

# Keeping hospital services in Shropshire, Telford and Wrekin



## Public Consultation Findings Report

March 2011

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### (Version 2) Erratum statement:

The following charts were wrongly positioned in the text in Version 1.

This error has now been corrected and had no impact on the text in the report.

p. 12, Chart 4: Inpatient children's proposals (chart replaced)

p. 24, Chart 6: Maternity proposals (chart replaced)

p. 36, Chart 8: Surgery proposals (chart replaced)

## **1. Introduction**

The Keeping it in the County public consultation was held by Shropshire County NHS Primary Care Trust and NHS Telford and Wrekin - the NHS bodies that assess the health needs of residents and commission services on their behalf to meet those needs – in association with The Shrewsbury and Telford Hospital NHS Trust, the NHS body that manages the Royal Shrewsbury Hospital and the Princess Royal Hospital in Telford.

### **1.1 Background to the consultation**

Over the past few years, hospital services have begun to leave Shropshire, Telford and Wrekin, and some patients already travel to centres outside the county for their care. There have been lots of changes nationally to how hospital services are delivered, with a big drive to improve the quality of care and safety overall, and survival rates for major surgery.

One part of the changes is about how surgeons are trained. They used to be trained to do a wide range of different operations but, as new and more complex treatments and diagnostic technologies have become available, it has become normal for them to develop specialist skills. Most surgeons now carry out a smaller range of more complex operations, which is good for patients as they are able to deliver better results. However, it also means that they are less able to perform operations in fields of surgery outside their specialist area to the necessary high standards.

Health professionals in Shropshire, Telford and Wrekin, including doctors and nurses, have to make sure that the people with the right skills are always in the best place, at the right time, to meet the needs of patients. It is important to balance the mix of specialist skills, and local health professionals believe that to make major surgery, children's services and maternity services work even more safely in Shropshire, Telford and Wrekin, there need to be changes, including clinical teams needing to work together on a single site at either the Royal Shrewsbury Hospital or the Princess Royal Hospital for inpatient children's services and major surgery.

If services are not brought together in some way, there is a real risk that more may be lost to other areas.

### **1.2 Developing the proposals**

The proposals put forward in the consultation were the outcome of detailed discussions that took place among doctors, nurses, other healthcare professionals, patients and members of the public.

A 'clinical problem solving workshop' was held in August 2010 where hospital consultants and local GPs got together to discuss the challenges facing some of the hospital services and suggest how they might best be tackled. A report on their ideas was then shared with MPs, local authorities, Health Overview and Scrutiny Committees, and patient groups, as well as with the public through newspaper features and local websites.

Further discussions produced 4 options for the way forward which were then tested to see if they would work. Patients and members of the public contributed to this debate at two events held in November 2010. A second clinical workshop also tested the ideas. Before the start of public consultation, the favoured option and emerging proposals were shared with patients' representatives, including Telford and Wrekin LINK (Local Involvement Network), Shropshire LINK known as CInCH (Community Involvement in Care and Health), and Montgomeryshire Community Health Council (CHC).

In addition, to make sure that everything had been properly considered in the proposals to overcome the challenges facing some hospital services, an Assurance Panel was set up, comprising clinicians and managers from within and outside the area, including medical consultants and senior nurses who are responsible for similar services elsewhere in the country. The panel took a final look at the proposals before they were published for public consultation.

### **1.3 Purpose of the consultation**

The purpose of the consultation was:

- to present proposals for the re-organisation of some services at the two hospital sites to wider communities across Shropshire, Telford and Wrekin and the parts of mid-Wales that use them
- to understand the level of support for those proposals
- to find out what concerns people had about the proposals and what would reassure them about those concerns.

### **1.4 Addressing concerns**

From the beginning of the consultation period, The Shrewsbury and Telford Hospital Trust has undertaken additional work to see how and if concerns raised by local people and groups could be addressed and to refine the details of the proposals. For instance, they developed more detailed care pathways for people in emergencies, discussed specific transport needs with key groups and organisations and made plans for a shuttle bus between the two site for public and staff. A list of these meetings can be seen in Appendix 1.

The findings from the public consultation, as presented in this report, form part of the evidence presented to the Boards of the 3 leading NHS bodies who are responsible for making the final decision on the proposals.

## 1.5 Assessing the proposals

The Government has identified 4 criteria against which any proposals to change NHS services must be assessed. These are:

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Strengthened patient and public engagement

Support from GP commissioners

Clarity on the clinical evidence base

Consistency with current and prospective patient choice

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Locally, another 3 criteria against which the proposals must also be assessed were agreed:

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Clinical safety

Robustness and sustainability

Financial viability

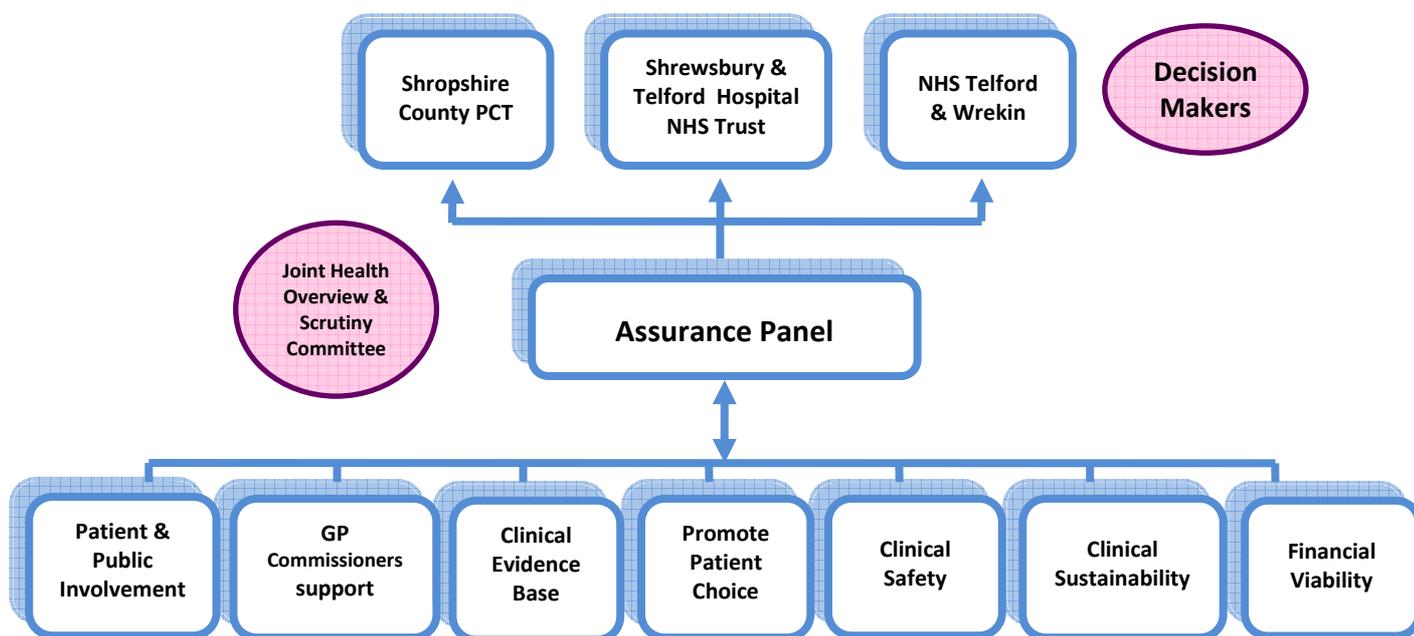
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The role of the Assurance Panel was to test the proposals against all of the above criteria, check evidence provided by a range of people, including officers from the Shrewsbury and Telford Hospital NHS Trust, health professionals and doctors, and take comments from individuals and public representatives. The Panel met twice. At the first meeting, in November, it considered the tests and found the four national tests almost met, but asked for additional information on clinical safety and financial viability. Further evidence was presented to the second meeting, along with the views being expressed through the consultation process up to that date (28 February).

The meetings of the Assurance Panel were observed by members of the Joint Health Overview and Scrutiny Committee for Shropshire, Telford and Wrekin, to inform the development of the Committee's own formal response to the consultation. Patient representative organisations – CinCH, Telford & Wrekin LINK and Montgomeryshire CHC – were members of the Assurance Panel and Telford & Wrekin LINK and Montgomeryshire CHC also prepared their own formal responses to the consultation.

After scrutiny, a report on the evidence from the Assurance Panel will be presented to the Boards of Shropshire County NHS Primary Care Trust, NHS Telford and Wrekin and The Shrewsbury and Telford Hospital NHS Trust. It is for the Boards to decide, in the light of the outcome of this process, whether and how far to proceed with the proposals.

**Diagram 1: Evidence Tree**



The findings from the public consultation presented in this report form a key part of the evidence for the national test of strengthened patient and public engagement in the service change process, alongside the additional work carried out with patient groups and voluntary organisations by The Shrewsbury and Telford Hospital NHS Trust, to develop more detailed proposals in response to concerns raised.

### 1.6 Role of Merida Associates

Merida Associates was commissioned to analyse and interpret the information generated by the public consultation ‘Keeping it in the County’ into the re-organisation of acute services between the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital.

Merida Associates is an independent partnership, based in the West Midlands, with extensive experience of research and consultation within voluntary, community and statutory sectors. The partnership is an accredited consultancy with the National Council of Voluntary Organisations (NCVO).

The role of Merida Associates was to:

- provide an independent overview, and specific verification, of the data capture and collation process
- agree how data should be sorted and collated by NHS Telford & Wrekin and Shropshire County NHS PCT
- from the sorted data, analyse and interpret consultation responses

- produce a robust, balanced and independent external findings report clearly setting out the results of the consultation.

This report presents the consultation findings, separating out the responses of patients and the general public from those of NHS staff, voluntary organisations and statutory bodies, in order accurately to reflect the different terms of reference, additional knowledge and experience they may bring to their responses.

## **2. Methodology and Reach**

The public consultation period commenced on 9<sup>th</sup> December 2010 and ended on 14<sup>th</sup> March 2011. The consultation process was jointly designed by Patient and Public Involvement (PPI) teams from NHS Telford & Wrekin and Shropshire County NHS PCT, with input from Shrewsbury & Telford Hospital NHS Trust. Stakeholder advice and support for the process has been provided by the Engagement and Consultation Governance Group, which is made up of patient representatives from LINK, CinCH and the CHC, local authority officers from the Joint Health Overview and Scrutiny committee, representatives from umbrella bodies for voluntary organisations and PPI team lead officers.

Part of the role of the Engagement and Consultation Governance Group (ECG) is to quality assure, and act as a ‘critical friend’ for, the consultation process; to make sure that the consultation reaches as many groups as possible who might be affected by service changes and that as many people as possible have the opportunity to give their views on the proposals. The group’s role is also to show how the views of the public and patients have been taken into account in the decision-making process.

As part of the Keeping it in the County consultation, members of the ECG have:

- considered and contributed to the plan for consultation i.e. ideas for how it should be carried out
- helped to identify groups and people to receive copies of the consultation documents
- provided panel members for the public meetings which were part of the consultation and also the Assurance Panel
- suggested groups to receive presentations on the proposals e.g. hard to reach groups.

### **2.1 Consultation process**

A full consultation document was produced that set out the proposals for changes to inpatient children’s services, maternity services and the location of major surgery across the two hospital sites that are part of The Shrewsbury and Telford Hospital NHS Trust. It also contained information about possible changes to stroke and urology services. Proposals were also available in a summary consultation document. The consultation documents were available in Easy Read and Welsh language versions, and could be translated into other languages on request.

Full details of the consultation process and downloadable documents are available on the website [www.ournhsinshropshireandtelford.nhs.uk](http://www.ournhsinshropshireandtelford.nhs.uk) which provides members of the public and patients with information about the wider process underway in Shropshire, Telford and Wrekin to improve health and health care services.

There were a number of routes by which people could express their opinions about the proposed changes:

- by completing a feedback form (questionnaire) that was included in each copy of the consultation documents and posting back to a Freepost address
- by completing the same feedback form online on the websites of NHS Telford & Wrekin, Shropshire County NHS PCT and The Shrewsbury & Telford Hospital NHS Trust, and the [www.ournhsinshropshireandtelford.nhs.uk](http://www.ournhsinshropshireandtelford.nhs.uk) website
- by writing a letter to a Freepost address
- by emailing views to a consultation email address
- by attending one of the Question Time public meetings arranged during the consultation period.

Voluntary and community organisations could also request a meeting with staff from the PCTs or Hospital Trust to discuss the proposals and express their views.

Consultation documents were sent directly to a broad range of local groups and organisations and the consultation process was promoted in the press and on local radio and television. See Appendix 2 for more details.

The consultation process achieved a high profile across the County and mid-Wales as a result of which 4 petitions were received by the closing date.

Petition name	Leading petition (if stated)	Number of signatures
"Petition to retain Paediatric, Maternity and Neonatal Services at the RSH"		26,096
"Save our maternity care at the RSH"	Wyn Williams, Liberal Democrat Assembly Candidate for Montgomeryshire	2,855
"Save our maternity care at the RSH"	Cllr Heather Kidd, Parliamentary spokesman for Ludlow	519
"Help stop the baby special care unit, children's ward and some maternity services being moved to Telford" (online petition)		3,723
<b>Total signatures</b>		<b>33,193</b>

## 2.2 Data gathering

This report presents the views of individuals, groups and organisations from across Shropshire, Telford & Wrekin and mid-Wales that has been gathered from the following sources:

- 1124 completed Keeping it in the County consultation questionnaires (online and paper versions) from patients, members of the public, NHS staff and voluntary organisations
- 8 official public meetings across Shropshire, Telford & Wrekin and mid-Wales
- 25 stakeholder meetings with a range of groups including local council committees, voluntary organisations, older people's groups, GP committees and disability groups
- 28 formal written responses to the consultation from e.g. statutory agencies, GPs and MPs
- 44 letters and email responses from members of the public.

A list of all meetings held during the consultation process are available at Appendix 3. Where staff from The Shrewsbury and Telford Hospital NHS Trust have held additional meetings with interest groups and patients, to inform the developing detail of the proposals and to discuss further the concerns raised during the consultation process, these have been recorded separately and have not been analysed for this report as they form an additional element of the evidence base.

## 2.3 Data analysis

Merida Associates worked in partnership with NHS Telford & Wrekin and Shropshire County NHS PCT to collate information from the consultation questionnaire, public meetings and other sources, in accordance with an appropriate Data Processing Agreement.

Questionnaire data was captured onto an online software system called SNAP by PCT staff. A snapshot of this process was witnessed and verified by a Merida team member to ensure the accuracy of data inputting and that systems were in place to avoid data entry anomalies. Data was then collated, sorted and passed to the Merida team for analysis and interpretation.

The data gathered from consultation questionnaires and public meetings was subjected to a three stage process of analysis, through which the data was systematically and comprehensively reviewed:

Stage 1: <b>Immersion</b>	The process by which the team becomes familiar with the collected data.
Stage 2: <b>Categorising and indexing</b>	Using a coding framework and key word searches to identify both commonalities and anomalies.
Stage 3: <b>Thematic summaries</b>	By which the data and information is grouped around emerging themes.

## 2.4 Reach

It is important when analysing consultation findings to understand how the sample of the population represented by people who have completed a questionnaire fits against the population as a whole. This section gives a summary of how people responded to questions about themselves on the feedback form.

1124 people completed and returned the Keeping it in the County questionnaire, or filled it in online, and identified themselves against the following categories:

Table 1:

Total = 1124

Gender	Total (%)	Total (Nos)
Male	31.4%	353
Female	65%	731
No response	3.6%	40

Table 2:

Total = 1124

Ethnic Group	Total (%)	Total (Nos)
White	91.6%	1030
Asian/Asian British	0.8%	9
Polish	0.2%	2
Black/Black British	0.3%	3
Mixed	0.1%	1
Other	0.2%	2
Prefer not to say	2.9%	33
No response	3.9%	44

Table 3:

Total = 1124

Age	Total (%)	Total (Nos)
Under 15	0.1%	2
15-24	1.7%	33
25-44	42.4%	425
45-64	36.1%	411
65-74	13.9%	174
75-84	4.7%	49
85+	1.0%	10
No response		20

Table 4:

Total = 1124

Status	Total (%)	Total (Nos)
Patient	25.5%	287
Member of the public	62%	697
NHS staff	10%	111
Voluntary/community organisation	2.5%	29

The figures show that more women than men have completed consultation questionnaires and that the majority of respondents are aged between 25 – 64 years and belong to a White ethnic group. Some people identified themselves in more than one category of the ‘status’ question, therefore, to avoid double counting of responses, the following allocation of responses was agreed:

- where people identified themselves as both ‘Patient’ and ‘Member of the public’ they have been recorded as ‘Patient’
- where they identified as ‘NHS staff’ and ‘Member of the public’, they have been recorded as ‘NHS staff’

- where they identified as ‘Voluntary/community organisation’ and ‘Member of the public’, they have been recorded as ‘Voluntary/community organisation’
- where they identified as ‘Patient’ and ‘Voluntary/community organisation’, they have been recorded as ‘Patient’.

Questionnaire respondents were asked to provide their postcode and, for the purpose of analysis, it was decided to group postcodes against the previous Borough Council boundary lines, as it was felt that these areas would be most easily recognisable by, and understandable to, people reading the report.

Table 5:

Total = 1124

Responses by area	Total (%)	Total (Nos)
Bridgnorth	1.1%	12
East of County	0.4%	5
North Shropshire	6.4%	72
Oswestry	5.0%	56
Powys & Wales	9.3%	105
Shrewsbury & Atcham	21.0%	236
South Shropshire	2.8%	32
Telford & Wrekin	47.6%	535
No postcode	6.3%	71

Chart 1

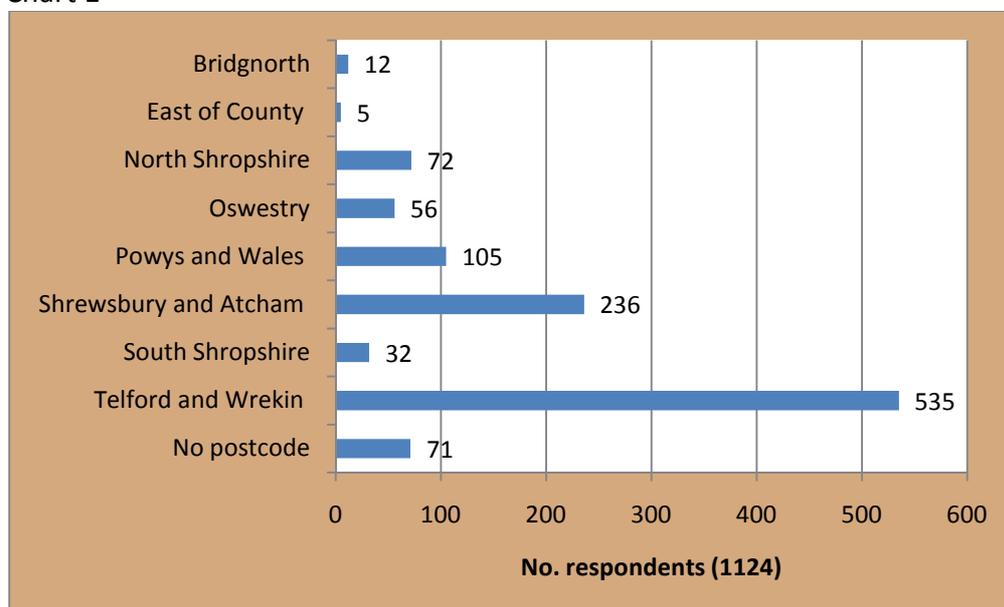
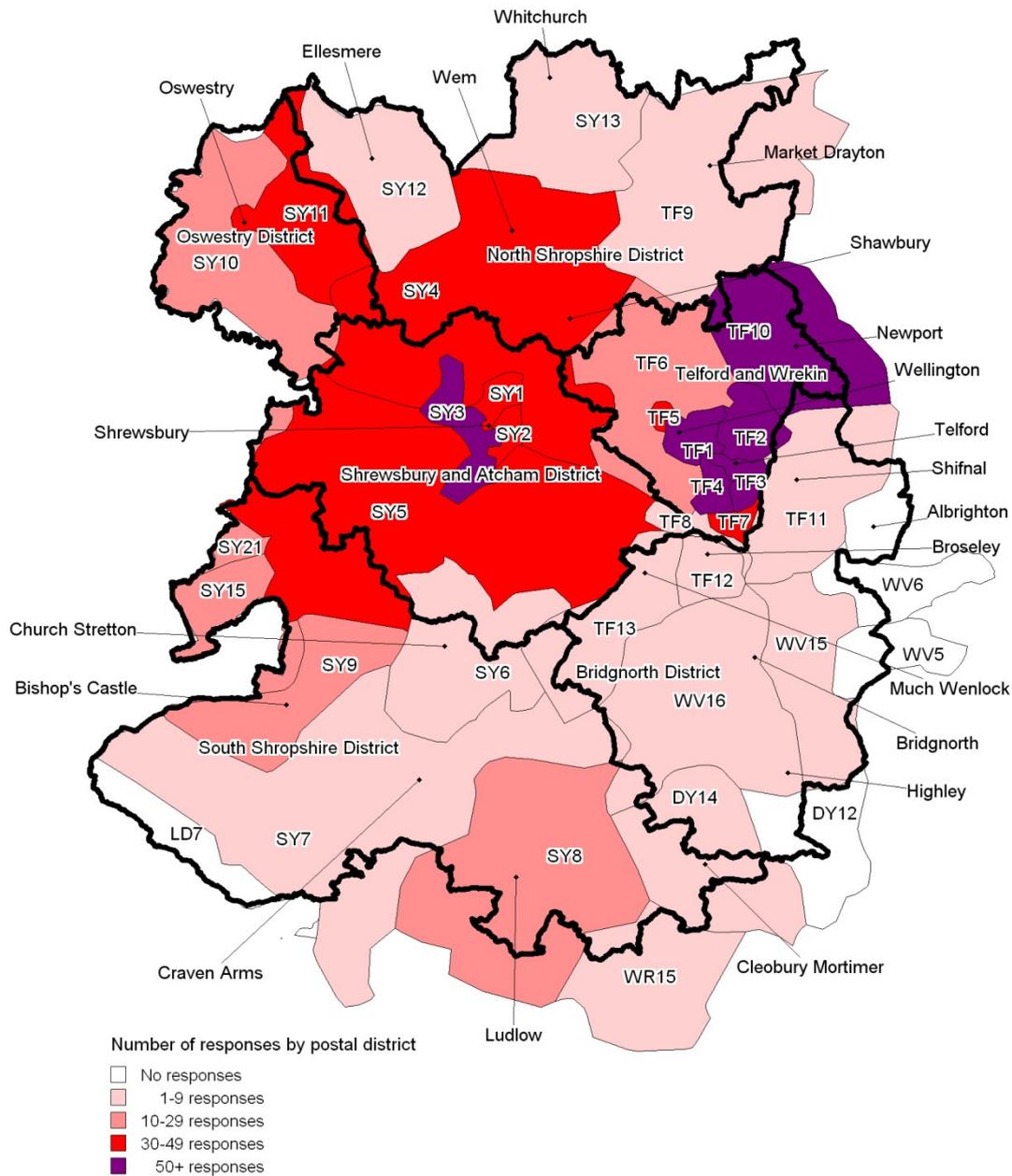


Table 5 and Chart 1 show that most responses to the consultation document (nearly 48%) have been received from the Telford & Wrekin area, with responses from Shrewsbury & Atcham making up 21%. When interpreting data from the questionnaires, it is important to be aware that the findings reflect what has been said by the people who have completed responses. The findings may not, therefore, reflect the views of people from all areas who

may be affected by service changes. This could particularly be the case for some areas, if significant enough numbers of people have not completed questionnaires. Further details of responses by postcode area are available in section 4.

