

Shropshire County
NHS Primary Care Trust

NHS Telford and Wrekin

The Shrewsbury and Telford Hospital
NHS Trust



Keeping it in the County

Securing the future of hospital services
in Shropshire, Telford and Wrekin



This public consultation is being held by three local NHS organisations:

Shropshire County NHS Primary Care Trust - the NHS body that assesses the health needs of Shropshire residents and commissions services on their behalf to meet those needs, including the general hospital services provided by The Shrewsbury and Telford Hospital NHS Trust.

NHS Telford and Wrekin - the NHS body that assesses the health needs of Telford and Wrekin residents and commissions services on their behalf to meet those needs, including the general hospital services provided by The Shrewsbury and Telford Hospital NHS Trust.

The Shrewsbury and Telford Hospital NHS Trust - the NHS body that manages the Royal Shrewsbury Hospital and the Princess Royal Hospital in Telford.

Note: Photographs of staff and patients used in this document are from the NHS photo library and other library sources.

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Keeping it in the County: Securing the future of hospital services in Shropshire, Telford and Wrekin

Sustaining safe, high quality hospital services for the people of Shropshire, Telford and Wrekin and Mid-Wales is our highest priority. We want to ensure that there are two vibrant, successful hospitals continuing to serve the area for a long time to come and, together, providing a full range of services.



Over the past few years hospital services have begun to leave our area. Gynaecology cancer surgery and upper gastro-intestinal cancer surgery are no longer provided at hospitals within Shropshire, Telford and Wrekin, which means that patients have to travel to centres outside the county for their care.

These services have left because it was not possible for us to maintain the right level of quality.

We need to respond now to changes that have taken place over a number of years and left some more of our services vulnerable. Indeed, there are big question marks about whether all of our services can continue to be provided safely unless changes are made.

The services that are most vulnerable and difficult to sustain - on safety grounds

In this document we set out proposals for how we would make changes to some of our hospital services so that we can continue to provide them safely in the future. The services where we are proposing changes include:

- Some types of inpatient surgery involving operations where people need to stay in hospital for at least one night.
- Inpatient care for children who need to stay in hospital for tests and treatment.
- Services provided in the maternity building at the Royal Shrewsbury Hospital. These include inpatient obstetric care for pregnant women whose deliveries are higher risk and therefore need to be overseen by hospital consultants, and neonatal intensive care. Midwife-led care would continue to be available in Shrewsbury.

Most people would still go to the same hospital as now

It is important to stress that, if all the changes we are proposing took place, most people would continue to go to the same hospital as now. For example:

- Both hospitals would have a 24-hour accident and emergency department.
- Patients needing treatment for broken limbs would go to the same hospital as now.
- Most outpatients would continue to go to the same hospital as now.
- Most patients being treated as day cases would go to the same hospital as now.
- Urgent medical cases (for example, heart attacks and serious chest infections) would go to the same hospital as now.
- Children who have urgent needs would be assessed as now at both hospitals for the majority of the time.
- All women having their babies in a midwife-led unit would go to the same hospital as now for the birth.
- All women would receive their outpatient antenatal care at the same hospital as now.



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Getting the right skills in the right place for patients

There has been a long history of debate about the best ways of organising our hospital services. Many of the problems we have previously discussed have not gone away. Whilst there is much to be proud of about the standards of care provided in our two hospitals, it is becoming increasingly difficult – for reasons explained in this document – to make sure the right people with the right skills are always in the right place at the right time to meet the needs of our patients.

Seeking your views on the proposals for change

The proposals we are putting forward to you now are based on the outcome of detailed discussions that have taken place among doctors, nurses, other healthcare professionals, patients and members of the public. We now want to engage with the wider communities of Shropshire, Telford and Wrekin and those parts of Mid-Wales that rely on our services for their hospital care, and find out your views, which we can take into account in reaching our decisions.

The outcome of this public consultation will affect the future of your hospitals for many years to come. Please consider these proposals very carefully and let us have your views. On page 26 you will find details of the different ways you can do that.

