		
Male	98	47%
Female	109	52%
Intersex	1	<1%
Prefer not to say	1	<1%
<b>Gender reassignment?</b>		
Yes	2	1%
No	162	78%
Prefer not to say	6	3%
Don't know	39	19%
<b>Age</b>		
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%
<b>Ethnicity</b>		
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%
<b>Religion</b>		
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%
<b>Sexual orientation</b>		
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%
<b>Parent of a child under 16?</b>		
Yes	39	19%
No	159	76%
Prefer not to say	3	1%
Don't know	8	4%
<b>Disability?</b>		
Yes	69	33%
No	129	62%
Prefer not to say	8	4%
Don't know	3	1%
<b>Are you a carer?</b>		
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

<b>Shropshire</b>
<b>Emergency care</b>
Concerns over golden hour
T&V 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
<b>Planned care</b>
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

<b>Urgent Care</b>
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
<b>Maternity/Children's Services</b>
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)
<b>Travel/transport</b>
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?

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## 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	

<b>Planned care</b>
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
<b>Urgent care</b>
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
<b>Maternity/children's services</b>
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
<b>Stroke services</b>
What will happen to the Stroke unit at PRH?
<b>Travel/transport</b>
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

<b>Powys/mid-Wales</b>
<b>Emergency care</b>
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
<b>Planned care</b>
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
<b>Maternity/children's services</b>
Interest in bringing maternity services 'back' to Shrewsbury
Prefer Option 1 as having maternity services closer/more easily accessible
<b>Travel/transport</b>
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
<b>Total</b>		<b>852</b>

\*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
<b>Total</b>		<b>3146</b>

\*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
<b>Total</b>		<b>859</b>

\*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
<b>Total</b>		<b>691</b>

\*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
<b>Total</b>		<b>111</b>

## 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
<b>Total</b>	<b>366</b>

\*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
<b>Total</b>			<b>2032</b>

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