**Figure 1: Map of consultation responses in Shropshire and Telford & Wrekin**



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The map shows numbers of responses by postal district. Areas in the darkest colours represent the areas with the highest number of responses and those in lighter colours areas with the least. A table showing the rate of response per 10,000 of the population for people living in Shropshire and Telford & Wrekin can be seen at Appendix 4.

### 3. What people have said

#### 3.1 Response to overall proposals

People completing the consultation questionnaire were asked to indicate to what extent they supported or were against the overall proposals in the document. Chart 2 gives the total responses to this question.

Chart 2: Overall proposals

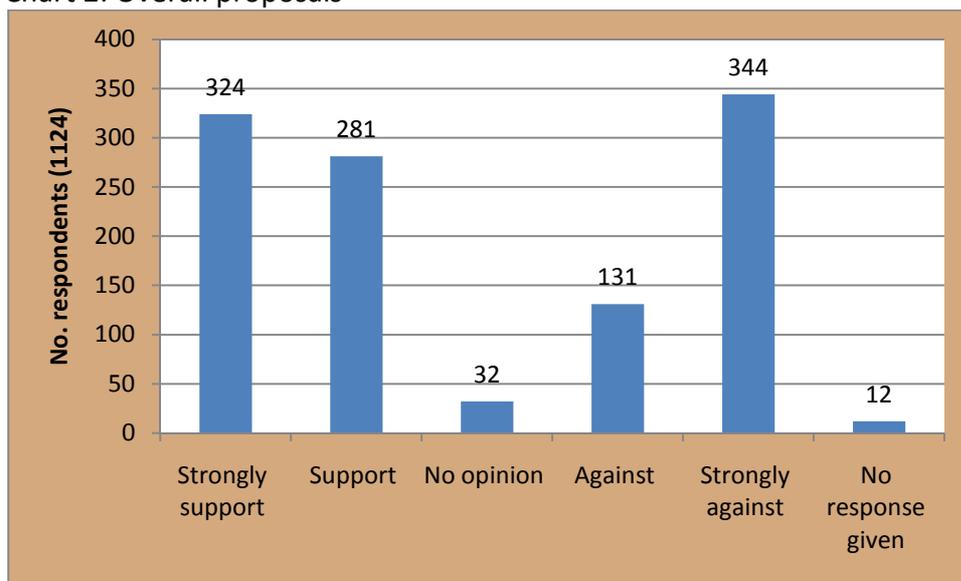
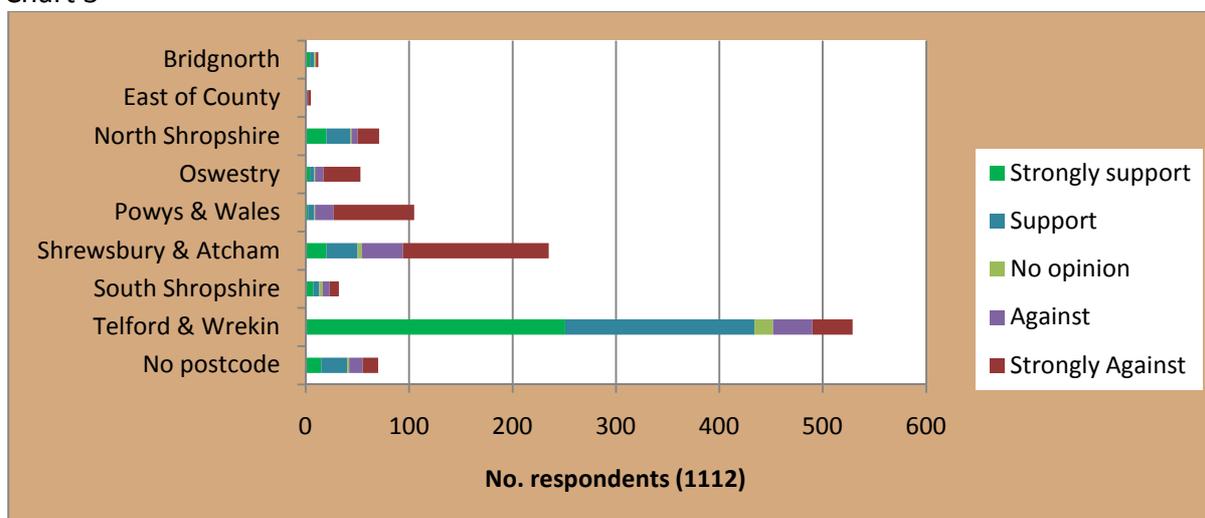


Chart 2 shows that 54% of people who completed a questionnaire supported the overall proposals and 42% were against them. The breakdown of responses by area in Chart 3 shows that, in broad terms, there was overall support for the proposals in Telford & Wrekin, and the Bridgnorth area, whereas in Shrewsbury & Atcham, Oswestry area and mid-Wales people were generally against the proposals.

Chart 3



There was an even spread of people in support and against in South Shropshire, and more people in support in North Shropshire. Where people are in favour of the proposals, there is an even spread between 'Strongly support' and 'Support', whereas in areas against the proposals, they tend to be more 'Strongly against'. More details by area can be seen in section 4.

### 3.2 Inpatient Children's Services

The consultation document proposed the following in relation to inpatient children's services:

- Concentrating inpatient services for children on the Princess Royal Hospital site, with both sites providing children's assessment units for the majority of the time. Under the new proposals children would be able to go to the Royal Shrewsbury Hospital during the daytime for initial assessment and, if needed, day time observation. If the condition was serious enough to need an over-night hospital stay, then the child would be transferred by ambulance to the specialist inpatient unit for children at the Princess Royal Hospital.
- Children attending hospital as an outpatient would continue to go to the same hospital that they do currently.

People completing the consultation questionnaire were asked to what extent they supported or were against the proposals for inpatient children's services. Chart 4 gives the total responses to this question.

Chart 4: Inpatient children's proposals

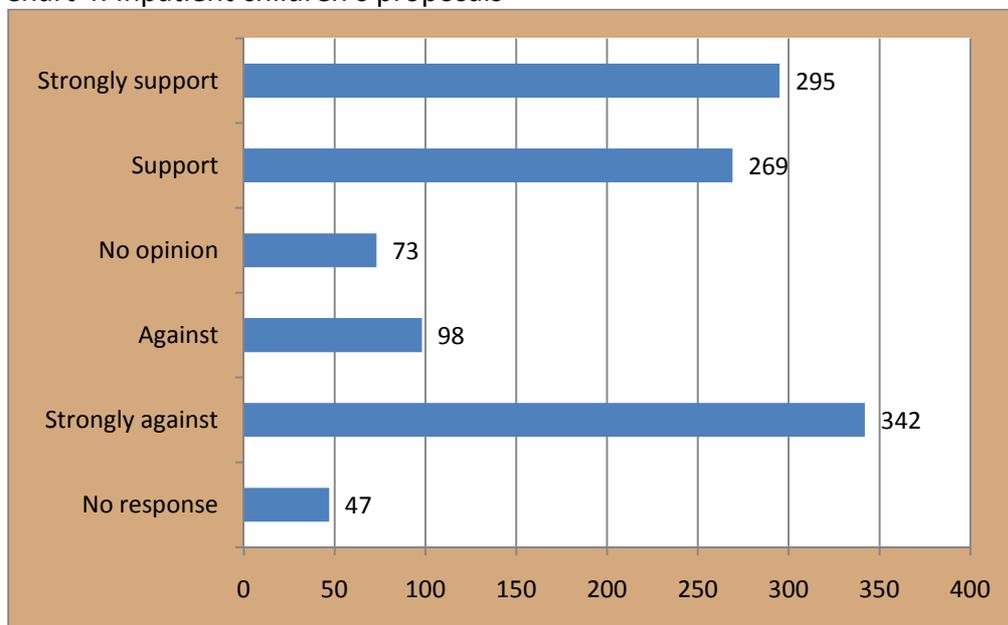


Chart 5

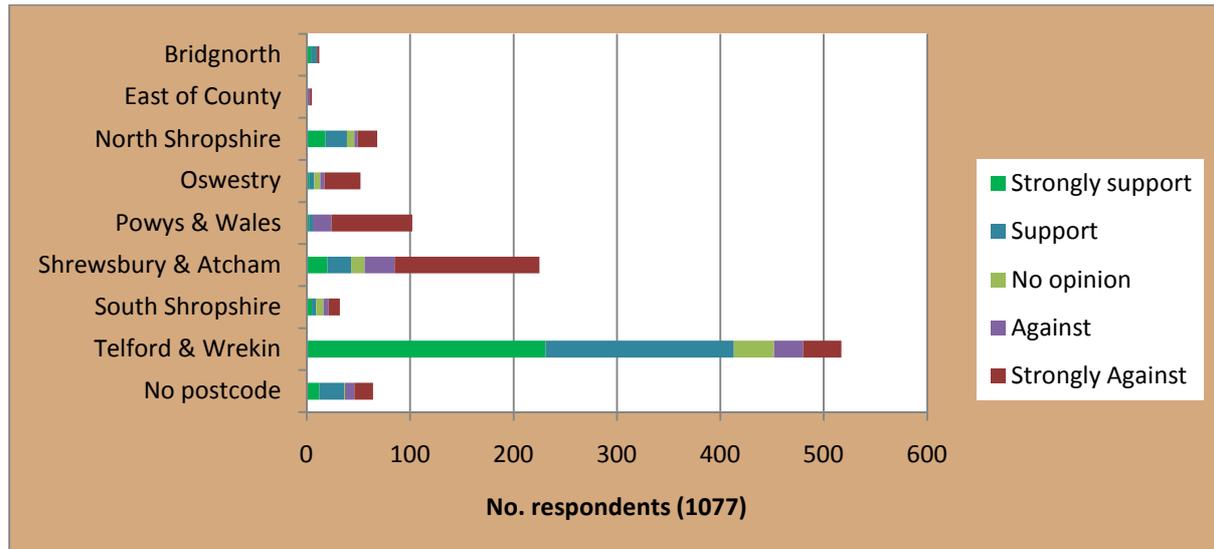


Chart 5 shows a similar pattern of responses to that shown for the overall proposals for changes to services as in Chart 3 above, with a few (c.30) more neutral responses across areas and a few less ‘Against’.

### 3.2.1 What people liked about the proposed changes to inpatient children’s services

Improved services and better care

Better building and facilities for children

Reflects population trends

Better use of limited resources

The retention of day time assessment at both hospital sites

There were 448 comments from patients and members of the public in response to this question.

292 people (65%) were broadly supportive of the proposed changes.

73 people (16%) wrote ‘nothing’ or stated that they did not want to see any changes at all. Of these 35 were from Shrewsbury & Atcham; 16 were from Powys & Wales; 6 were from Oswestry 6 from Telford & Wrekin, and 5 were from North Shropshire. Others comments included concerns about transport, travelling time, access, or finances.

#### Improved services and better care

With regard to the potential for improved services and a higher level of care, some people thought this would be achieved through the concentration of expertise and that it was on

the whole better to have one centre where this could be achieved. Some people also felt that this would offer a better opportunity to attract and retain skilled and experienced staff.

*“It will provide a better service on one site and to have an excellent centre within the county will be better than having 2 that are good but not excellent.”*

*“The fact that children in Shropshire will have one centre where all the expertise is based.”*

*“Despite extended travelling times and distances for some people e.g. Mid Wales, the concentration of expertise should benefit children.”*

*“Focus for specialisms on one key site with support at both meaning local access for many visits still available, potential to develop a centre of excellence and maybe link with Birmingham children's hospital. ....” (extract)*

### **Better building and facilities for children**

People referred to the opportunity for children who are inpatients to have access to better, brighter and more modern building and facilities.

*“The idea of an improved building is good.”*

*“They will be based in an up-to-date building and in an area where they are MOST needed.”*

### **Reflects population trends**

Other comments suggested that the proposals reflected the population trends in the county, particularly given that Telford has a younger, growing population, and people felt it was sensible to site services closer to them.

*“It takes account of the more rapidly expanding young population in Telford & Wrekin.”*

*“It makes sense to have a Centre for children in one area where the most need is and where you can build on (in service terms) to create a Centre of Excellence for the needs of all the children and young people of Shropshire and surrounding areas.”*

### **Better use of limited resources**

In terms of whether the proposals made best use of limited resources, generally people felt that it was better to have one excellent facility. Other people felt that having one centre for inpatient services in the county was better than services not being available in the county at all.

*“This is the best use of limited resources. Better to have one excellent location than two slightly under-resourced facilities.”*

*“In order to consolidate paediatric service and prevent their removal from Shropshire this is the best compromise for all parties concerned.”*

*“I understand that if the proposed arrangements don't go forward, we may lose some services altogether from the county.”*

Some Telford residents liked the proposals because they place services much closer to them.

*“I live in Telford so its a lot shorter journey should my children become ill”*

*“I live in Telford and am reassured that if my children were kept in overnight I'd be close enough to visit them everyday. I think there is possibly more poorer families living in and around Telford than Shrewsbury. More parents would struggle to travel from Telford to Shrewsbury than vise [sic] versa.”*

### **The retention of day time assessment on both the Shrewsbury and Telford sites**

The proposals retained day time assessment on both the Royal Shrewsbury and the Princess Royal hospital sites.

*“I agree they need to be concentrated on one site. I like the assessment unit at RSH and would encourage the use of tele-medicine to reduce the need for.”*

*“A daytime assessment service will still remain at RSH - probably busiest and most widely used service anyway.”*

*“That at least urgent cases will still be dealt with at both sites.”*

### 3.2.2 What concerned people about the proposed changes to inpatient children' services

Travel time, distance and transport

Location of services

The impact on children with specific conditions or life limiting illnesses

The Rainbow Unit

There were 474 responses to this question.

40 people commented that they didn't have any concerns about the proposals.

#### **Travel time, distance and transport**

310 patients and members of the public raised concerns and issues connected to travel time, distance and transport. This was the most prevalent issue.

The key issues and concerns that were raised in connection with travel were:

#### ***Distance and travel times***

55 people commented that the proposed changes would increase travel distances and therefore journey times for families to get their children to hospital during an out of hour's emergency. 26 were concerned about the impact the proposed changes may have for people in rural communities. People were also concerned about how ambulances and emergency services would be affected at peak times.

*Children from Mid-Wales have further to travel in an emergency. Could be life or death situation with further to travel."*

*I think it is dreadful that services for children might be moved, it will mean a far longer journey for people in rural areas.*

*"Think it's dangerous for children to have to travel so far from the west side of the county and Powys!"*

#### ***Emergency transfer time***

63 people commented on the length of time it would take to transfer a sick child from Shrewsbury to Telford. People were concerned about whether this increased travel time would mean children would be at risk. Others wanted to understand how this journey would happen during busy times, or in adverse weather conditions.

*“That ill children will not only travel more but wait longer to be seen. Children will be assessed at Shrewsbury then sent to Telford and assessed again. This not only means more travelling but also a longer time before they receive treatment, also a child that does not need to be treated will be sent there just in case, this already happens to children in Oswestry who go to Gobowen for treatment but are sent to Shrewsbury just in case.”*

### **Impact on parents and family members**

There was concern about the impact on other family members of increased travel distances and times for parents from Shrewsbury, Powys and rural areas of the county going to the PRH, and /or general concerns about additional travelling times. This included comments from people who were concerned about increased costs of travel.

*“If my child is ill after hours and needs admitting, having to travel to Telford would be stressful. Also with a second child, childcare would have to be arranged overnight - again very difficult.”*

*“Telford is TOO FAR for Powys patients.”*

*“I also worry about the impact on families who already experience strain on their family unity and dynamics.”*

*“Children from Shrewsbury and all the rural area's that surround us will have to travel much further.”*

*“Such a distance to travel if my children should require specialist paediatric inpatient care would make it very difficult to spend time with them when I have other children, if it was local there would be less difficulty.”*

### **Impact on visitors**

43 people commented on the difficulties that visitors may face; of these 18 were from Shrewsbury & Atcham, 8 were from Telford & Wrekin and 7 were from Powys & Wales. Several people were concerned about the additional travel times and the impact that they may have on fathers.

*“Telford is a long drive from Oswestry and other towns, which will impact visiting a sick child in hospital, particularly with further complications of siblings to care for.”*

*“With all the changes I am very concerned about travel for some of us in rural areas. Shrewsbury is just about possible on public transport (2 buses and train each way). Telford is impossible, no direct services. It would literally take all day to visit someone; a child could be unvisited for days if the family had no car.”*

### **Lack of public transport**

A particular concern was the lack of adequate public transport links to the specialist children’s unit. People were concerned about what was going to be done to make sure that transport links were in place and non car owners were concerned about how they would be able to get to see their children should they require inpatient treatment.

*“That if my child is taken ill overnight he could end up being taken to Telford which would cause me major problems re transport regarding visiting as I do not drive.”*

*“If it stops services from going out of the county then that's all well and good. My main concern is the travel time, especially for very sick children, who may have to travel longer distances to be treated. Will we have children dying because they couldn't get the treatment they needed in hospital in time? Also some parents won't be able to afford to use public transport to visit their children. In some places the public transport just isn't there and people can't afford taxis all the time, if at all. The economic cutbacks will impact on everyone, not just the NHS.”*

### **Parking at PRH**

20 people were concerned about whether or not the parking arrangements would cope with the additional people using the site as a result of the changes.

*“...There is not sufficient parking at Telford to allow access for all patients who will need it and the route to the hospital is a nightmare to drive especially during rush hour.” (extract)*

### **Lack of overnight accommodation for parents**

People expressed concerns about accommodation for parents, both in terms of what may be available at the hospital for parents who are unable to travel to and from the hospital and about the local availability of affordable hotel accommodation.