1 Why some of our hospital services need to change

Our aim is to ensure that the people of Shropshire, Telford and Wrekin and Mid-Wales continue to be served by their two existing general hospitals – one in Shrewsbury and one at Apley Castle in Telford – and that those hospitals provide services which are safe, high quality, affordable and sustainable in the long term.

We believe that we need to change the way some services are provided, including:

- **Inpatient surgery**
- **Inpatient children's services**
- **Services provided in the maternity building at the Royal Shrewsbury Hospital site**, including inpatient obstetric care provided by hospital consultants for higher risk pregnancies, and neonatal intensive care. Midwife-led care would be unaffected by these proposed changes and would be available on both sites as now.

The risks to keeping our services if we do not address the challenges they face

If the changes we are proposing are not made, we believe it will be increasingly difficult to provide the services safely. This is the view of the doctors and other clinical staff who provide them now.

If that happens, it will ultimately put a big question mark over whether our hospitals can reasonably carry on providing those services at all – a situation we all very much want to avoid.

Already, some services are no longer provided within the Shropshire, Telford and Wrekin area. Recent examples of services that have been lost include gynaecological cancer surgery and upper gastro-intestinal cancer surgery.

The clinical staff who work in some of our hospital services are worried that, without some urgent changes, it will not be possible to keep them.

Across the country, for example, vascular surgery is being concentrated into bigger centres as part of a nationwide drive to improve survival rates for major surgery.

We have an opportunity to keep services within our area - but only if we can bring the teams who provide these life-saving treatments together on a single site.

We think that, to make acute surgery work safely, clinical teams from across both hospitals need to work together. This is so significant that we may have to consider some urgent changes. We are monitoring the situation closely.

Changes to the way doctors are trained

Years ago, surgeons used to be trained in doing a very wide range of different operations on different parts of the body – breast, abdomen, intestines, arteries and veins, for example. Their lengthy training or 'apprenticeship' as a junior hospital doctor meant that, when they were eventually appointed as consultants (the most senior grade of doctor), they were able to undertake a broad range of work.

Gradually, things have changed. As new and more complex treatments and diagnostic technologies have become available, the delivery of healthcare has become increasingly more specialised.

Today, junior doctors who wish to become surgeons have a shorter, more concentrated period of training in a more specialised field.

This means that, when they have completed their training, they are more expert in a narrower field of surgery.

How changes in doctors' training affect the way specialist hospital services can be provided

Most surgeons now carry out a smaller range of more complex operations than their predecessors would have done. This benefits patients because increasingly skilled surgeons are able to deliver better results.

However, it also means that they are less able to perform operations to the necessary standards in fields of surgery outside their specialist area. So, for example, a breast surgeon is not ordinarily expected to carry out abdominal surgery as part of his or her planned or 'non-emergency' operations.

This, in turn, affects how emergencies are handled, especially at night when there needs

to be a rota of doctors on call to perform surgery in potentially life-threatening situations. It is better for a patient with major abdominal injuries brought in by 999 ambulance in the middle of the night to be operated on by an abdominal specialist, not a surgeon from another field who does not do this kind of work every day.

Whilst the hospitals of today generally have more doctors working in them than many years ago, the actual numbers of doctors doing specific, highly specialised tasks is relatively small.

This makes it more difficult to ensure that, at night in particular, there are enough doctors available to provide emergency cover. It makes it even more important to organise services so that the right specialists are available, when needed, to assess and treat patients who arrive at hospital as emergencies at any time of day or night.





Restrictions on junior doctors' working hours

There are European Union restrictions on the number of hours per week that junior doctors can work. This is good from the patient's point of view. It means the junior doctors who see them are not as tired from excessively long periods on duty, and are therefore better able to make the right decisions about their diagnosis and treatment.

But shorter working hours for junior doctors add to the difficulties of organising services with the right number of the most appropriate doctors on duty 24 hours a day.

Services that are particularly affected by these challenges – inpatient surgery, children's services and maternity care

Currently, the way surgical services are organised across the two hospital sites managed by The Shrewsbury and Telford Hospital NHS Trust is not as effective for patients as it should be. That is why changes are needed.