*“Some mothers/fathers will have to sleep over in Telford (those from Wales) and only have one Travelodge in close area.”*

### **Location of services**

213 people commented on the movement of services from one area to another.

A number of people see Shrewsbury as the hub of the County and therefore the best place to site 24 hour paediatric services. Others commented that families from Telford could access services in the Black Country or Birmingham.

*“... By shifting women’s and children’s services to Telford those in the West of the county, and beyond, are being unfairly annexed for what appear to be no more than satellite competition for the Birmingham and Black Country services which supposedly compete with the services at RSH.”*

*“Should not be moved from Shrewsbury. RSH is central to all our catchment area. Telford residents have access to Birmingham or Wolverhampton hospitals.”*

*“Travel Distance / Time to get to service. Telford has Wolverhampton and Stafford Paediatric inpatients. Mid Wales has Wrexham and Telford, both a fair time / distance travel on slower roads. Children’s A & E is no good at Shrewsbury if you don’t have any Paediatric consultant backup on location.”*

69 people were concerned that moving services from Shrewsbury may be dangerous or compromise the care of children in some way. The majority of comments were from people who were concerned about the proposed changes to children’s assessments on the Royal Shrewsbury site.

*“Children should receive inpatient care and follow up care in one location, in the one closest to their home, both in Telford and Shrewsbury.”*

*“My daughter has been rushed to A&E in Shrewsbury many times with prolonged epileptic seizures and there has always been a team of paediatricians waiting to treat her on arrival. This would not be the case under the proposals meaning she would either have to travel a further distance to PRH whilst continuing to have a fit or be treated by general A&E doctors. Either if these options puts her life at greater risk.....”(extract)*

*“Having to travel by ambulance with very sick children. Not having access 24 hour assessment by a team of paediatricians. My son had meningitis at 9 weeks old and it took 2 senior doctors to get a line into him. I would have had to travel to Telford and 30 minutes can be a significant time when a child has meningitis. I spent a week in hospital with my baby and still had a 2 year old at home in Shrewsbury. It would have been very difficult with the travelling to and from and I would have had to leave my baby for longer periods so disrupting my breastfeeding which is so heavily promoted by midwives.”*

*“My baby has been admitted twice to RSH for breathing difficulties, the extra time on the journey to travel to Telford could be critical”*

*“I live in Newtown and two of my children are asthmatic. One of my children was hospitalised at an early age, due to a serious asthma attack. This was an extremely stressful time and any reduction in existing services would be an additional burden on children and their families.”*

### **The impact on children with specific conditions or life limiting illnesses**

People were concerned that the changes may disproportionately impact on children with specific conditions or life limiting illnesses. 42 people made specific comments about this.

People were particularly concerned about how these changes would impact on other members of the family.

### **The Rainbow Unit**

People wanted to know what would happen to the Rainbow Unit and several people commented that it was recently built; using both public money and money fundraised by local people specifically for that purpose. Again people were concerned about how additional travelling time may affect other children and family members.

*“The extra stress and anxiety problems this would cause. Not safe practice to move oncology, people raised money to build this ward also.”*

*“Closure of rainbow ward would cause an extra 35 minutes journey time, the efficient service at the rainbow ward would be lost, emergency service would not be available 24 hours a day.”*

*“I am very worried that the service provided by Rainbow Ward would be lost from Shrewsbury. I live 20 miles west of Shrewsbury, just across the border in Powys. When my 2nd child was just 15 days old I had to stay there for 5 days with her - leaving my 2 year old with dad at home. It was a difficult time as my daughter had only just turned 2 and I had not wanted to leave her so soon after the birth of the new baby. If the distance to travel had been further it would have made visits and contact with toddler even more difficult.”*

### **What happens if the changes are not made?**

A small number of people were concerned that if things don't go ahead as proposed then services will be lost from the county.

*“If paediatrics on one sight [sic] is not achieved we could lose the service out of county.”*

### **3.2.3 What would reassure people about proposed changes to inpatient children's services?**

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Nothing to change

Public transport and shuttle bus

Reassurance on travel times and emergency transport

Provision for parents

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396 people made comments in response to this question.

38 people felt that there was nothing that would offer them reassurance about the proposed changes.

## Nothing to change

175 people commented that they wanted things to remain as they are and didn't want any changes to the current services at all.

*"For this service to remain in Shrewsbury. I don't believe there are many changes that could be made to reassure otherwise."*

*"I would be reassured if this proposal was scrapped."*

*"Nothing. We must keep in-service paediatric services in Shropshire. Telford & Wrekin is a separate county."*

## Public transport and shuttle bus

63 people were looking for specific reassurances about shuttle bus arrangements between the sites. People wanted to know more about what would be done for people without access to their own transport and what the plans were for improving public transport links across the county. People also wanted to know about transport arrangements during the evening, night and weekends for people without access to their own transport.

*"A shuttle bus service between the two hospital sites reducing the inconvenience of travelling by public bus services for visitors without their own personal transport, bearing in mind that both hospital sites are not located in town centres and are not easy to access by rail or bus services."*

*"Free shuttle bus between the hospitals, improved public transport network. Free car parking at both hospitals."*

*"Greater transport links, such as a swift taxi link or similar"*

*"Transport arrangements (e.g. a shuttle bus between hospitals) including access to transport in the middle of the night for parents."*

## Reassurance on travel times and emergency transport

Others wanted reassurances that increased travel times would not adversely affect the speed at which treatment would be received.

People wanted to know if there would be sufficient 24 hour ambulance cover to support the proposals. They are looking for reassurance that proposed changes will not affect the speed

at which people would receive treatment, and that any potential delays would not harm or endanger recovery.

*“More ambulances and air ambulances provided by the NHS and not charity. Better bus services (nil at present to Telford from mid Wales). More parking facilities ....”*  
(extract)

*“Some of the panel travelling the journey with an imaginary extremely ailing/hurt patient that needs urgent attention and just seeing how long it takes, in the rush hour. Assurance on rapid response to hospital will be met in a very, very short time.”*  
*“That the trust could guarantee[sic] that the increased travel time will not affect the speed at which patients can arrive at hospital and receive their treatment. And that any potential delays in transport due to patients having to transfer between the Telford and Shrewsbury site will not harm the patient's recovery. Also need to look at public transport and the cost for patients and their families who visit/go to hospital appts. [sic] People are already struggling financially and having to find bus fares, etc, for hospital journeys might not be possible.”*

### **Provision for parents**

19 people wanted reassurance that parents and carers wouldn't be put off seeking treatment for a sick child due to costs associated with increased travel or overnight costs. Others wanted to know that there would be provision for parents to stay overnight in Telford if their child required inpatient treatment.

*“Better facilities for parents who stay with their children. Provision of care for other siblings. Financial support for parents in this situation who need it. Reliable, affordable and accessible (sic) public transport to the hospital from all around the county.”*

*“Provision for parents visiting children who don't drive a car, would there be facilities for parents staying overnight.”*

*“Nothing. Petrol costs and travel would be a problem for many people and could deter people from getting help for their children.”*

### 3.3 Maternity Services

The consultation document proposed the following in relation to maternity services:

- The consultant-led maternity (obstetric) unit currently on the Royal Shrewsbury Hospital site would move to the Princess Royal Hospital site. Both sites would continue to provide midwife-led maternity units (MLU). The MLU accommodation remaining on the RSH site would be improved.
- The neonatal intensive care unit for new born babies needing intensive care that is currently on the Royal Shrewsbury Hospital site would move to the Princess Royal Hospital site, so that it is in the same place as the consultant-led maternity unit and inpatient children’s services.
- All pregnant women would continue to have all their outpatient antenatal care, including scans, at the same hospital they would go to now.
- All pregnant women assessed as likely to have a low risk of complications in the later stages of pregnancy and during delivery (around 25% of all women giving birth) would still have the opportunity to have their baby in an MLU or at home.
- All pregnant women assessed as likely to have a high risk of complications would have their babies delivered in the consultant-led maternity unit at the Princess Royal Hospital.
- Gynaecology inpatient services for women would be concentrated in future at the women’s and children’s centre within the Princess Royal Hospital. Those attending for outpatient or day care services would go to the same hospital as now.

People completing the consultation questionnaire were asked to what extent they supported or were against the proposals for maternity services. Chart 6 gives the total responses to this question.

Chart 6: Maternity proposals

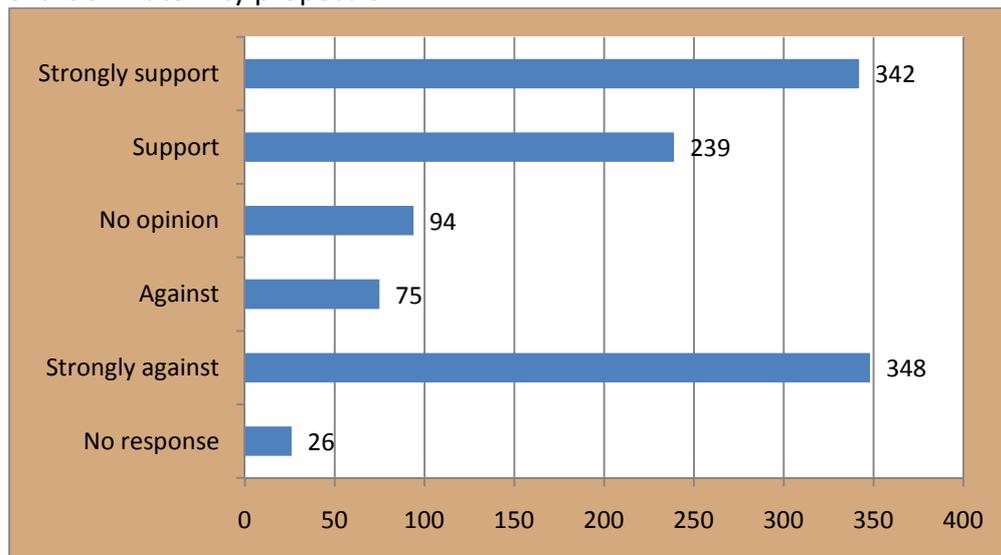
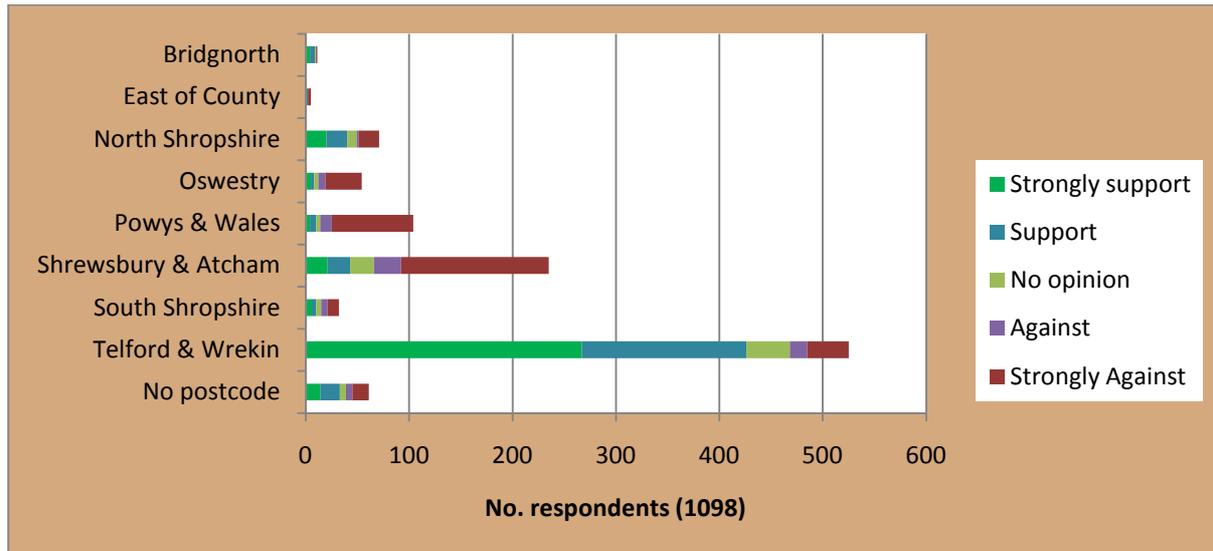


Chart 7



A few more people answered this question compared to the equivalent question on proposals for inpatient children’s services. The support from Telford & Wrekin is even stronger here than for the proposals on inpatient children’s services and there are more neutral (no opinion) responses overall, including from Shrewsbury & Atcham, Oswestry and Powys & Wales. However there is the same number, or a couple more, of ‘Strongly against’ from each of those 3 areas for proposals on maternity services as were ‘Strongly against’ the inpatient children’s services proposals.

### 3.3.1 What people liked about the proposed changes to maternity services

Improved quality of service

Improved facilities

Reflects population trends

Access to services

Better use of limited resources

There were 433 responses from patients and members of the public to this question.

247 (57%) people were broadly supportive of the proposed changes.

58 (13%) patients or members of the public wrote “Nothing”, stated specific concerns, or stated that they didn’t want the services to change.

## Improved quality of service

43 people felt that services would be improved if they were consolidated on to the Telford site. Several people felt that consolidation at the Princess Royal Site was the best way to ensure safe modern facilities for the whole county.

*“Moving the consultant-led maternity unit to the PRH is the safer and more affordable option and mothers will get maternity care good enough for the 21st century. The cost of rebuilding at the RSH (£60 million) would be a waste of money and in the current financial climate, not affordable”.*

*“I like the fact that services will improve for patients.”*

*“Sensible proposals for improving maternity care and maintaining it within the county. ....”(extract)*

*“There will be more modern services to hand.”*

## Improved facilities

With regard to the modernisation and upgrading of buildings, 43 people felt that the proposed changes offered an opportunity for women to give birth in clean, bright modern environment.

*“A better, larger and safer building.”*

*“Better and cleaner facilities already exist at Telford for non-consultant births, so to expand this makes great sense.....” (extract)*

*“Having experienced maternity services at Shrewsbury, I found them highly inadequate.... More modern, better staffed and more extensive facilities are desperately needed.”*

*“Up to date facilities on one site keeping it in Shropshire at the most appropriate location.”*

*“clear need for upgrading of buildings and facilities, moving to Telford most cost sensitive and sensible solution”*

## Reflects population trends

The use of the Princess Royal Hospital site to consolidate maternity services reflected the changing demography in the County. 58 people who made positive comments felt this made sense as it reflects the changing population trends and likely future demands for

services across the county. 63 felt that the proposals were placing services closer the areas with the greatest need.

*“Again the Stats do hold up. Telford for a consultant unit seems to be an obvious choice.”*

*“Telford has a younger age profile than Shrewsbury and the rest of the County and therefore is the logical place to locate maternity services. There are also more areas of deprivation and vulnerable families near to the PRH. Finally the cost of the necessary new build is much less at the PRH site than the RSH site.”*

*“Telford has more complicated births per head of population.”*

*“Suuport [sic] the move as demographic trend will mean more children in the east of the county.”*

### **Access to services**

The retention of a midwife-led unit on the Royal Shrewsbury Hospital site and continued access to local antenatal care was important to 132 people.

*“Pre- natal will still be carried out locally but again there will be a specialised service with all the right people at one site”*

*“There are midwife-led maternity services where they need to be and a specialist one where the demography suggests.”*

### **Best use of available resources**

*“I think they will help to secure the best deal for the people of Telford & Wrekin and Shropshire in these challenging economic times.”*

*“It is sensible to build a highly skilled unit in one place at a time when resources are scarce and likely to become even more so into the future.”*

### 3.3.2 What worries people about the proposals for maternity services?

Distance and travel

Midwife-Led Unit

Neonatal services

Impact on home births

Location of services

The impact on women or babies with specific conditions or illnesses

There were 437 responses to this question. 28 people stated they did not have any concerns about the proposals.

#### **Distance and travel**

247 people raised issues and concerns related to travel, particularly in relation to the additional distance and travelling times that people from some parts of the county and mid-Wales will experience.

#### ***Travel time and costs***

Some comments related to access to consultant led birth service for routine appointments and for delivery. People were concerned about the costs associated with the additional travel and also the extra time it would take to get to and from appointments. People also wondered if mums-to-be may try to postpone or delay the journey and if this would be in any way damaging to the health of the mother or her baby. A small number of people wondered if women would chose to give birth outside the county in the consultant led unit at Wrexham.

*“As before the distances involved are too much. I had too [sic] have my children on the consultant unit the first time I lived in Mid Wales the next too Oswestry. The travelling for all involved to Telford is too far and too expensive.”*

*“Again I live in Newtown Powys. My nearest hospital is 1 hour drive away - Shrewsbury- I recently had my baby and had many complications involving me driving to Shrewsbury many many times to visit the consultant led unit. This was uncomfortable, inconvenient and very costly. The travelling added to my anxiety and my overall feelings of ill health. If the services are moved I can expect a 1/12 to 2 hour trip to Telford instead. This means a four hour round trip. When I have my next child this is what I can expect because I will expect to have similar complications again. The thought of this causes great anxiety. I don't know how we would afford the extra travelling nor would I feel safe being so far away from expert help.”*

### ***Transfer in emergencies***

People were concerned about what would happen should there be unexpected complications during labour or delivery. Concerns were expressed about how potentially dangerous this may be for both the mother and child. People wanted to more fully understand how emergency transfers in such a situation would be made.

*“If there are complications during a labour it is ridiculous that a mother giving birth in Shrewsbury would have to travel to Telford in the middle of labour. I started off in the midwife led unit and ended up in the consultant unit and if I had had to move hospitals I am sure it would have complicated my labour further.”*

*“That expectant mothers in complex labour will have additional travelling time, which is life threatening, as well as being very distressing. What will happen if a mother in the midwife led unit in Shrewsbury suddenly needs the full support of the consultant led unit?”*

*“Having had to be rushed by ambulance from Gobowen to Shrewsbury to have my first child I am absolutely sure that I would have had to give birth en route had the maternity unit been in Telford - this is a very worrying thought to a pregnant mum, particularly a first time one as I was.”*

### ***Poor weather conditions***

Another issue was how people travelling to the consultant led unit at the Princess Royal would cope with poor weather conditions – one or two people talked about the extreme weather that experienced during the winters of 2010/2011 and 2009/2010. People also commented on the poor roads for people from some parts of the county.

*“I am concerned about the huge distances (45 miles) some expectant mothers would have to travel from remote areas in Shropshire and Powys in an emergency, especially in bad winter weather. Long journeys on poor roads in a bad winter like 2010/11 would be extremely dangerous, if not impossible.”*

*“It is a lot further on worse roads to travel from Ludlow to Telford for more complicated cases”.*

### ***Impact of additional travel – times and distance – on visitors***

People were concerned about how the additional travelling times and distances (and the associated increased costs) may adversely impact on visitors. Some women who had been assessed as needing to give birth in a consultant led unit were concerned that they may not have any visitors or that fathers would find it difficult to visit often. Women who may need to spend some weeks in hospital prior to giving birth were particularly concerned about

their partners and families being unable to visit them regularly. People were also concerned about how any potential difficulties with visiting might impact on other children in the family.

*“.... Also not only that, with visiting times, when I was there a father sat in the car park between visiting times because by the time he travelled home it would be time to leave to go back to the hospital...if you move this facility maybe fathers would find it difficult to visit - what about baby/father bonding!” (extract)*

*“... The fact I would get no visitors as it is too far away from my family. My husband wouldn't be able to visit as frequent as if at Shrewsbury - resulting in me being uneasy and a new baby picking up on this.”(extract)*

*“...Shrewsbury is more central in terms of travelling from the various units, it is also better located for partners who have to travel several times a day to visit their partner and baby, especially if they already have other children to care for.” (extract)*

### **Midwife-led unit**

Some people were not clear about the pain relief on offer at a midwife-led unit (MLU), or about the assessment processes that help decide whether to refer women to a consultant-led or a midwife-led unit. Some people commented that they may not have opted to give birth in an MLU if it meant they would have had to travel the additional distance to the consultant-led unit at the Princess Royal Hospital site if they had complications.

Some people want to know what specialist support would be available if an emergency happened with a MLU delivery. Others want to know where the MLU will be sited in Shrewsbury.

A small number of people were concerned that more women would give birth out of County because of the changes.

*"I believe these services should be local and easily accessed. Can the midwife lead service in Shrewsbury provide all forms of pain relief including epidural? What happens if there are complications, does the mother have to be transported to Telford for surgery, a dangerous time delay for mother and child..." (extract)*

*"I gave birth to my daughter at Oswestry MLU. I would never have opted to do so if transfer was to Telford for complications."*

*"What would happen if complications arise during a midwife-led birth? Would consultant obstetricians be available in an emergency?"*

*"...In effect this would be moving services out of the area, as the 326 births in Powys, plus those born in Shrewsbury midwife unit from north Shropshire that choose there for the proximity to the consultant-unit would move Wrexham, which is exactly what you claim you are hoping to avoid."(extract)*

### **Impact on home births**

There were some comments about how the proposals may affect women's birth choices. Respondents wondered if the proposed changes would stop some women choosing a home birth because they were worried about a longer journey to the consultant-led unit, should complication arise during labour or delivery.

*"... Also worried that this would impact on women's decision to have a home birth. Currently rates for home births are quite high in the County compared to national average and locally some of this is likely to be due to knowing that the consultant unit is just up the road if things do go wrong. If your nearest port of call in an emergency is up to an hour away (if you are rural) then women may end up feeling pressured into making different decisions. ...." (extract)*

### **Neonatal services**

People are concerned about the proposed move of neonatal services onto the Princess Royal Hospital site in Telford; they are particularly concerned about the potential risks of harm to babies who require an urgent transfer to a neonatal unit from either an MLU or home birth. People are not sure what would happen to the mum in these circumstances and whether, for example, she would be transferred with the baby if she herself didn't need urgent medical care. Less specifically, people are concerned and worried about the removal of neonatal services from Shrewsbury.

*"I worry about the distance to the consultant led ward. I am 10 miles away from Royal Shrewsbury Hospital it would be an extra 17 miles to Princess Royal. I was in hospital for 28 days eleven before having my son and eleven after he was in neonatal. I needed my family around at that worrying time. It was a 20 mile round trip you would increase it to 54 mile round trip for my husband to visit me. I needed his support during the worrying time of me being ill and my son in neonatal. He is a farmer and cannot easily get time off. Adding all this extra time and travel is a real concern. Not having experience (sic) obstetricians at Royal Shrewsbury Hospital is a big concern, especially in an emergency".*

*"It is all about location and distance to travel for Mid Wales patients. The neonatal services has to stay in Shrewsbury. Telford patients do not have far to go to access other neonatal provision in the West Midlands."*

*"Moving the consultant-led maternity unit and neonatal intensive care unit from Shrewsbury to Telford I think would be a mistake, as if you experience difficulties whilst in labour in RSH to be transferred to Telford could prove life threatening to baby and mother, and add extreme distress to an already stressful situation." (extract)*

### **Location of services**

Concerns were expressed about moving services from Shrewsbury. Again people felt that Shrewsbury was the 'hub' of the County and as such was best placed to retain both the consultant-led unit and the neonatal services. Some people want to be able to give birth in the County town.

*"Based on geography, Shrewsbury is the better option"*

*"Obviously, Telford is further away. We should be encouraging Mums to give birth in Shrewsbury - it is the heart of Shropshire. If we lose maternity what's next? Will we end up with no hospital?"*

*"Pregnant mums from the area of Shropshire to the west of Shrewsbury and the area of Wales served by RSH would have 20 miles further to travel to access consultant and baby care. Shrewsbury seems much better placed geographically as the centre for maternity care for the county."*

*"The centrality of the current service in Shrewsbury provides access for all on the "hub and spoke" system. Moving the hub to the PRH site would disadvantage the majority of patients."*

More specifically people are worried about the move of 24 hour assessments from Shrewsbury.

*I would be particularly worried about the lack of 24 hour paediatric assessment services in Shrewsbury.*

*"I worry about your proposals as I have a small grand-daughter who suffers [sic] from asthma and nut allergy. She was rushed to Shrewsbury in the middle of the night with lights flashing. Would she have made it to Telford?"*

### **The impact on women or babies with specific conditions or illnesses**

People are concerned about the impact of the proposals on women and babies who may have additional medical need; they were particularly concerned with added stress and pressures women and babies may experience as a result of the proposals.

*"I am pregnant at the moment, last time I had preeclampsia. It would take over a hour and a half to get to Telford from where I live in an ambulance. This move would put my life at risk. I don't want to go to Telford, having to travel to Shrewsbury is far enough already. I was under the care of Shrewsbury Hospital through-out both of my pregnancies the care i received after my 20 week scan showed that my first child had a serious heart condition was brilliant and i was lucky enough to have the same consultant during my second pregnancy. Again extra travelling time would have put more stress on me during my pregnancies."*

### **3.3.3 What would reassure people about proposed changes to maternity services?**

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Transport and transfer arrangements

Nothing to change

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There were 325 responses to this question.

31 people (9.5%) stated that nothing would offer them reassurances about the proposed changes.

#### **Transport and transfer arrangements**

41 were generally concerned about transport and travel. People want to know more about the planned air and road ambulance provision, and suggested these would help to reassure them about the proposals. Some people wanted more detail about the arrangements for

the transfer of women during delivery and labour and for sick babies requiring neonatal provision.

Others wanted to know whether some sort of shuttle bus would be provided between the Shrewsbury and the Telford sites and some wanted to know more about what would be done to improve public transport links for those people affected by the proposed changes.

*“Firm commitment to undertake air ambulance type travel for emergencies - a commitment to investigate is not enough. I don't believe there can be any reassurance with regards to the increased travel time - its just making things more difficult.”*

*“The 'flying maternity team' idea/air ambulance, something like that.”*

*“Spend money equipping ambulances with winter tyres & buying some with 4x4 drive.”*

*“Transport arrangements for families (shuttle bus) and robust arrangements for transferring women in labour.”*

Several people would like to see Wrexham as a transfer option for Oswestry and the North West.

*“Having Wrexham as transfer option for all Oswestry MLU patients with complications or keeping Shrewsbury consultant unit.”*

*“Locating the services at the geographic centre of your region. Failing that making the A5 all the way to Oswestry a dual carriageway and increasing the ambulance cover in the area to ensure you do not have to wait for one to come from Shrewsbury or even back from Telford before it can take you to Telford! You should consider a standing agreement that any non Midwife lead births from the North West area go to Wrexham as do any emergencies from the RJAH unit.”*

### **Nothing to change**

134 people (41%) commented that they wanted things to remain as there were with no changes being made to the current service configuration.

A small number felt that if only one site was to be developed then this should be at Shrewsbury not in Telford.

*“Keeping consultant services at Shrewsbury. It is easier for Telford mums to go to Wolves than for rural Shropshire/mid Wales mums to go to Telford.”*

*“If RSH were to keep all its current maternity services investment in services at Shrewsbury.”*

*“Keep it in Shrewsbury - it is as simple as that!”*

*“Need to maintain A&E cover, save services and stop both hospitals losing services.”*

### **3.4 Surgery**

The consultation document proposed the following in relation to surgery:

- Transferring head and neck services from the Royal Shrewsbury Hospital to the Princess Royal Hospital. These services include specialist surgery for cancer patients as well as operations on children with ear nose and throat (ENT) problems.
- All inpatient surgery, both planned and emergency, for vascular surgery (on veins and arteries which supply blood to the heart, brain and other vital organs), colorectal surgery (such as abdomen, intestines and rectum) and upper gastro-intestinal surgery (such as on the oesophagus, stomach and duodenum) would be carried out at the Royal Shrewsbury Hospital.
- Breast and gynaecological surgery will be carried out at the Princess Royal Hospital.
- Surgery for life threatening trauma is already carried out at the Royal Shrewsbury Hospital. There are no plans to change this.
- Hip and knee replacements and fracture repair would continue to be done on both sites.
- Most outpatient appointments would continue to take place at the same hospital as now.
- Almost all (around 80%) of surgical procedures carried out at both the Royal Shrewsbury and Princess Royal Hospitals would still take place where they do now.

People completing the consultation questionnaire were asked to what extent they supported or were against the proposals for surgery. Chart 8 gives the total responses to this question.

Chart 8: Surgery proposals

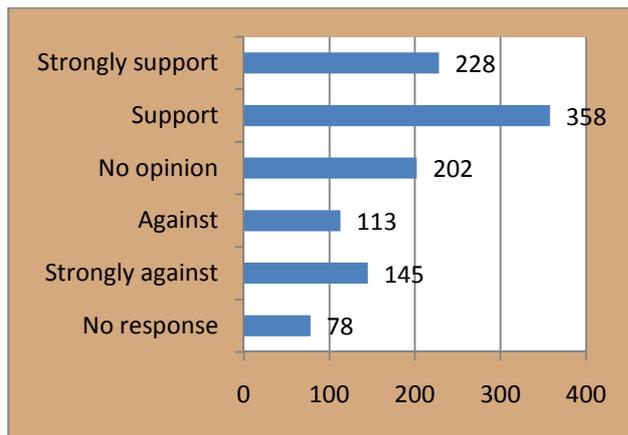
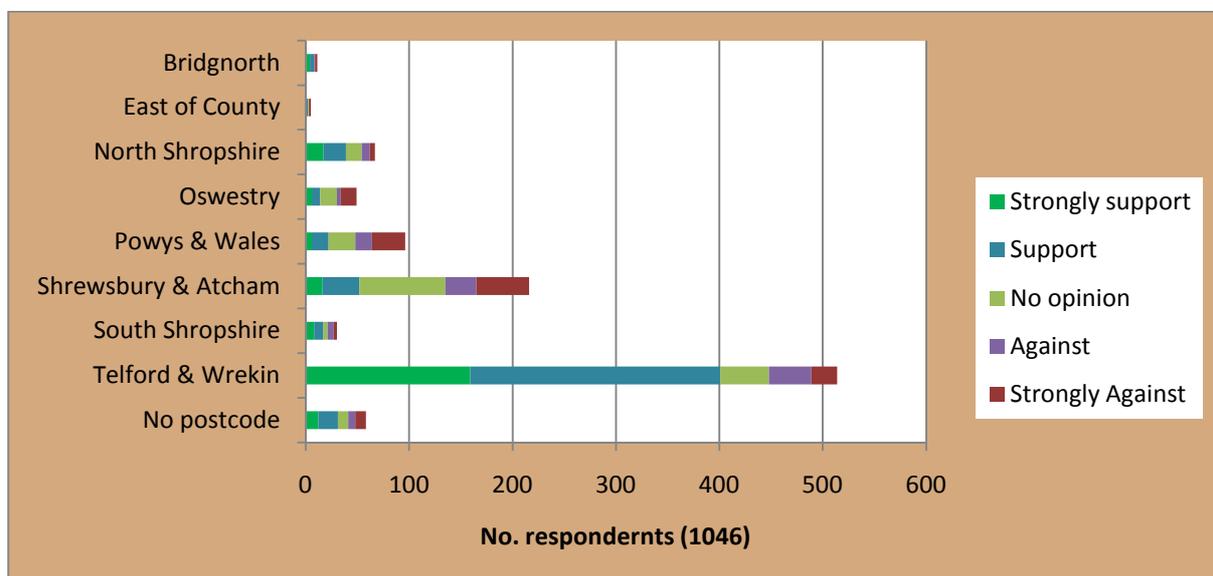


Chart 9



Overall, responses to this question were more supportive than those for inpatient children’s and maternity services. 202 (20%) of respondents chose ‘No opinion’, with noticeable figures for this option from Shrewsbury & Atcham, Oswestry and Powys & Wales.

### 3.4.1 What people liked about the proposed changes to surgery

Centres of excellence

Keep skills and services in the county

Modernise hospital site

There were 332 comments from patients and members of the public in response to this question.

217 people (65%) were broadly supportive of the proposed changes; the key things that people liked about the changes were that they made sense and present a cost effective way of improving facilities.

33 people commented that there was nothing about the proposals that they liked.

### **Centres of excellence**

The proposals offered the potential to create centres of excellence for surgery, each with its own specialism that would deliver improved outcomes for patients. People felt that creating centres of excellence would ensure high quality services and guarantee clinical safety.

*“Having a single specialism within Shropshire will be clinically safer and maybe lead to more facilities/surgical procedures in the county ....” (extract)*

*“Placing the specific surgery proposals would create a centre of surgery excellence for Shropshire.”*

*“Again as surgery is becoming more complex I want to feel sure that the Dr in front of me is an expert in that field. This can only be achieved in one site. Demographics show that this is more appropriately based in Shrewsbury.”*

*“It is better to have one good specialist than two smaller ones”*

### **Keep skills and services in the county**

Comments noted that creating centres of excellence would ensure that county was able to attract skilled clinicians and health professionals which in turn would ensure that patients had access to the best possible services.

*“Will develop centre of excellence and protect local services.”*

*“Modern medicine needs centres of excellence, concentrating specialities means centres of excellence can remain in the county.”*

*“I can understand the need for expertise to be concentrated in one area and if the wards/buidings [sic] are suitable then this is the only option. I wouldn't like to have to go out of the county for any operation I might require in the future.”*

*“Focus best resources on one site. attract best people to county (the best will attract the best)”*

## Modernise hospital site

It is an opportunity to modernise the Royal Shrewsbury Hospital site, which again would better for the recruitment and retention of doctors who are experts in their field.

*“We should be encouraging growth at Shrewsbury. Any plans to modernise and make RSH better for the future are great.”*

### 3.4.2 What concerned people about the proposed changes to surgery

Travel times, distance and transport

A lack of resident surgeons on each site

Impact on waiting times for planned surgical procedures

Skills gap between general and specialist surgeons

Impact on children

There were 288 responses to this question.

29 people noted that there was nothing about the proposals that concerned them.

259 people (90%) made comments about their concerns which fall into the following categories:

#### **Travel times, distance and transport**

112 people raised concerns and issues connected to travel time, distance and transport. This was the most prevalent issue.

#### ***Travelling time and distance***

The impact that any increased travelling times and distances may have on emergencies. People were concerned that lives would be lost as a result, or that any emergency, or other transfers, would increase the risk of infection for patients. People also wanted more information about how emergency transfers would happen. 54 comments expressed particular concerns about emergency transfers.

*“Major road accident between Wolverhampton and Telford, would the people have to go all the way to RSH? If so what is the risk to the people injured?”*

*“... It is exactly the same with car accidents - the FIRST hour is often referred to as the GOLDEN HOUR - as again access to SPECIALIST services WITHIN this hour is the main determinant of overall OUTCOMES. Given the above it is clear to me that FULL accident & emergency facilities [sic] are needed at Telford as well as at Shrewsbury...” (extract)*

*“The provision of the “right” transport in emergencies i.e. Ambulances/helicopters = speed of access to Shrewsbury from surrounding areas e.g. Telford/Mid-Wales.”*

### **Travel costs**

The costs associated with increased travelling time for both patients and visitors. People were concerned that such an increase in travel costs could prevent people from visiting their family and friends in hospital.

*“Extra travelling incurring further costs ....” (extract)*

*“Travelling and access to services for people in Shrewsbury and Mid-Wales.”.*

*“Travelling, people visiting, its all wrong”*

*“To travel to Telford for these services is out of order - Shrewsbury is surrounded by rural areas and to add a journey time onto Telford could mean life or death. Telford is only minutes from Wolverhampton people South of Shrewsbury having nothing.”*

*“Having to travel to Shrewsbury for day procedures like endoscopes [sic] etc, I again would be concerned at the cost of petrol and parking.”*

### **Lack of public transport**

The lack of adequate public transport links from rural areas, between hospital sites and from Shrewsbury, Powys and South Shropshire to the Princess Royal Hospital site. People also commented on the difficulties they had, or may experience, in travelling from the Royal Shrewsbury Hospital to the Princess Royal Hospital and vice versa.

*“Travel time and expense. For those of us on a fixed income and perhaps having to rely on public transportation. It would be impossible for someone from Oswestry to get the Telford. It’s bad enough getting to Shrewsbury no with no busses after 6.40pm so no evening visits are possible, but to travel to Telford is almost impossible by bus and too expensive by train. What a daft idea!!*

*The lack of affordable transport between the two sites means that surgery at the RSH can cost a great deal, I paid £30 recently for a taxi.*

### **A lack of resident surgeons on each site**

People are concerned that there will not be a resident surgeon on each site and that surgery skills may not be available to them, where and when required.

*“lack of adequate cover for surgical emergencies arising [sic] at prh,[sic] or having to travel further to RSH”*

*“Lack of an emergency surgeon if you are at the hospital that does not have the surgeons and it is an emergency situation.”*

*“Lives will be lost as a result of arriving at the wrong hospital and not having emergency surgery available or being cared for in an emergency by non-specialists”*

### **Impact on waiting times for planned surgical procedures**

People were concerned that the proposals will have an adverse impact on the waiting times for planned surgery.

*“Waiting times do not lengthen to levels which will put patients at risk.”*

### **Skills gap between general and specialist surgeons**

People are concerned that any skills gaps may lead to a lowering of standards and care. Some wonder if this will make it more difficult for surgeons to communicate and co-operate.

*“Possibility of an ever widening skills gap between general surgery and specialist surgery leading to lowering standards of care.”*

## Impact on children

People are concerned that children's lives may be put at risk by the proposals and have similar concerns to those expressed about inpatient children's services in regard to travel and access.

*"Think it's dangerous for children to have to travel so far from the west side of the county and Powys!"*

*"Would children who are transferred to Telford have access to surgeons as if they were at Shrewsbury?"*

*"To ensure high quality care for my child if they need surgery I would expect access to the same Surgeon and his team from admission, through theatre, to discharge and outpatient follow up [sic] up. I do not think your proposals will provide or ensure this. I think you are putting the quality of surgical care for children at risk great risk."(extract)*

### 3.4.3 What would reassure people about proposed changes to surgery?

Nothing to change

Public and emergency transport

A clearer understanding how accident and emergency services will work

216 people made comments in response to this question. 8 people (4%) stated that nothing would offer them reassurance about the proposed changes.

#### Nothing to change

51 people commented that they wanted things to remain as they are with no changes to the current services.

*"Keep everything where it is."*

*"keep things as they are"*

*"Leave provision alone and upgrade all facilities-stop using money on decisions that will not change the service received."*

*"Continued services in Shrewsbury."*

## Public and emergency transport

People wanted assurances about travel, particularly about things such public transport link, ambulance and emergency transport arrangements, including transport between sites.

*“A FREE bus running between both hospitals - not everyone has their own transport or can afford a taxis”*

*“Better public transport and access to ambulances should it be necessary [sic] as in all scenarios”.*

*“Improved transport linmks [sic] between the two towns, including evenings”*

*“Realistic ideas for discussion e.g. Improvements in public transport?? In current climate that is unlikely. 'Fastest 999 response times'-that should happen already.”*

## A clearer understanding how accident and emergency services will work

Some people would like assurances as to how health professionals will be trained to deal with emergencies, and others would like some clarification on the use of the term 'emergency general surgery'.

There are comments from people wanting assurances that ambulance response times will allow for additional travel time from patient collection to the appropriate hospital for their treatment.

People have would like to know if an emergency 'flying surgeon' would be developed to carry out surgery in cases where moving the patient would be life threatening.

People were looking for assurances that planning for transfers and emergencies would include strong contingency planning to deal with the unexpected, both in terms of patient care and travel.

*“As long as the on-call team of surgeons is excellent and it does not result in delays to having emergency surgery when it is needed, then I would think the process would work.”*

*“Assurance of implementation of training measures for health professionals dealing with non emergency/non specialist. Assurance of high quality diagnostics and ability to accurately assess what is/is not an emergency or a case requiring specialist surgery.”*

*“You use the term emergency general surgery. Surely there is emergency and general surgery. There may be a need for some overlap of general surgery I think.”*

*“Initial care/assessment by properly qualified staff at Telford if required and/or surgeons able to travel to Telford if patient would be endangered through travel to Shrewsbury.”*

### **3.5 Urology & Stroke services**

The consultation document proposed the following in relation to Stroke and Urology services:

- To discuss the local pattern of Stroke services, taking into account how best to introduce new techniques and develop services in line with modern standards.
- To hear views about the arrangements for Stroke services.
- The hospital Trust’s consultant urologists agree that the inpatient Urology service must be consolidated on to one site. Urology includes treatment of the kidneys, bladder, urinary tract and prostate.
- At present, inpatient Urology procedures are done at both the Princess Royal Hospital and the Royal Shrewsbury Hospital. But if the changes to other services take place as proposed, it may prove necessary to move the service to the Princess Royal Hospital.
- Alternatively, if acute surgery is concentrated at the Royal Shrewsbury Hospital, it may be preferable to move Urology there. Further work is taking place on this. Comments on the options for the location of the service are invited through this consultation.

People were asked for comments about the location of Urology or about the future pattern of local Stroke services. People were not asked to say if they were supportive of or against specific proposals, they were asked for their ideas about these services.

There were 360 responses from patients and members of the public to this question.

#### **Travel and distance**

75 people (21% of respondents) commented on travel, transport and distance.

Comments were concerned about travel difficulties of older people, who might be more likely to use these services, as they might travelling more difficult to get to appointments, especially if they do not drive. People were concerned that public transport would not be in place or that it would be expensive or not available at times when people needed it.

Some people were concerned increased petrol costs, longer journey times or poor public transport would reduce the number of people who would be able to visit friends and relatives in hospital, or create difficulties for people needing regular treatment.