Similar challenges face the specialist hospital services we provide for children's services (paediatrics). As with surgery, there have been changes to the way new children's specialists (paediatricians) are trained.

At the same time, there have been reductions in the number of children's specialists who have completed their training as junior doctors and are now seeking posts as consultants.

We believe that the two inpatient paediatric units are becoming increasingly difficult to staff with the right level of doctor. All the children's specialists (paediatricians) in the county agree that continuing to run two inpatient units will not be possible very far into the future. They face a continual struggle to ensure they have enough doctors available to look after the children in their care and it looks like this is going to get even more difficult in the future.

Although they know this is a difficult decision to make, they believe that creating a single inpatient unit is the only way we can protect this service for the future. The alternative could be that children needing overnight care would have to be treated outside Shropshire, Telford and Wrekin.

Poor quality maternity building at the Royal Shrewsbury Hospital

While we must pay tribute to the staff who work in the maternity unit at the Royal Shrewsbury Hospital site, we have become increasingly concerned about the building in which they provide care.

The maternity building at the Royal Shrewsbury Hospital was built in 1969 and is in a very poor condition. Services have outgrown the space available. The cramped environment is not good for patients and makes it difficult for staff to offer the best possible care. The neonatal intensive unit, which is also based in the maternity building, is very short of space.

The lack of space also means there is only one operating theatre. This is a safety concern. Ideally, there should be two operating theatres

to deal with unforeseen problems that occur during labour and delivery.

We are very keen to modernise and improve the environment for our patients. Even if money is spent on the deteriorating building, its future life span is limited to between five and ten years. This accommodation is simply not good enough for maternity care in the 21st century.



2 The different options for change that we have considered

In looking at how we should best respond to the challenges facing some of our hospital services, we have considered four main options:

Option 1: Do nothing and maintain all services as they are.

Option 2: Move some services from the Princess Royal Hospital to the Royal Shrewsbury Hospital and vice versa to make the most effective use of staff, equipment and buildings.

Option 3: Concentrate all services on one site, either in a brand-new hospital or in one of our existing two hospitals.

Option 4: Concentrate all major urgent inpatient and emergency activity on the site of one of our existing two hospitals, with planned activity at the other.

Our assessment of the four options

Option 1: Do nothing and maintain all services as they are

This does not provide a practical and satisfactory solution to the problems we have outlined. If we did nothing, we expect it would result in services being moved out of the Shropshire, Telford and Wrekin area altogether. In those circumstances, many patients would end up travelling greater distances to receive their hospital care.

Option 2: Move some services from the Princess Royal Hospital to the Royal Shrewsbury Hospital and vice versa to make the most effective use of staff, equipment and buildings

This is our preferred option. It would enable us to continue to provide all the hospital services we are currently providing. Most patients

would receive their care at the same hospital as they do now. For some inpatient services, some people who currently use the Princess Royal Hospital would go to the Royal Shrewsbury Hospital and vice versa.

Option 3: Concentrate all services on one site, either in a brand-new hospital or in one of our two existing hospitals

We have considered whether we could build a brand-new hospital to replace both the Princess Royal and Royal Shrewsbury hospitals.

In many ways, this would be an ideal solution. We would be able to design new facilities from scratch. We would have the most up-to-date equipment in purpose-built accommodation. We would also have all our staff and services together on one site, which would make it easier for us to use them where they are needed most at any time.

To build a new hospital would cost between £350 million and £400 million, and possibly more. This was looked at in a feasibility study in 2009. In the financial climate now facing the nation, that money is not available. It is therefore not an option we can move forward with.

So that raises the question: should we close one of our two existing hospitals and put all our services on the other site, whether at Shrewsbury or Telford? In our view, this would be neither feasible nor affordable, as it would need significant investment approaching the same level as it would cost to build a new hospital.

Option 4: Concentrate all major inpatient and emergency activity on the site of one of our existing two hospitals, with planned activity at the other

We have also thought about making one hospital the site where most of the major acute and emergency treatments would take place. This model has many potential benefits and would also be strongly supported by clinical staff.