Some people said they did not mind travelling to get the best care.

*"I fully support the idea of specialist stroke services. As we have to travel to hospital already I would rather travel knowing that there is a specialist service at one place rather than two stretched ones at each hospital."*

*"For people visiting or travelling to Shrewsbury from Newport the journey times are very long."*

*"Considering a lot of the stroke patients could/are elderly the travelling for their elderly relatives/partners. Elderly like children need comforting familiar surrounding."*

## Quality of care

35 people made comments about the quality of care. There were not clear views about how to achieve high quality services, with some people feeling that it was important that services remained local and accessible while others felt that quality of service was more important than location.

*"I would prefer to see a first class service on one site rather than a second class service on both."*

*"A recent report highlights the poor quality of stroke services not just within the acute hospital setting. This issue requires urgent attention now, whatever happens as a result of this consultation."*

*"For me, the quality of service is more important than location."*

*"As long as what is offered is the best there is available and within easy access whether RSH or PRH"*

### 3.5.1 Stroke services

There were 121 specific responses on Stroke services.

#### Immediate access to service

Some comments were from people who felt it was important that Stroke services should be available at the nearest hospital to them because the first hour (Golden Hour) is understood to be a key period for achieving better recovery and as such wanted to see emergency Stroke treatment should be available at both the Shrewsbury and the Telford sites. People were concerned that people suffering from Strokes may be put at risk if journey times to treatment were increased. People were concerned about anything that may delay treatment/admission for Stroke.

Several felt that additional training may be required for paramedics in order to ensure that all were fully trained in the most up to date emergency Stroke responses.

*“In view of the importance of speedy access to treatment we feel facilities for stroke patients should be available at both hospitals.”*

*“... time is of the essence so the necessary level of expertise and investment is needed at both locations ...”*

*“We need to improve stroke care for everyone who has a stroke this needs to be easy to access and appropriate. Proper support gives people a better chance of recovery in terms of quality of life.”*

*“I am aware of the critical importance of early intervention for patients who have suffered a stroke and, if needed, additional para-medical training and equipping should be provided so that good, active intervention can be given during transit.”*

#### Local rehabilitation services

Comments noted the importance of Stroke rehabilitation and of these most felt that Stroke rehabilitation services should be close to home for patients, some would like to see services provided in community settings, such as Bridgnorth Hospital, with GP's taking an active role in screening and prevention. Others suggested that rehabilitation services needed to be sited close to populations with the greatest concentrations of older people.

Some people commented that they hoped the proposed changes would improve access to Stroke rehabilitation services.

*“It would be nice to see stroke services also in the community hospitals as most stroke patients are elderly and visiting is difficult for their spouses and family.”*

*“Rehabilitation services should be concentrated near to areas with a high percentage of elderly people.”*

*“More preventative action and health screening at GP practices.”*

*“I don't have any strong views where acute stroke care is as long as it is the best. However rehabilitation should be available at both hospitals, as near to home as possible as this can take weeks and weeks.”*

### **Family involvement**

Several comments highlighted the importance of family support for Stroke sufferers, particularly in supporting recovery, future care planning and rehabilitation. This issue is linked to transport and access for family members to hospital Stroke units.

*“Stroke wards may have an impact on relative being able to visit, these patient are more likely to be disabled for a while and frustrated at not being able to do /say as before and not having family for support could reflect on their rehabilitation.”*

*“Family access to stroke patients is important to enable full involvement of the potential carers in the care planning.”*

### **3.5.2 Urology services**

There were 41 comments that made specific responses on Urology services

#### **Centre of excellence**

Overall comments generally supported the idea of there being a specialist ‘centre of excellence’ in Urology on one site, however views were mixed as to where this should be.

1 commented noted that it would be useful for Urology to be able to link with inpatient children’s services at PRH. Someone else felt that Urology and vascular surgery would be best delivered on the same site. Another felt that Urology should be with surgery. Others

wanted it to be located where clinicians and relevant surgeons felt it would offer the best care.

Others wanted to ensure that wherever it was sited was accessible to older people and that patients and their visitors would be able to get to services using public transport.

*“Centre of excellence for urology is the best way forwards with limited resources.”*

*“We have always had a excellent Urology service provided on both sites and I would imagine that where ever this service is eventually sited and provided would be depend on safety and capacity.”*

*“I believe stroke services should be on both sites because of the catastrophic results if not treated quickly. Urology should be based on the site providing best care facilities, space, consultants and support staff.”*

## 4. Responses by area and key groups

### 4.1 Bridgnorth

12 people from Bridgnorth completed the consultation questionnaire. Across all the questions, 30 comments were made by patients and members of the public.

#### ***Support for the proposals***

There were 11 comments (37%) that broadly supported the proposals. Some noted that the proposals were “*sensible*”, others supported the creation of a centre of excellence and felt that increased specialisation would improve service quality.

#### ***Concerns about the proposals***

##### **Location of services**

7 people (23%) were concerned about the movement of services.

*“As a south Shropshire resident we have already had our services at Kidderminster removed! Its hard enough for us to access hospital facilities, you are making it even harder!”*

*“The movement of other essential services to Shrewsbury.”*

##### **Travel and transport**

3 people were concerned about the increased travelling distances and times, visiting and public transport.

*“Distance to either of these hospitals is a cause for concern for the elderly especially, as transport services are useless. Visiting loved ones is needed to help recovery and getting to visit can be a problem if no car is available and public transport is none existant [sic] in some rural areas.”*

##### **Other concerns**

Some people wondered whether options around Bridgnorth Community Hospital had been explored.

#### ***Reassurance required***

People in Bridgnorth would like to know that they had been listened to and their views taken into account and they would like to be reassured that ambulance and emergency services will be well planned.

## 4.2 East of County

5 people from the East of the County responded to the consultation questionnaire: 3 indicated they were 'Strongly against' the overall proposals, 1 was 'Against' and 1 chose 'Strongly support'.

Across all questions, 10 comments were made from members of the public and patients.

### ***Support for the proposals***

There was only one comment supporting the proposal however it noted that consolidation of services should only be an interim measure.

### ***Concerns about the proposals***

#### **No changes**

There were 3 comments about not changing or moving services of which one person suggested that *"Keeping it as is location wise... maybe offering alternative clinics [sic], 1 week Telford, 1 week Shrewsbury?"*.

#### **Travel and transport**

5 comments related to transport and travel and concerns about additional travelling times and distances.

*"Shrewsbury serves a huge area already, to the west as well as east. Telford is a quick commute away - if you're on far side of Telford can also make use of large hospitals in Walsall etc - if you're [sic] west of Shrewsbury the next options are Wrexham or Aberystwyth..... this will compromise mother [sic] & baby health / lives, & cost the individuals FAR more in travel time & time off wor[sic] for appointments."*

#### ***Reassurances required***

Not making changes to the services - *"Keeping Shrewsbury as is..."*

### 4.3 North Shropshire

72 people from North Shropshire completed the consultation questionnaire, and the graphs below summarise the total responses to the ratings questions from that area.

Chart 10: Overall proposals

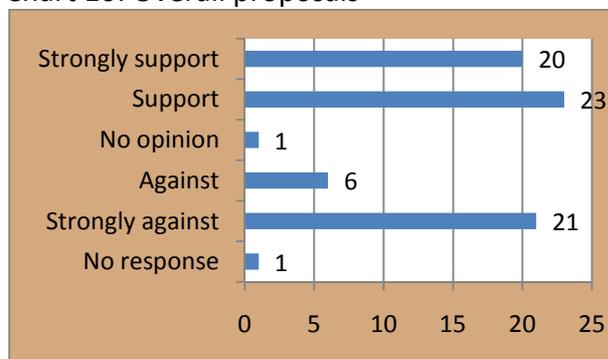


Chart 11: Inpatient children's proposals

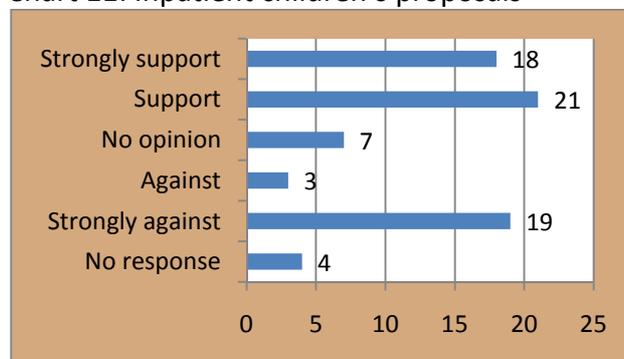


Chart 12: Maternity proposals

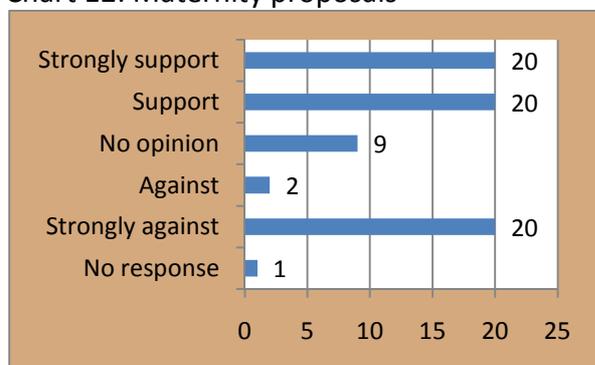
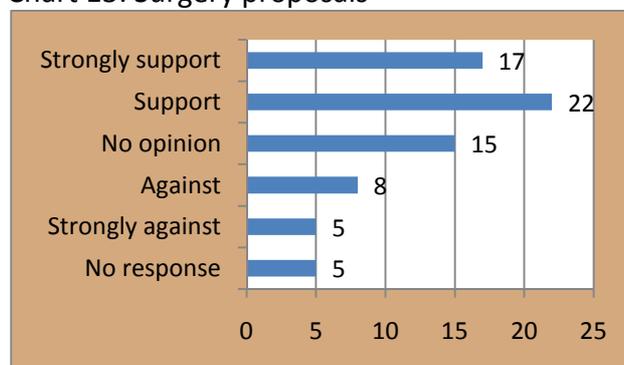


Chart 13: Surgery proposals



235 comments were made by patients and members of the public across all the questions.

#### ***Support for the proposals***

76 comments (32%) of all the comments were broadly supportive of the proposals.

21 of these were in connection with the proposed changes to inpatient children's services – where people were pleased that the proposals took account of the changing population in the county and that it was a “*sensible and cost effective*” way to ensure good services and improved buildings and facilities. Others liked the idea of retaining a midwife led unit in Shrewsbury.

In connection with surgery, comments centred on the importance of developing centres of excellence to attract the right staff with the right levels of specialist skills.

#### ***Concerns about the proposals***

##### **Travel and transport**

Several comments concerned increased travelling times for residents of Powys & Wales and more generally there were comments about the impact of increased travel times.

There were a number of concerns expressed in regard to increased travel times generally for patients and visitors, for mothers in labour – particularly if a transfer from a home or MLU birth was needed.

Other comments were concerned with the increased costs associated with travel to Telford. Several comments were concerned about the speed at which patients would be able to access services – particularly maternity, paediatrics and stroke services in an emergency.

*“Travel distance from more distant parts of the county, eg. the Welsh border and Montgomeryshire, including places like Oswestry, Bishops Castle, Clun etc.”*

*“Taking them away from Shrewsbury would be devastating, women will have to travel too far to Telford when we have a good service here.”*

*“Distance, cost and difficult journey, almost impossible.”*

*“Cost! Taxis/buses/trains... Whatever are beyond affordability.” (Extract)*

*“Transport issues will be a problem - cannot expect local authority to take responsibility will need funding from NHS trust”*

#### **Other concerns**

- That the current protests would stop plans going ahead.
- That acute surgery and paediatrics will be on separate sites – *“putting very sick children's lives at risk.”*
- Whether patients being transferred from one hospital to another would have their notes and records lost or misplaced.
- That the proposals go ahead and it is still difficult to recruit and retain specialist doctors and nurses.

#### **Reassurance Required**

- That issues surrounding public transport will be looked into and addressed.
- That the proposed changes (particularly to maternity and inpatient children's services) do not go ahead
- Evidence of good communication with and training staff, GP's clinicians about how transfers will happen and where the location of new services are.
- That there will be no reduction in care standards across any services.

*“Working across Shropshire as I do, it is essential that the transport aspect is dealt with as an essential part of patient care and family support in view of the distances, existing infrastructure & public transport availability.”*

*“Reassurance that the only difference under these proposals is which hospital you go to and that there will not be any decrease in the current level of care.”*

#### 4.4 Oswestry

56 people from Oswestry completed the consultation questionnaire, and the graphs below summarise the total responses to the ratings questions from that area.

Chart 14: Overall proposals

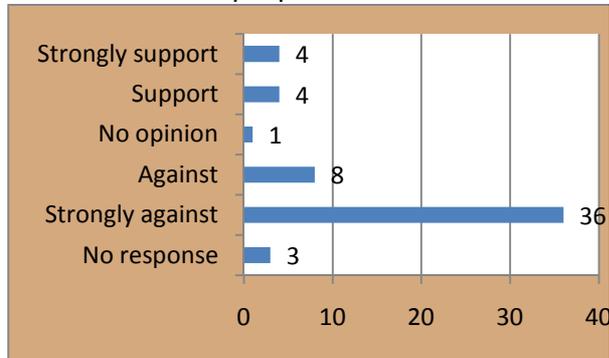


Chart 15: Inpatient children’s proposals

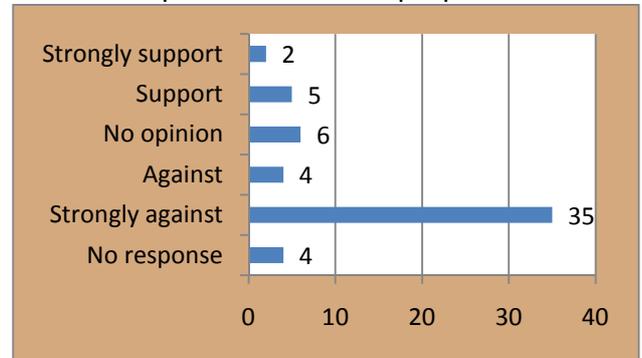


Chart 16: Maternity proposals

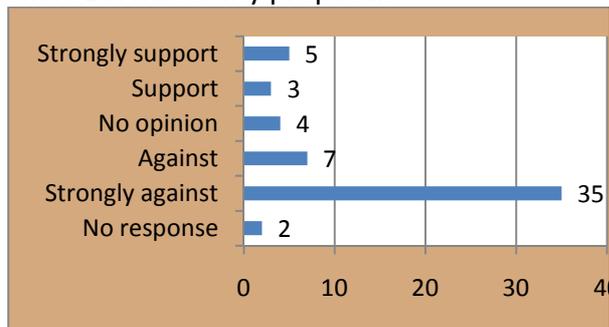
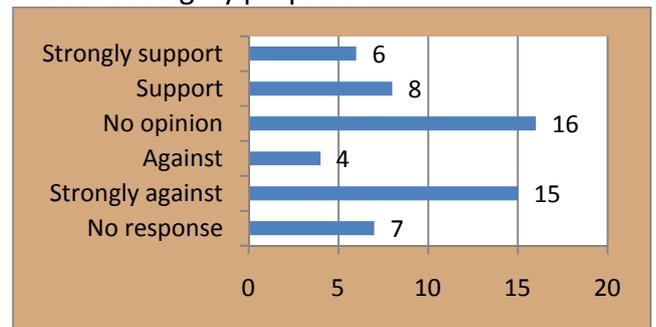


Chart 17: Surgery proposals



Across all the questions, 219 comments were made by patients and members of the public from Oswestry.

#### ***Support for the proposals***

19 comments (9%) were in favour of the proposals. The majority of these comments were connected with improvements in buildings and facilities. Others were pleased that a midwife led unit would be retained in Shrewsbury. 7 people were in favour of the proposals around surgery.

*“Good idea to create one unit rather than two”*

*“It is good that the midwife led unit is being retained at Shrewsbury.”*

*“Providing maternity care in modern hospital environment with more and better equipped facilities.”*

## **Concerns about the proposals**

### **Travel and transport**

44% of all the comments were connected with transport and travel.

People were concerned that additional travelling may place patients at risk, comments particularly identified people from rural communities as being at greater risk and more vulnerable to changes in traffic, weather and road conditions.

There were concerns about the transfer times for patients – particularly mothers in labour who had opted for a home birth, or to give birth in a midwife led unit, who subsequently needed specialist care, either for themselves or for their babies.

Some comments expressed concerns with public transport links and the ease of movement around the County by rail or bus in the evenings and weekends.

Some comments expressed concerns about visiting and that increased time, distance and costs may put off some visitors.

*“While you say there is a greater number of statistically 'at risk' Children nearer to Telford you are making the journey time for Children located in the North East of your region significantly greater.”*

*“Too far to travel for those in rural areas”*

*“Those people having to transfer from Telford for emergency surgery.”*

*“The proposals would seriously disadvantage Oswestry residents. 20 miles is sufficient to travel for all medical services. 35 miles to Telford is unacceptable.”*

### **Nothing to change**

Just over a third of all comments (35%) were from people who didn't want to see any changes made to existing services, or who stated that they liked nothing about the proposals. A few were concerned about the practical implications of the proposed changes for example - patients' records and notes could be lost between sites. Others were concerned that these changes were part of a move to *“abolish all local services.”*

*“The main services be kept at Shrewsbury, there seems little point in moving closer to the 'opposition' in Wolverhampton and Stafford for neonatal care, a commercial organisation certainly would believe this to be a bit of an own goal!”*

*“Why change something that's not broken.”*

### **Other concerns**

Several people wanted to see high quality Stroke services working from one centre of excellence, but locally accessible, likewise Urology services.

### **Reassurances required**

- Not changing anything and leaving services in Shrewsbury.
- Knowing that clinical staff support the proposals.
- Proof that patient safety would not be compromised.

*“Are all consultants/ surgeons and senior nursing staff in agreement with the suggested proposals. If not, then I am not in favour.”*

*“Proof that patient safety in emergency situations will not be compromised and that all medical practitioners support it.”*

*“To leave it where it is in Shrewsbury!”*

## 4.5 Powys & Wales

105 people from Powys & Wales completed the consultation questionnaire, and the graphs below summarise the total responses to the ratings questions from that area.

Chart 18: Overall proposals

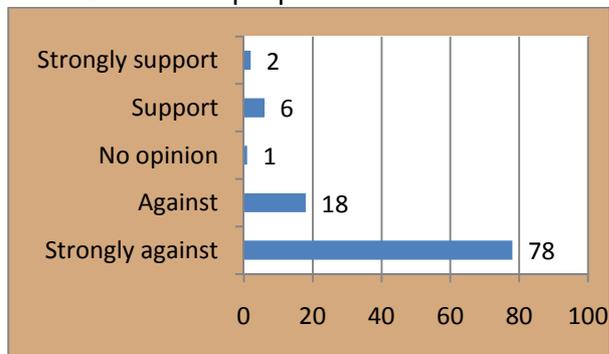


Chart 19: Inpatient children's proposals

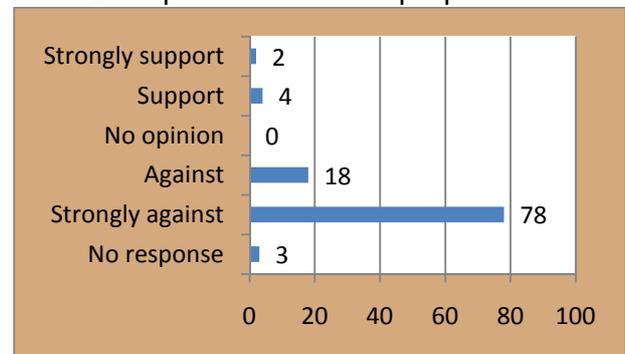


Chart 20: Maternity proposals

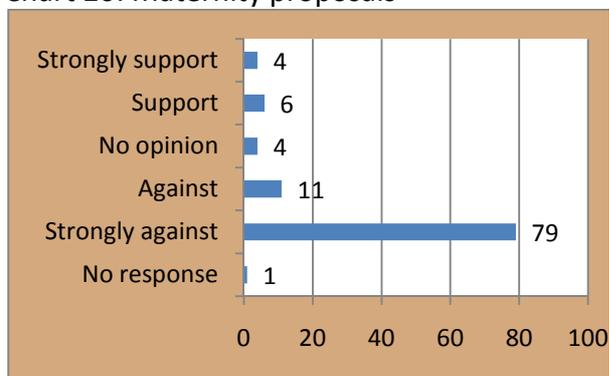
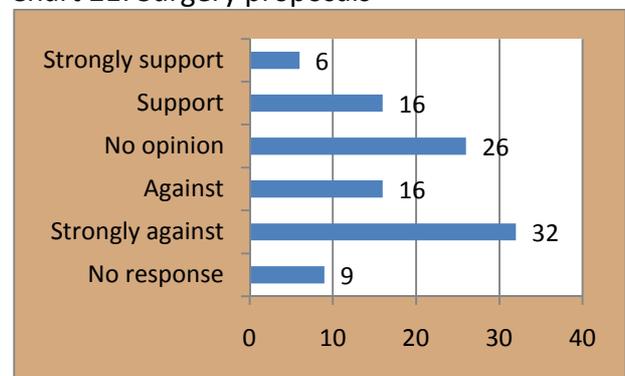


Chart 21: Surgery proposals



Across all the questions 371 comments were made by patients and members of the public.

### ***Support for the proposals***

There were few comments supporting the proposals – around 6%. The majority of these were comments connected to retaining services in the County and to improvements in the fabric of buildings, facilities and services.

### ***Concerns about the proposals***

#### **No changes**

Almost half (47%) of the comments identified that people did not want services to be moved or for anything to change.

*“Leave maternity services where they are – and besides, they are such a fantastic team there!!!”*

*“Stroke services should remain in Shrewsbury due to the importance of “time” for thrombolysis eligible patients. Having experienced my mother suffering a severe stroke I was well aware that “time” is of great importance. (Extract)*

*“What is wrong with the service as it is at present?”*

*“Proposals are stupid and unsafe.”*

### **Travel and transport**

Almost half (45%) of the comments were connected to travel and transport. People were concerned about the increased travelling times and distances for all patients, however there were more comments about this in relation to maternity and inpatient children’s services, and there were particular concerns expressed for mothers who may experience complications in labour or babies who need specialist services.

People were concerned about how both their own and ambulance journey times may be affected by poor weather conditions and at peak travel times. A number of comments were particularly concerned with the provision of ambulance services and wanted to know what consideration had been given to the additional demands that may be placed on them if the proposed changes go ahead.

People were concerned about the risk to children that may arise from any increases in journey time.

Others were concerned about the increased costs associated with additional travel.

*“More ambulances and air ambulances provided by the NHS and not charity. Better bus services (nil at present to Telford from mid Wales). More parking facilities.”*

*“Travel Distance / Time to get to service. Telford has Wolverhampton and Stafford Paediatric inpatients. Mid Wales has Wrexham and Telford, both a fair time / distance travel on slower roads. Children’s A & E is no good at Shrewsbury if you don’t have any Paediatric consultant backup on location.”*

*“Living in Powys, the extra travel time to Telford will add an extra 20 to 30 minutes to the journey. This will have a huge effect on patients from Powys.”*

*“Distance, Distance, Distance. Any change that takes services away from mid Wales is very bad for the Welsh people.”*

*“As a daughter to a lady who broke her hip, it concerns me that my mother would have had to travel further (in incredible pain) to have surgery.”*

*“I am concerned about the impact your proposals would have on the ambulance services in Powys and Shropshire. Have those extra costs been considered? Who is going to be paying for the extra ambulances needed for transferring patients between hospitals!” (extract)*

### **Reassurance Required**

- The majority of people were seeking reassurance that the services would not change.
- That there would be sufficient ambulance and air ambulance support to ensure no lives were put at risk.
- Access to services for people without their own transport.
- That the views of people in Powys & Wales were taken into consideration when making decisions about the proposed changes.

*“More ambulances and air ambulances provided by the NHS and not charity. Better bus services (nil at present to Telford from mid Wales). More parking facilities”*

*“This needs to be looked at seriously what about people who rely on public transport from mid Wales who would find it impossible to get to Telford it can be stressful enough to get to Shrewsbury but Telford would be even worse, it would also mean the use of ambulances more as people who have no transport would be calling the ambulance service as a way of getting their child seen.”*

## 4.6 Shrewsbury & Atcham

236 people from Shrewsbury & Atcham completed the consultation questionnaire, and the graphs below summarise the total responses to the ratings questions from that area.

Chart 22: Overall proposals

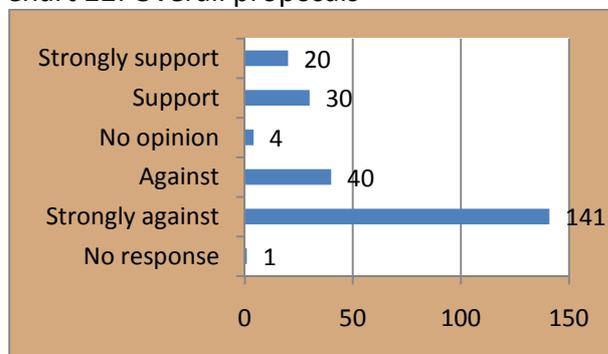


Chart 23: Inpatient children's proposals

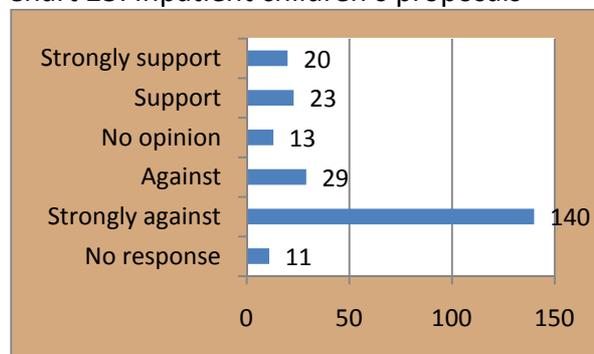


Chart 24: Maternity proposals

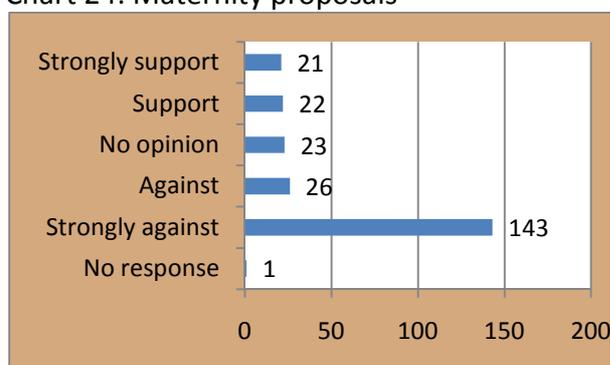
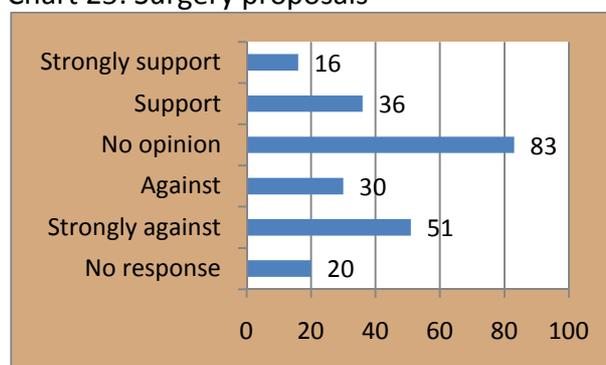


Chart 25: Surgery proposals



761 comments were made across all the consultation questions by patients and members of the public, and of these just over 70% were made in connection with the questions on inpatient children's and maternity services.

### ***Support for the proposals***

95 comments (12%) were broadly supportive of the proposals with people anticipating that the standard and quality of care would improve if services were unified onto one site and that RSH and PRH developed specialisms. Other comments felt that the proposals reflected the changing population trends in the county, and other felt that the changes were necessary in order to keep services in the county.

### ***Concerns about the proposals***

#### **No changes**

Over half (56%) of all the concerns and negative comments were from people who wanted to see no change to the current services or felt that any consolidation of services and improvements to buildings and facilities should be done on the Shrewsbury site.

*"I am strongly against the loss of inpatient children's services at the Royal Shrewsbury Hospital."*

*"Investing more in services at RSH due to its central location within the area it serves."*

*"The urology service in RSH seems particularly effective, and as there are probably more old people in Shrewsbury than in Telford, the urology department should be located in Shrewsbury with regular diagnostic clinics in Telford."*

*"We used to have 3 hospitals in Shrewsbury, we now have 1. Keep ALL services in Shrewsbury and run the hospital at full capacity. LIKE IT WAS BUILT TO BE RUN."*

*"We should be encouraging growth at Shrewsbury. Any plans to modernise and make RSH better for the future are great."*

*"Full services to remain in County town - thereby providing excellent service to all users."*

### **Travel and transport**

188 comments (25%) expressed concerns that related to travel and transport. Of these well over three quarters (164) were made in connection with inpatient children's and maternity services.

People expressed concerns about the additional travelling times and distances and how these would affect them and their families. Some people were extremely concerned that the additional journey time may be life threatening.

There were concerns about the transfer of women in labour, for babies needing neonatal care and for people experiencing stroke and many were apprehensive as to whether emergency services would cope with the additional pressure.

Non car owners and older people were particularly concerned about public transport and how they would either get to the hospital to get treatment or visit loved ones in hospital. Concerns were expressed that people from Powys & Wales and Oswestry would be most affected by these proposals.

*“Having to travel from Shrewsbury (and worse, from Oswestry/  
South Shropshire/mid Wales) to Telford.”*

*“Having to travel by ambulance with very sick children”.*

*“Moving children's inpatient services to Telford would put an unacceptable burden on Shrewsbury children and their families when a child is in hospital. We have chosen to live in Shrewsbury because as a county town it offers good access to a full range of services. If one of our children had to be in hospital for any length of time the logistics of getting them to Telford, looking after them and their sibling at home while they are there etc would be an absolute nightmare.” (extract)*

*“Time is of the utmost importance for stroke victims and the road between Telford and Shrewsbury is long in urgent circumstances.”*

### **Other comments**

There were mixed views about the sighting of stroke services, there were a number of comments about needing stroke services to be local and that any planning for stroke services needed to take into account where older people lived.

There was no clear view about the location of urology services and overall there were fewer specific comments about it. One person felt strongly that urology should be located with vascular surgery while another felt it should be located with abdominal surgery.

There were a number of strong concerns expressed about the proposed changes to inpatient paediatric services and how the removal of a 24 hour assessment from one site could potentially put children's lives at risk.

Parents who would have to travel much further to reach inpatient services in Telford want to know what plans there are for overnight accommodation.

### **Reassurance Required**

- The majority of people were looking for reassurances that the existing services would not be changed or felt that there was nothing that would offer them reassurance about the proposals.
- That Shrewsbury was the right location to have as the hub for services in the county.
- That there would be sufficient ambulance support to ensure that no lives were put at risk.
- Some people would like more information, particularly about clinicians views on the proposals and or about staff training and the staff retention.

- That adequate public transport links would be developed for people with no access to their own transport and that these would operate longer and more extensively than they do currently.
- That a shuttle bus service would be available between sites.
- Neonatal care to be available in both Shrewsbury and Telford.
- That proper consideration had been given emergency services and how women in labour or people experiencing a stroke would be transferred or access emergency services. How would emergency services cope in poor weather or at peak traffic times.
- Some people could support the specialisation of surgery if it meant no change to maternity services.
- That campaigners' voices have been heard and listened to.

*"A commitment to keep the services in Shrewsbury-the right location for the people it is supposed to serve."*

*"Revamp/Update the Shrewsbury Maternity Ward but leave it where it is."*

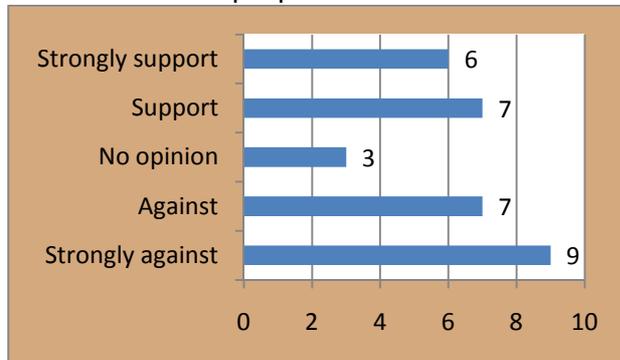
*"Free shuttle bus between the hospitals, improved public transport network.  
Free car parking at both hospitals."*

*"There could not possibly be anything that would reassure me that this is a good idea. It, as usual, is an idea provided by managers who look at figures, and figures alone. There is absolutely no thought for the women who currently use or those who would in the future use this service."*

## 4.7 South Shropshire

32 people from South Shropshire completed the consultation questionnaire, and the graph below summarise the total responses to the ratings question about the overall proposals from that area.

Chart 26: Overall proposals



Across all the questions there were 138 comments from patients and members of the public from South Shropshire.

### ***Support for the proposals***

There were 24 comments (17%) that were broadly supportive of the proposals.

Several comments noted that concentrating the services and developing specialist units should both improve the service and support staff training and development. It should ensure that staff with the right level of skills and expertise are recruited and retained. Others felt that the creation of centres of excellence made best use of limited resources and that if this was what clinicians were suggesting then it was the right thing to do.

### ***Concerns about the proposals***

#### **No changes**

In over a third of all the comments (54) people expressed the view that services should either stay as there are, or be concentrated on the Shrewsbury site. Several people felt that moving the services would unfairly affect to rural communities.

*“To remove consultant unit services from RSH would be a detrimental move for patients in the rural catchment area, historically Shrewsbury maternity has been a popular training school for midwives and G.P's, the town is a popular choice for young professionals to move to and offers good school and housing for them.”*

*“I am concerned that sufficient attention must be given to the topography of the county and its demographics. There must be a strong element of future proofing built into the final proposal.”*

## **Travel and transport**

41 comments (30%) expressed concerns about the impact of the proposed changes on transport and travel.

People noted that increased distances and travel times would create additional strain for patients and their families at a time when they were already stressed. Concerns were raised about the affordability of petrol, taxis and public transport due to increased journey length.

Others were concerned about the provision of public transport – particularly at the evenings and weekends and public transport links for patients in the west and south of the County.

The state of the roads was a matter of concern, as was emergency travel in the weather, at peak times and across rural areas.

Transport to and from routine appointments was identified as a concern, particularly for mums with young families, non car owners and older people. Transfer arrangements between hospital sites for both the patient and their family was also highlighted.

*“Its a lot further on worse roads to travel from Ludlow to Telford for more complicated cases.”*

*“Do you fancy driving your wife in labour [sic] from Ludlow or Welshpool to Telford - I know I have done it.”*

*“Possible difficulties with major trauma patients moving between the two sites.”*

## **Other concerns**

- That services were being removed.
- The separation of consultant obstetrics and gynaecology from surgery.
- Stroke services are kept local.

## **Reassurances required**

- That services will not change or be moved.
- That current services will be improved and maintained.
- That modern/cutting edge solutions will be sought to overcome the difficulties created by the proposals.
- Plans will be put in place around public transport.
- More localised services – particularly for stroke.
- That decisions about the proposed changes are made on the basis of clinical evidence.

## 4.8 Telford and Wrekin

535 people from Telford & Wrekin completed the consultation questionnaire, and the graphs below summarise the total responses to the ratings questions from that area.

Chart 27: Overall proposals

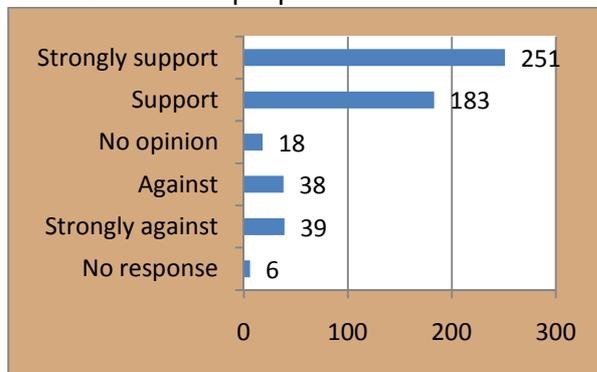


Chart 28: Inpatient children's proposals

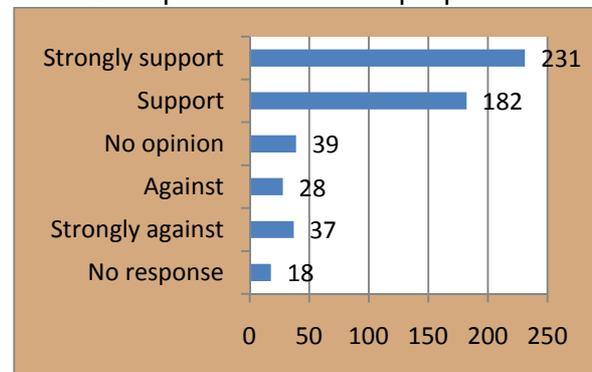


Chart 29: Maternity proposals

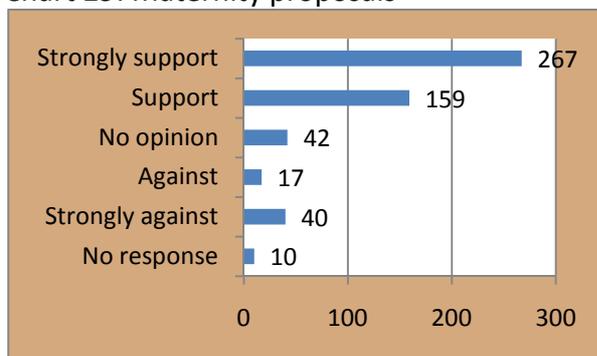
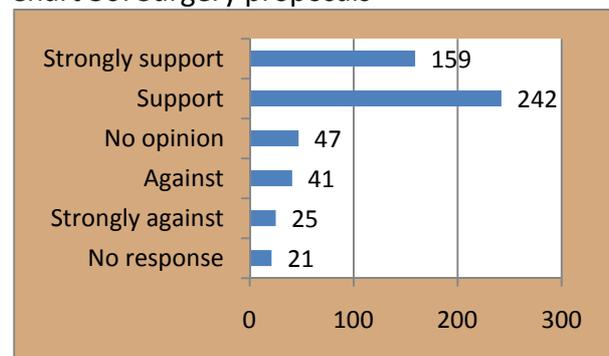


Chart 30: Surgery proposals



Across all the questions, 1,189 comments were made by patients and members of the public from Telford & Wrekin.

### ***Support for the proposals***

441 (37%) of the comments were broadly in support of the proposals with people identifying the following as things they particularly liked:

- Proposals reflected the demographics of the county – particularly in relation to the proposals around inpatient children's and maternity services.
- Comments noted that the proposals offered an opportunity for all residents in the county to access to high quality consistent care provided in modern up to date buildings. Several people also commented that as PRH was the newer hospital it was sensible to develop services there.
- The creation of centres of excellence particularly in regards to surgery. People commented that the proposals would help in attracting and retaining highly skilled clinicians and medical staff.
- Proposals ensure services will stay in the County.

## **Concerns about the proposals**

### **Transport and Travel**

20% (241) of all the comments from Telford & Wrekin were connected with travel and transport.

People were concerned about the risks to patient health in relation to increases in travelling times and distances for people living in Powys & Wales and to the west of the county. There were also concerns about emergency transfers between sites, particularly for women in labour.

Some people felt that public transport arrangements for people who don't drive/have no access to a car, were currently not adequate to support the proposed changes.

*“Access for patients and families in mid-Wales and the west of the county.”*

*“Distance for some families to travel to be with sick children and impact on their family members, childcare etc”*

*“How can you expect people from the west of the county to travel the extra miles to PRH when RSH is some 20 miles closer.”*

*“Good access to regular transport links are essential particularly in such a rural area like Shropshire”*

### **No changes**

159 people (13%) either commented that they liked nothing about the proposals or that they wanted nothing to change, or for things to stay the way there are.

Of these comments, almost a third related to question 5 where people were asked for their views on Stroke and Urology services. People noted that Stroke services needed to be kept local and provided on both hospital sites, other comments expressed concerns about travelling to Shrewsbury for Stroke services.

*"We need to improve stroke care for everyone who has a stroke this needs to be easy to access and appropriate. Proper support gives people a better chance of recovery in terms of quality of life."*

*"That each hospital should treat stroke patients and provide areas alongside their retained emergency medical cases - heart attacks/chest infections. Urology would be best based at PRH where staff will already be dealing with gynaecology/breast related problems and have sufficient theatre facilities to deal with them."*

*"Stroke victims need to be treated quickly so need to be treated at nearest hospital, not travel miles."*

*"Maternity units on both sites work perfectly well now. There is no need to change."*

### **Other concerns**

15 comments related to finances, sustainability and future proofing and 10 comments were made by people who were concerned about the effect the 'no change campaign' would have on decision making.

*"The fact that Shrewsbury seem to have gotten the wrong end of the stick about what the consultation proposes, this misunderstanding could lead to a worse situation for all, we could all lose out."*

*"Past needs for maternity services are not always a good indicator for future needs. Telford is still being capped by central government despite continuous growth over the last twenty years."*

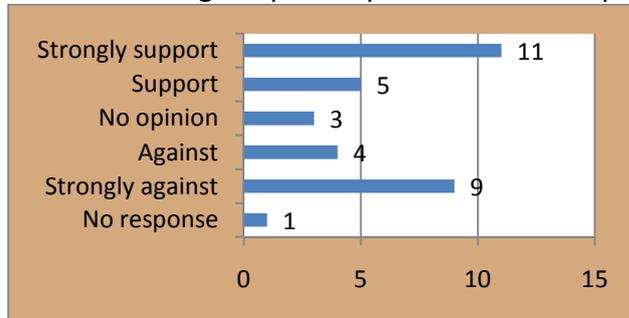
### **Reassurance required**

- Transport and travel times would be taken into account when planning services, and that plans are in place to ensure that lives are not put at risk by increased journey times.
- That hospital transfer arrangements and emergency services work together to ensure patient safety.
- More information about communication and transfer of patient information and records between the hospitals.
- Proper plans are put in place for public transport connections to and between the hospitals.
- That the proposals are affordable, sustainable and take into account potential/ future need.

## 4.9 Young People – inpatient children’s services

32 young people (25 women and 7 men) aged 15 – 24 years responded to the rating question about inpatient children’s services.

Chart 31: Young People – Inpatient children’s proposals



39 comments relating to inpatient children’s services were made by people in the 15 -24 age group, 28 by young women and 11 by young men.

### ***Support for the proposals***

There were 10 comments from young people supporting the proposal, 9 from women and 1 from a man. A few of these were from people commenting that Telford was more convenient, or there was greater need there. 5 comments related to improving services by locating children’s services together so that specialist support is not spread too thinly.

*“I feel that there will be more specialists at PRH, more children will get the treatment and correct support when needed”*

*“Maintains important children's services and ensures that the expertise in this field is not too thinly spread.”*

### ***Concerns about the proposals***

13 young people made comments about their concerns about inpatient children’s services. The majority of comments (8) identified two key concerns about the proposals:

#### **Inconvenience of travel**

Almost a third (4) of the comments raised concerns about the problems associated with travelling to Telford, in particular for families relying on public transport, for people living at a distance.

#### **Risk of travel**

As well as the inconvenience, a further third (4) of comments focused on the increased risk to children associated with longer travel times in an emergency.

*“As someone who lives in Wales the extra 20 miles could be the difference between life and death.”*

*“Putting all services in Telford may make it more difficult for parents living further out to visit children, this is easy to overcome though.”*

*“Wrong due to the fact that some parents can't drive and public transport is limited.”*

### **Reassurance Required**

- Half of the young people (6 out of 12) who made comments on this were seeking reassurance that the services would not change.
- That there would be good communication between the hospitals.
- That in an emergency children would be treated at the nearest hospital.
- That transport would be provided between the two hospitals.

*“Leaving it as it is!!”*

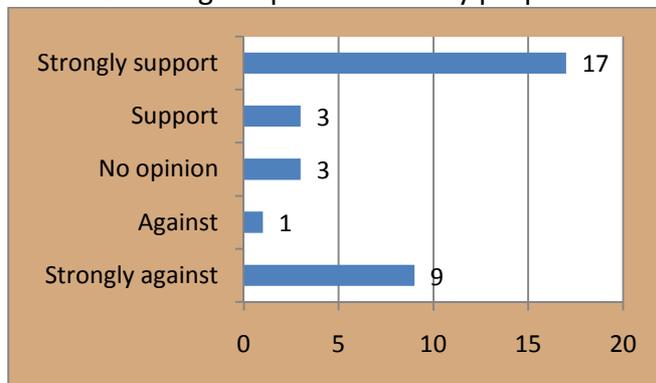
*“Oncology children’s ward staying in RSH, we do not have a sufficient 24hr ambulance service in our area to cover the move to PRH.”*

*“That children in an emergency situation get treated in the nearest hospital”*  
*“The shuttle bus already in place is good initial reassurement.”*

#### 4.10 Young People – maternity services

33 young people (26 women and 7 men) aged 15 – 24 years responded to the rating question about maternity services.

Chart 32: Young People – Maternity proposals



40 comments relating to maternity services were made by people in the 15 -24 age group, 30 by young women and 10 by young men.

#### ***Support for the proposals***

There were 13 comments from young people supporting the proposal, 11 from women and 2 from men. Just over half of these (7) related to the facilities that would be available at the consultant-led unit at PRH. These comments fell into three categories:

- Existing facilities at RSH are unsatisfactory
- Positive experiences at Telford
- Support for being able to give birth on both sites

Other people commented on:

- Feeling reassured that there would be consultants on hand at Telford
- The proposals are economically viable
- Telford is convenient because it is close to where they live

*“I feel that it will bring the maternity unit into the 21st century”*

*“i strongly support the proposals of Shrewsbury maternity ward as it is dirty, rotting and falling apart, Telford is more up to date and more closer to home.”*

*“the fact that women in Telford with more complicated birth plans will be able to give birth locally”*

### **Concerns about the proposals**

8 young people made comments about their concerns about maternity services. 7 of these comments related to increased travel times from parts of the region, and the associated risks for women in labour. The key concerns identified about the proposals were:

- Longer travel times from West Shropshire and Wales
- Increased risk for women travelling a long time when in labour
- Women having to be transferred if there were unforeseen complications
- Lack of a consultant unit at Shrewsbury

*“For a mother having a difficult labour the extra time (which could be worse with traffic) could be the difference between the life or death of the baby.”*

*“Lack of consultant maternity services in Shrewsbury - worse situation for those living in West Shropshire.”*

*“I live in Oswestry and won’t be allowed to give birth in the orthopaedic so it’s a long way to travel and if Telford is full it would be even further, I worry about if things went wrong or I would have to be rushed and with relying on others for transport, I also worry that if someone did give birth in orthopaedic unit and there was problems it would be an awful long way to go even blue lighted there and again if full.”*

### **Reassurance Required**

- A third of the young people (4 out of 11) who made comments on this were seeking reassurance that the services would not change.
- That PRH would not get too full and have to turn people away
- That families would be able to visit and stay overnight
- That the maternity unit at Telford would improve

*“Keep the services open in Shrewsbury”*

*“You would have to guarantee that the distance wouldn’t be an issue in an emergency, that the PRH wouldn’t get so full they’d turn people away and that it wouldn’t put added stress onto midwives leading to poor care and women being rushed out because of overcrowding. Doubt you can sorry.”*

*“Maternity unit to get better at Telford”*

#### 4.11 Over-45s: Urology and Stroke services

267 people (156 women and 111 men) in the over-45 age group responded to the question about Urology and Stroke services.

Of the people in this age group responding to this question, 22 said they had no comment to make about Urology and Stroke services. So in total 245 comments relating to Urology and Stroke services were made by people in the over-45 age group, 146 by women and 99 by men.

##### ***Support for the proposals***

There were 12 comments from people supporting the proposal, 8 from women and 4 from men. There were also a number of comments either supporting the idea of a centre of excellence on one site (15), or saying that location was less important than excellent services (18). There were also 12 people who felt that Urology should be on one site.

*“Stroke care should be of the highest standards and experts in many disciplines should be available, this may mean being on one site, probably justified for better outcomes. Good transport for visitors essential.”*

*“sensible approach.”*

*“One would hope that wherever in the county it is situated it would be a first class place to be treated.”*

##### ***Concerns about the proposals***

A large number of comments were expressing concerns about any possible concentration of Stroke services on one site. The main concern related to the importance of prompt action when people have a Stroke. 52 people made comments about this.

The other main concern was travel times, both in emergencies and for people who needed rehabilitation after Strokes, or dialysis (53 comments).

Another concern, expressed by 8 people, was that the proposals around Urology and Stroke services were too vague to be able to make an informed judgement.

*“These services MUST be as local as possible, as recent TV advertising has stated, every second counts for someone who has had a stroke.”*

*“Emergency treatment should be available in either A & E. But follow up treatment and / or management could be in a specialist centre in either hospital.”*

*“Urology - no comment, as not usually requiring emergency response (there are exceptions). But am very concerned that the emergency response for stroke attacks may be delayed due to greater distance to a stroke centre. Especially with the aging population. This could cost lives.”*

*“How can one comment on proposals that are so vague. The county of Shropshire and Shrewsbury deserve services for the people.”*

### **Reassurance Required**

- The largest number of people who made comments on this (46) were seeking reassurance that the services would not change.
- That there would be local services at GPs surgeries and cottage hospitals for follow up care for stroke patients
- That the services would be where the need is greatest.

*“It would be nice to see stroke services also in the community hospitals as most stroke patients are elderly and visiting is difficult for their spouses and family.”*

*“need greater support at local level eg the old cottage hospitals where OT and others can support people without need for transport of the patients”*

*“Think of demographics [sic] especially ages of population in relation to ages. What is the proportion and therefore likelihood of stroke victims in each area? Telford is heavily populated and population is increasingly aged.”*

## 5. Stakeholder views

There is a diverse range of stakeholders with an interest in the proposed changes to hospital services in Shropshire, Telford & Wrekin, that have contributed to the consultation process by completing consultation questionnaires, attending meetings, writing letters or emails and making formal written responses.

This section presents a summary of the opinions expressed by different individuals, groups and organisations, pulling out the key themes of their collective responses, both positive and negative. A list of participating key individuals, groups and organisations can be seen at Appendix 5.

### 5.1 Formal stakeholders

It is expected that these organisations are invited to make a formal response to any consultations on proposed health service changes.

#### **Joint Health Overview and Scrutiny Committee (JHOSC)**

The full formal response of the JHOSC to the consultation proposals can be seen at Appendix 6. In it, the Committee made the following statement in relation to the overall proposals:

*“The Joint Committee believes that retaining the status quo is not an option if we are to maintain and protect valuable health services in Shropshire. It is essential that we secure the best possible Health Services for the County as a whole and give our support, subject to further reassurances that proposals put forward are safe, sustainable and affordable, as identified by both the Assurance Panel and in the Joint HOSC process.”*

#### ***Support for proposals***

The JHOSC welcomed the following aspects of the proposals:

- Consultants and other medical staff had been involved in drawing up the proposals and that there is a clinical evidence base.
- The opportunity for new facilities, particularly for women and children at PRH.
- Developing centres of surgical excellence on the 2 sites would attract highly skilled surgeons and help maintain services in the county.
- Demographic information has informed the proposals.

#### ***Concerns about proposals***

The JHOSC expressed concerns about the following elements:

- Safety and outcomes for children with trauma presenting at the RSH out of hours.
- Additional travel time to the PRH for children from the north west and south of the county.

- The relocation of facilities (Rainbow Unit) that have been funded with community support and investment at the RSH.
- The removal of the clinical-led maternity unit at the RSH leading to extra travel time for emergencies from midwife-led units from the northwest, and south of the county.
- Service changes not meeting planned timescales putting patients at risk and impacting on the project as a whole.
- Vital that the hospital Trust and PCTs have robust plans for all aspects of the financial planning to ensure that the proposals are financially sustainable.
- The need to ensure that there is good transport to both hospital sites.

### ***Reassurance required***

- Clear clinical pathways and transfer arrangements in place to mitigate risks to those having to travel the further distance to the PRH and for those requiring emergency treatment and arriving out of hours at the RSH (inpatient children's services).
- Reassurance from the WM Ambulance Service that they are able to reach, stabilise and transport safely children with trauma and women needing a consultant-led delivery from the north west and south of the county.
- That the excellent paediatric oncology unit at the RSH is acknowledged and those involved in raising funds to build the Rainbow Unit will be invited to be involved in the development of the new unit at PRH.
- Continued transparency in the financial arrangements and estates planning for implementation of changed services.
- Definite arrangements for staff, patients and visitors to move between sites as soon as services are relocated. Arrangements to ensure adequate parking at both hospital sites.

### **GP commissioners**

Written responses to the consultation were received from the North East Locality Commissioning Board, the Shrewsbury Commissioning Group and the Montgomery Medical Practice. The proposals were also discussed at meetings of the Local Medical Committee (LMC) for Shropshire, Telford & Wrekin, Shropshire NHS PCT Professional Executive Committee and Telford & Wrekin PCT Professional Executive Committee. Full written responses can be seen at Appendix 7.

GPs views on the overall proposals were:

- GPs at the LMC all accepted that the proposals are the best pragmatic solution in the absence of being able to fund the ideal solution of one hospital site.
- Both commissioning groups agreed that they could not support the commissioning of unsafe services and, therefore, understand the need to support the proposed changes.
- Shrewsbury Commissioning Group would like to encourage appropriate utilisation of community hospital beds and outpatient facilities within the community hospital and larger primary care centres.
- Montgomery Medical Practice does not support the move of women and children's services to PRH.

- 3 participating GP groups support the development of a new Shropshire Hospital, in the medium to long term.

### ***Support for proposals***

GPs understand that some specialist services will need to be maintained on one site in order to be viable within the County. They welcome the development of centres of excellence and hope this will encourage good quality junior medical staff to take up teaching rotations in the area.

### ***Concerns about proposals***

- The risks for maternity and paediatric patients, currently experienced in Telford, could be transferred to Shrewsbury and the west of the county.
- Montgomery Medical Practice is concerned that the move of women and children's services to PRH is "not in the interest of the people of Powys".
- Removal of services could lead to the downgrading of the Shrewsbury site.

### ***Reassurance required***

The North East Board would encourage work with the Local Authority to provide better transport systems into the Princess Royal Hospital site, particularly as there are currently no direct transport links from the north of the county to Telford.

Both commissioning groups would encourage a very thorough and robust risk assessment of any proposed change to maternity and paediatric services.

### **Patient representative organisations**

Formal written responses to the consultation proposals were received from Telford & Wrekin LINK and Montgomeryshire Community Health Council (CHC) and these can be seen in full at Appendix 7.

The views presented by T&W LINK have been gathered by them through a series of activities including presentations 14 local organisations ranging from patient groups and disability organisations to parish councils and managers of care homes, attendance at public meetings, an online survey and online discussion forum.

Overall comments on the proposals were:

- The CHC does not agree that the movement of obstetric and paediatric services to Telford is in the interest of Mid Wales patients.
- The CHC is not convinced that the proposals will strengthen the case to retain services in Shropshire as more specialist services require a greater the catchment area.
- T&W LINK report that most people consider that although not a perfect solution, what is being proposed appears to be logical, reasonable and fair.
- T&W LINK report that although people they have heard from would probably prefer a single site in the centre of the county, there is an urgent is to find a way forward that will ensure that services are safe and sustainable.

- T&W LINK considers that the reality of financial constraints and the importance of ensuring that hospital care remains in the county, have persuaded most people that no further prevarication should be allowed to delay the implementation of the changes outlined.

### ***Support for proposals***

The CHC is pleased that clinical implications have been considered and propose that a better outcome should be available by creating single units.

T&W LINK report that the proposals to site the Maternity and Children's Services at PRH and Acute/Emergency Surgery at RSH have been largely accepted as a 'sensible' way forward by the people they represent.

### ***Concerns about proposals***

The CHC is concerned that extending access, distance and time could be fatal and that the maternity pathway, while appearing to offer better outcomes for a greater number of the population, fails to address potentially worse outcomes for others, particularly from mid-Wales.

The CHC is concerned that there has been no whole system approach to the financial costings for proposals and also has concern about the demands that will be made on the ambulance services in Wales particularly in relation to situations that require rapid transfer due to an unforeseen emergency.

T&W LINK is keen to know what is being done to manage the existing risks to patient safety posed by the inadequate maternity unit facilities at RSH and it considers urgent action is required to address the shortcomings in stroke services and regrets a lack of tangible proposals in the consultation.

### ***Reassurance required***

- The CHC would like evidence of how equitable access to services will be managed for the catchment area as a whole, taking account of the road network and travel times.
- The CHC would like reassurance that the consultation is not a 'done deal', with no room for movement.
- T&W LINK would like reassurance that risk assessments are in place in relation to the existing maternity building and the constraint of a single operating theatre at RSH.
- T&W LINK would like a clinical service review of stroke services.
- T&W LINK would like reassurance that further engagement of patients and carers is undertaken before any changes are made to the current urology service.

### **Health Organisations**

Written responses were received from Powys Teaching Health Board (Powys tHB) and Betsi Cadwaladr University Health Board (BCU HB) and West Midlands Ambulance Service, who are working with Shrewsbury and Telford Hospitals NHS Trust to address some of the concerns raised in this report.

Should the proposals progress, BCU HB would seek to agree a planned way forward to address cross-border implications, and formal arrangements to ensure the Health Board would be in a position to meet any additional demand from residents of the current catchment area of the Shropshire, Telford and Wrekin areas.

Powys tHB does not fully support the proposals at this stage as it considers there are a number of concerns to be resolved. It does, however agree that:

*“Doing nothing is not an acceptable option and that change in a number of areas is necessary.”*

### ***Support for proposals***

BCU HB acknowledges that the centralisation of vascular services is increasingly recognised as appropriate for delivery of a safe and high quality service with good outcomes for patients.

Powys tHB supports the moves proposed for surgery as they do not disadvantage Powys patients and *“would be consistent with ensuring sustainable position in Shrewsbury.”*

### ***Concerns about proposals***

Powys tHB considers that increased travel distance will have a disproportionate impact on young families and their relatives and BCU HB is concerned about the impact of additional travel time, if services are moved to PRH, particularly for high risk deliveries.

Powys tHB is concerned about the impact on Powys Ambulance Service and BCU HB considers that additional ambulance services would be required to mitigate risk caused by longer travel time in an emergency.

Powys tHB is concerned that its midwives would be spending longer out of their catchment area, which has resource implications, and that the change in site will disrupt established, effective relationships between the consultant-led RHS team and Powys midwives.

BCU HB is also concerned about the impact on patient flows – if for example surgical services were consolidated at Shrewsbury, would there be a potential risk of a patient travelling from Telford to Shrewsbury for care, and needing to travel back past Telford if more specialised care were needed?

West Midlands Ambulance Service is not able to support the proposed use of the air ambulance service as it is sometimes affected by adverse weather and does not operate at night.

### ***Reassurance required***

Powys tHB would like reassurance that there is a majority of clinical support for proposals, particularly for inpatient children’s services.

BCU HB seek assurance that there would be no unplanned detrimental impact on the services of the Health Board and consequently on its ability to respond effectively to the health needs of its population.

BCU HB would welcome reassurance that the ambulance services would have the capacity to ensure a safe response to the proposed new configuration and further discussion to ensure that patients arriving at either A&E department would receive a safe level of care. It would like to clarify that there is confidence that the proposed on-call arrangements would provide sufficient safe surgical cover for patients admitted as surgery emergencies.

## **5.2 Other key stakeholders**

A range of other groups and individuals have made written responses to the proposals in the consultation. Their views have been collated and summarised against key themes.

### **Political representatives**

Written responses were received from:

Daniel Kawczynski MP for Shrewsbury & Atcham  
David Wright MP for Telford  
Nicholas Bourne AM for Mid & West Wales  
Mick Bates AM for Montgomeryshire  
Kirsty Williams AC/AM Leader of Welsh Liberal Democrats  
Wyn Williams AC Montgomeryshire Liberal Democrats  
Newport Liberal Democrats  
Cllr David Roberts of Shropshire Council

### ***Support for proposals***

The Newport Liberal Democrats supported the proposals as the best compromise in sharing services across the two sites.

David Wright MP welcomes that people will still be able to access most services at both sites and that A&E will remain on both sites. He supports the move of some maternity services and inpatient paediatrics to PRH, to offer a centre of specialist services for the County. He broadly supports the proposals for surgery and considers, overall, that the proposals demonstrate 'give and take' across both sites and will make the best use of staff, equipment and buildings.

Daniel Kawczynski MP understands the need for re-configuration to maintain high standards of service.

Wyn Williams AC and Mick Bates AM both support the idea of a dedicated women and children's unit as an excellent facility for the County, but they do not agree with the proposed location.

### ***Concerns about proposals***

Daniel Kawczynski MP, Mick Bates AM, Nicholas Bourne AM, Kirsty Williams AC/AM and Wyn Williams AC all oppose the proposal to move consultant-led maternity services and inpatient children's services to the PRH, they would like them retained at RSH. Cllr Roberts is also opposed to the proposals to move consultant-led maternity services from RSH.

Concerns include increased journey times, increased risk to women, children and babies particularly from rural Shropshire and mid-Wales, increased pressure on the Welsh Ambulance Service, poor public transport and relocation or loss of the Rainbow Unit which Kirsty Williams AC/AM notes has been supported with locally raised funds to serve Shropshire and North Powys.

More than one respondent felt unable to support a change in services that they felt would lead to a poorer service for their constituents than the existing service. Nicholas Bourne AM and Kirsty Williams AC/AM both felt it would be detrimental to patients from North Powys and mid-Wales to move some women and children's services to PRH, Wyn Williams felt it would create huge disadvantages for patients from South Shropshire, North Shropshire and mid-Wales, and Mick Bates reported that there is no support for those proposals from his constituents in Montgomeryshire.

Daniel Kawczynski MP was also concerned that the hospital Trust might lose skilled staff if they are asked to move to another site and that the removal of some maternity and inpatient children's services from RSH would result in the Shrewsbury site being downgraded in future.

Cllr Roberts is concerned that the costings for an alternative, new maternity and neonatal unit at RSH may not have been fully 'worked up'.

### ***Reassurance required***

Mick Bates AM and Wyn Williams AC would like to see proposals subject to rural-proofing and Daniel Kawczynski MP would like to be reassured that skilled staff will be retained.

### **Local councils**

Written responses to the consultation were received from:

Shropshire Council  
Telford & Wrekin Council  
Shrewsbury Town Council  
Oswestry Town Council  
LLanidloes Town Council  
Kerry Community Council  
Hadley & Leegomery Parish Council  
Tong Parish Council

There are a range of differing views from local councils on the proposed service changes.

Shropshire Council offers overall support for the proposals, subject to reassurances, however in the longer term would like one hospital, on one site, plus more community-based diagnostic services and treatments.

Telford & Wrekin Council passed the following motion with the support of all political groups:

*“Subject to guarantees on safety and sustainability given by the Chief Executives of both the Shropshire and Telford PCTs, the Shrewsbury and Telford Hospital NHS Trust and the Royal College of Surgeon, Telford & Wrekin Council supports the proposals set out in the Public Consultation Document, “Keeping hospital services in Shropshire, Telford and Wrekin”. This will reconfigure services so that the two acute hospitals will continue to operate on existing sites in both Telford and Shrewsbury, providing safe, high quality care, each with 24 hour accident & emergency cover and an equitable division of other services on both sites.”*

Llanidloes Town Council opposes the proposals to move services further away from their area, it considers them unsafe and unsustainable.

Oswestry Town Council considers services must be centrally located and take account of the lack of public transport facilities for people from North Shropshire and mid-Wales. It is also concerned that services might be lost to the County if reconfiguration does not go ahead.

Shrewsbury Town Council reiterates that Shrewsbury is the service ‘hub’ for the County and, together with Shropshire council, agrees that ‘doing nothing’ is no longer an option.

Hadley & Leegomery Parish Council supports proposals and considers they appear to have been well thought out and have a sound basis.

### ***Support for proposals***

Oswestry and Shrewsbury Town Councils accept the level of service needs to improve and support the need to secure hospital services in both Shrewsbury and Telford. They also support proposals for surgery and the development of a centre of excellence for the County and welcome the Midwife Led Unit at RSH supported by specialist ‘flying squad’. They both support the consolidation of inpatient children’s services on one site but would like that to be RSH and they would prefer urology and stroke services to be located at RSH.

Hadley & Leegomery Parish Council strongly supports a full children’s inpatient service at PRH.

### ***Concerns about proposals***

Kerry Community Council has the following concerns:

- Increase in travelling time for Maternity and Children’s Services unacceptable, in

particular for anyone without their own transport.

- The impact of taking services further away from patients, would have greatest effect on those least able to afford it.
- Already stretched Ambulance service facing greater turnaround time, leaving patients vulnerable.

Llanidloes Town Council, Oswestry Town Council and Shrewsbury Town Council are all concerned that increased distance and journey time is putting patients at risk, especially with poor roads and lack of public transport. Llanidloes Town Council believes the proposals disadvantage people in mid-Wales and that services should be accessible at RSH.

Oswestry and Shrewsbury Town Councils are concerned that proposals are financially driven instead of needs led, they are opposed to moving inpatient children's services to PRH and concerned about financial robustness of the plans. They are also opposed to proposals to move consultant-led maternity services to PRH, with travel times the main concern and they are concerned about the potential loss of facilities supported by the voluntary sector (Rainbow Unit).

### ***Reassurance required***

Shropshire Council, Oswestry Town Council and Shrewsbury Town Council would like reassurance that 24/7 paediatric assessment will continue at RSH.

Oswestry and Shrewsbury Town Councils want reassurance that Ambulance services will be improved to guarantee safe transfer times, especially for patients from North Shropshire and mid-Wales. Shropshire Council wants reassurance that potential risks to women requiring emergency access to obstetric care from across the County will be mitigated.

Telford & Wrekin Council would like to be assured that there will be sufficiency of trained specialist surgeons longer term, to ensure the sustainability of the proposed services and that proposed transport measures to address expressed concerns are sustainable.

### **Voluntary organisations**

34 members of voluntary and community organisations<sup>1</sup> (VCOs) from across the County have completed and returned a feedback form to share their views on the proposals. 7 additional meetings have been held with specific voluntary organisations, on request, and the Telford & Wrekin Senior Citizens Forum has submitted a written response to the consultation.

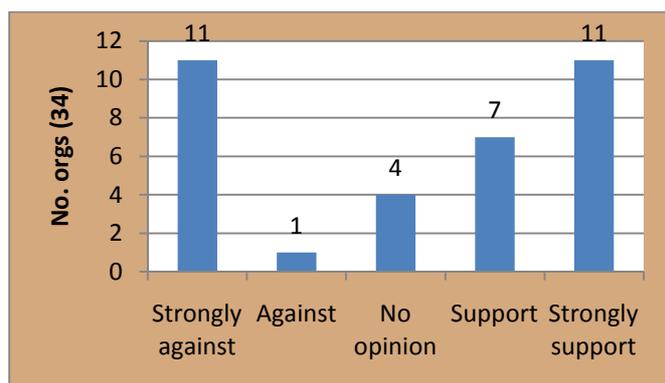
A common view across voluntary organisations is that a system must in place for people travelling or transferring in an emergency before changes happen.

Telford & Wrekin Older People's Forum accepts the need to rationalise services between the two hospital sites, as their preferred option of a new hospital is not feasible.

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<sup>1</sup> Where people identified as both 'patient' and 'voluntary organisation' on the consultation questionnaire, their responses have been collated as 'patient'.

Chart 33: Overall proposals



### ***Support for proposals***

Voluntary organisations support the following elements of the proposals:

- Retaining Services in the county
- Proposals reflect population trends
- Improvements to buildings and services for children’s and maternity services
- Urology & Stroke proposals offer the best care from available resources

Telford & Wrekin Older People’s Forum generally supports the proposals, subject to transport considerations, especially for people in the west of the County and Powys.

### ***Concerns about proposals***

Voluntary organisations have the following concerns:

- Travelling times and distances for sick children
- How the changes may affect families both in terms of caring for and visiting their sick child and the impact this may have on other children in the family
- How road conditions, weather and public & emergency transport may affect journeys and journey times
- Increased travel times for women in labour
- Moves services away from Shrewsbury
- Travel and distance for people in Wales and South Shropshire
- Surgery, Stroke and Urology services need to be accessible for older people

### ***Reassurance required***

Voluntary organisations would like proposals linked to a clear transport plan that includes clear Ambulance response times and regular, accessible and affordable transport arrangements between the two sites to support relatives, friends and staff. they would also like better public transport and for people to access support with transport.

Voluntary organisations would like consideration of more services being delivered locally, for instance Stroke services or providing additional surgical services at Bridgnorth Community Hospital. They would like specialist support offered to GP practices.

Some organisations mentioned the importance of having Urology services near to the older population and Telford & Wrekin Older People's Forum would like reassurance there will be sufficient car parking at both sites to cope with increased capacity.

### **Disabled groups**

Shropshire Parent and Carer Council, who support parents and carers of disabled children and those with special needs, have submitted a written response to the consultation and meetings were held with disabled groups Listen Not Label and Taking Part.

PACC members are 'Strongly against' the proposed move of inpatients children's services to PRH but acknowledge that facilities at RSH need to be improved.

### ***Support for proposals***

In general, Listen Not Label members are comfortable about the proposed changes but uncomfortable about communication between health and social care.

One PACC member considered a specialist unit would provide better resources and equipment.

### ***Concerns about proposals***

There was a concern at the Taking Part that moving services to a different hospital could impact on learning disabled patients' ability to communicate. The feeling was that the local hospital is more likely to be somewhere familiar for a learning disabled person, where they might be known, which helps with communication.

There were general concerns about transport, additional distance and travel times and the impact in terms of the risk to recovery, financial cost and the lack of availability of public transport to make the journey. Concern was also expressed at the Taking Part meeting about emergency maternity transfers from North Shropshire, when low risk births becomes high risk and what impact the longer distance might have on outcomes.

At the Listen Not Label meeting, there was also a concern from carers about systems and services. If people in Telford & Wrekin are accessing social services e.g. if they have learning disabilities, but then they have to go to hospital in Shrewsbury, what impact will this have on their care?

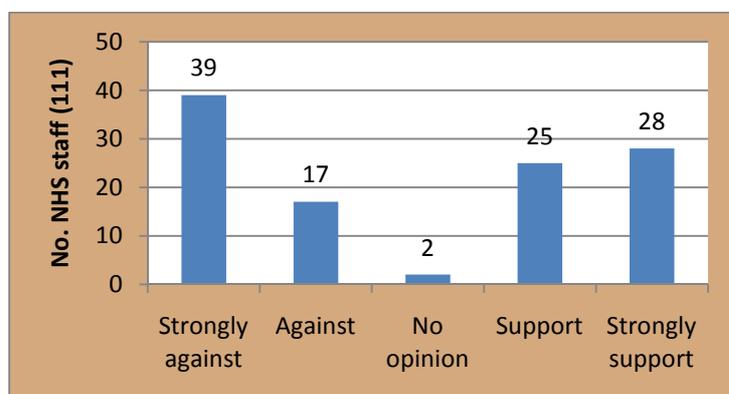
The issue was raised that communication can be difficult if people have a hearing disability and Listen Not Label members wanted to know if tele-care would be in different formats.

PACC members were concerned about the separation of acute paediatrics and acute surgery, they consider they should be on the same site, and they were also concerned about the relocation or loss of the Rainbow Unit, feeling local people would be less inclined to support another unit. Members are also concerned about the fragmentation of services and the lack of specialist paediatric support for A&E, particularly during the night.

## **NHS staff**

111 members of NHS staff<sup>2</sup> have completed and returned a feedback form to share their views on the proposals, there have been some consultation meetings with staff and a written response to the consultation was received from Powys tHB Supervisors of Midwives.

Chart 34: Overall proposals



### ***Support for proposals***

The following points summarise comments from NHS staff across all services in the consultation:

- Moving inpatient children's services and consultant-led maternity to Telford is in line with population trends and need
- Proposals will result in more qualified doctors, better facilities and improved services including centres of clinical excellence for the County offering best practice
- Urology & Stroke offered on one site will provide the best care from available resources.

### ***Concerns about proposals***

NHS staff expressed the following concerns about the proposals:

- Impact on safety due to extra travel time and distance for patients including high risk women/complicated labour, especially from rural areas and mid-Wales, and transfers from RSH to PR. Also, Powys midwives and ambulance crews will be out of County for longer periods.
- Removal of inpatient paediatrics from RSH and paediatric cover in A&E
- Removal of children's oncology ward from RSH
- The separation of paediatrics from acute surgery services
- Powys supervisors of midwives are opposed to the development of an obstetric flying squad as they consider it is likely to lead to a delay in emergency treatment while waiting for the flying squad to arrive in Powys.

<sup>2</sup> Where people identified as both 'patient' or 'member of the public' and 'NHS staff' on the consultation questionnaire, their responses have been collated as 'NHS staff'.

### ***Reassurance required***

NHS staff would like to be reassured that the quality of service will not be compromised by the proposed changes. Many would like existing children's and maternity services to be retained at Shrewsbury.

Staff would like to see a more detailed plan for transition between sites and for the public transport issue to be addressed.

Some would like more on-call surgeons and some would like to see Stroke / CVA care in community hospitals – the Hub & Spoke model – and Urology services delivered close to older people.

## **5.3 Other public responses**

### **Public Meetings & Question Time events**

Across the County 8 public meetings and question time events were held, these meetings were attended by at least 632 people<sup>3</sup>. See Appendix 3 for a list of public meetings. The following points summarise comments from public meetings.

#### ***Support for the proposals***

People who supported the proposals felt that overall they were fair and designed to keep services in the County, and that the proposals for inpatient children's and maternity services reflected the demography of the County.

#### ***Concerns about the proposals***

The following concerns were raised in public meetings:

- The impact of additional travel times and distances generally on patients and more specifically for unplanned/ emergency admissions for children and women in labour, (both to reach a service, or, if an emergency transfer is needed).
- Journey times are likely to be longer if there are poor weather or road conditions.
- Will people choose to go out of the County for treatment e.g. Wrexham or Hereford rather than cope with additional travelling times?
- Shrewsbury is in middle of County and easier for rural and Welsh communities to get to.
- Do the additional travelling distances make giving birth in a midwife led unit a safe option for women (who would face a longer journey to the consultant led unit) should any unexpected complications arise.
- Additional travelling will cost more and may not be affordable.
- Parking and parking charges.
- The risks associated with separating the children's unit from acute surgery.
- The loss of public investment in the children's oncology unit.

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<sup>3</sup> For some of the meetings attendance numbers were not recorded.

- Paediatricians not supporting the proposals.
- No surgical cover for A&E at both hospital sites.

### ***Reassurance Required***

Attendees at public meetings identified the following areas:

- The children's oncology unit will be continue (even if moved to Telford) with no reduction/change in standards of care.
- Public transport links will be improved both to and between hospitals so that people without a car can access services.
- That the potential to offer outpatients appointments in the wider community is explored.
- That a full risk assessment is undertaken with the ambulance service on both capacity and travel/transfer times and that any additional investment in ambulance services/air ambulances is made.

### **Additional Meetings**

In addition to the public meetings, 24 additional meetings were held to discuss the proposals. These meetings were attended by 160 people/members of the public, 54 medical practitioners and 66 elected members/parish councillors.<sup>4</sup> See Appendix 3 for a full list of meetings.

The following points summarise the comments from these meetings.

### ***Support for the proposals***

People who supported the proposals felt they were balanced; were the most appropriate solution to the issues identified and as such should deliver high standards of care. People felt that doing nothing was not an option, and that the proposals matched population trends and need across the County.

### ***Concerns about the proposals***

- How additional travel times would affect patients from across the County. What would happen to women who need emergency transfer during labour? If air ambulances were going to be used to overcome some of the difficulties created by additional distance what would happen if weather conditions prevented flying?
- General concerns about parking at both hospital sites.
- Whether the proposals were still viable with the move to GP commissioning.
- Will post-op outpatients clinics be held as now or will Mid Wales patients have to go to Telford for some clinics?

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<sup>4</sup> For some meetings numbers attending were not recorded.

### ***Reassurance Required***

- A shuttle bus operating between hospital sites
- Information on what PFI and funding issues have been pursued.
- Whether it would be possible to develop a volunteer driver scheme.
- Will the proposals result in more home births rather than hospital births?
- Will people be able to choose give birth Wrexham rather than Telford?
- Are there sufficient trained midwives to cover all of the County?
- Faster turn round times for ambulances.

### **Letters and emails**

44 letters and emails have been received from a range of people including patients, members of the public, current and retired NHS staff, Parish Councils, UNITE, voluntary and community organisations.

### ***Support for the proposals***

In general, people in support of the proposals made quite short comments, just stating that they supported the proposals or that they seem sensible, cogent, are a good compromise and/or the best option in the current financial climate. Some supporters think the proposals will strengthen hospital services and help to keep them in the County.

### ***Concerns about the proposals***

Many of the letters and comments opposing the proposals are long and detailed, making a series of points. Some of them include long descriptions of personal experiences especially around maternity and paediatric services.

The key concerns expressed are:

- Additional travelling time and distance, particularly from rural areas and mid-Wales, to access inpatient children's and maternity services at PRH, and especially in emergencies, putting lives at risk.
- Concern about the lack of public transport routes to Telford from some areas.
- The relocation of children's oncology ward would make the Rainbow Unit, supported by public fundraising activities, redundant.
- Shrewsbury being seen as the 'hub' of the County and perceived by many people of as the central location for services.

### ***Reassurance required***

- That the potential to add an additional storey onto the existing buildings been fully explored.
- Developing a new hospital on a new site would be a better option.

- Will volunteer driver/community car schemes be put in place.
- Improved public transport links to both hospital sites, with a shuttle bus operating between sites.
- Clear communication to GPs and ambulance services about where to go for services to avoid unnecessary delays.

## 6. Relating consultation findings to assessment criteria

It was the role of the Assurance Panel to assess the proposals for change that are the subject of this consultation against the 4 criteria known as the ‘Lansley Test’ and the 3 additional local criteria. The Panel, which included hospital consultants, GPs, other health professionals and patient representatives, reviewed the evidence against the criteria to test the proposals.

This report provides direct evidence for the first 2 Lansley Test criteria and indirect evidence for some of the other criteria, although the consultation process was not specifically designed to capture people’s views on these themes. However, NHS staff, including clinicians, and GPs have responded to the consultation and where there have been comments related to the assessment criteria, they have been summarised in the following table.

<b>The Lansley Test</b>
<b>1. Strengthened Patient and Public Engagement</b>
<p>There have been 3 main elements of Patient and Public Involvement (PPI) in the consultation on the proposals to re-organise hospital services in Shropshire, Telford &amp; Wrekin.</p> <ul style="list-style-type: none"><li>(i) This report provides detailed evidence from the responses of patients, the general public, voluntary organisations, NHS staff and other stakeholders to the proposals in the consultation document. It includes information to show the proportion of respondents to the population as a whole across the county and mid-Wales. It records the range of opportunities people have had to express their views about the proposals.</li><li>(ii) The work of the Engagement and Consultation Governance Group also demonstrates PPI in the planning and implementation of the consultation process.</li><li>(iii) The third element is the additional consultative work undertaken by The Shrewsbury and Telford Hospital NHS Trust, with patients and groups, to respond to concerns expressed during the consultation period and develop the proposals further, which is being presented separately.</li></ul>
<b>2. Support of GP commissioners</b>
<p>GPs have been engaged throughout the process to develop the proposals, at clinical workshops, and to assess them at the Assurance Panel.</p> <p>Written responses to the consultation were received from the North East Locality Commissioning Board, the Shrewsbury Commissioning Group and the Montgomery Medical Practice. The proposals were also discussed at meetings of the Local Medical Committee (LMC) for Shropshire, Telford &amp; Wrekin, Shropshire NHS PCT Professional Executive Committee and Telford &amp; Wrekin PCT Professional Executive Committee.</p>

### 3. Clarity on the clinical evidence base

The consultation questionnaire did not ask people for views about clinical evidence, however a few people, including 1 from a voluntary organisation and a staff member, specifically said that the decisions to re-organise hospital services should be clinically led. The fact that proposals were developed based on clinical evidence was welcomed by the JHOSC in its formal response to the consultation.

### 4. Consistency with current and prospective patient choice

The consultation questionnaire did not ask people for views about patient choice but a key theme relating to choice, mentioned by members of the public and some political representatives, was the feeling that Telford residents already have more choice than, for example people in South Shropshire or Wales, because they can access Wolverhampton, Birmingham or Stafford hospitals relatively easily, and that the proposals reduced the choice of people in rural areas and Powys & Wales. In contrast, some people were aware they could choose to go elsewhere to give birth or for surgery.

### **Local criteria**

### 5. Clinical safety

Although this was not a specific question in the consultation questionnaire, there were 50+ comments from patients, members of the general public and voluntary organisations about clinical safety related to concerns about transfers to hospitals or from one site to another in emergencies. Some NHS staff members who responded to the consultation document identified the same concerns, particularly for patients from rural areas and mid-Wales. This issue was also raised at 4 public meetings, 1 meeting with an interest group and 1 meeting of Powys County Council. Some people felt clinical safety was important in the decision-making process.

### 6. Robustness and sustainability

The JHOSC, Montgomeryshire CHC, Telford & Wrekin Council and Shropshire Council all reiterated the importance of the proposals being sustainable, or their concerns that services may not be sustainable, in their formal responses to the consultation.

### 7. Financial viability

This was not a specific theme of the consultation but the issue of financial viability was raised at 3 meetings with interest groups who asked if the proposals would still be economically viable, or go ahead, with the move to GP Consortia commissioning. Formal respondents who required reassurance of financial viability or that funding would be in place for workforce development and other costs, as well as capital works, included the JHOSC, Montgomeryshire CHC and Shropshire Council.

## 7. Conclusion

This independently produced report presents the findings from the consultation and as such it includes a representative selection of the comments and opinions expressed during the public consultation on the proposed changes to hospital services in Shropshire, Telford and Wrekin, together with the views of other stakeholders. It does not speculate upon the reasons for the views given, other than those stated by respondents, it simply presents a balanced summary of the responses received.



March 2011