However, the reality is that the Trust carries out much more urgent and emergency activity than elective or planned activity. If we were to implement this option, then one of the sites would not have very much work to do whilst the other site would be significantly busier than it is now.

The pressure that both hospitals are currently under to manage the urgent and emergency activity is clear - so much so that if all or most of this activity was moved on to a single site without significant expansion in facilities, the service would be overwhelmed.

The hospital Trust has looked in detail at the facilities and numbers of beds that would be needed to put this option into practice. It has found that the costs far exceed the money available. As such, this option has been identified as being neither affordable nor feasible.

3 The option for change we are now consulting on

We are now consulting on proposals for changing the way some of our hospital services are provided. Under these proposals, many services would not change. They would continue to be provided where they are now. There would still be accident and emergency departments at the Princess Royal Hospital and the Royal Shrewsbury Hospital. Most outpatient attendances would take place where they take place now. Most day case surgery (the majority of operations carried out routinely today) would be done where it is done now.

However, under our proposals inpatient children's services, consultant-led maternity services and some inpatient surgery would be provided differently in future.

Women's and children's services

We are proposing to concentrate specialist women's and children's services within the Princess Royal Hospital site where, in future, inpatient services for both groups of patients would be located.

We selected this site because we need to get our services out of the maternity building on the Royal Shrewsbury Hospital site, which has a very limited future life expectancy.

The Princess Royal Hospital site has space that can be made available to relocate services from Shrewsbury. Some additional new facilities could also be built at the Princess Royal Hospital.

The cost of this scheme (and some other changes to buildings that would be necessary as part of the preferred option) is estimated to be £28 million - a figure that can be afforded. The cost of rebuilding the maternity unit at the Royal Shrewsbury Hospital site is estimated to be close to £60 million, which is not affordable.

The nature of the population in Telford and Wrekin also supports the selection of the Princess Royal site for women's and children's services.

Health needs assessments conducted for both Primary Care Trusts have shown that there are a higher number of children living in areas of health inequalities or with vulnerable health needs who are located closer to the Princess Royal Hospital. National research has shown that such children have a greater need for paediatric services.

Under this option:

- The consultant-led maternity (obstetric) unit currently on the Royal Shrewsbury Hospital site would move to the Princess Royal Hospital site, with both sites continuing to provide midwife-led maternity units. Improved accommodation would be provided for the midwife-led maternity unit remaining on the Royal Shrewsbury Hospital site.

Case study 1:

Maria, aged 35, lives in Shrewsbury, is an insulin-dependent diabetic and is pregnant. She is assessed as being a 'high risk' pregnancy. At the moment she receives all her care at the Royal Shrewsbury Hospital. Under our proposals, she would continue to have all her outpatient appointments, scans and antenatal care at the Royal Shrewsbury Hospital but would need to give birth at the Princess Royal Hospital, with children's doctors on hand to look after her newborn baby if needed.

Case study 2:

Emily, aged 3, is from the west of Shropshire. She has a high temperature, is vomiting and giving cause for serious concern. Her mum, Sharon, takes her to the Royal Shrewsbury Hospital, where she is assessed and placed under observation.

After six hours she is still unwell and doctors decide to start a particular treatment. Emily needs to stay there overnight until children's specialists decide whether further treatment is needed or she can be discharged.

In the event, she goes home the next day, but the hospital asks the community-based children's intermediate care service to visit her at home to double-check that everything is OK.

Under our proposals, Sharon would still take her daughter to the Royal Shrewsbury Hospital during the daytime for initial assessment. But if her condition was thought serious enough to necessitate staying overnight in hospital, she would be transferred by ambulance to the specialist children's inpatient unit at the Princess Royal Hospital.

- Inpatient children's services would be concentrated in future on the Princess Royal Hospital site, with both sites providing children's assessment units for the majority of the time.

- Children attending hospital as an outpatient - the majority of children who use hospital services - would continue to go to the same hospital as they do now.

Case study 3:

Tom, aged 2, is from Welshpool. He has a high temperature and is 'floppy'. His mum, Laura, takes him to her nearest hospital, the Royal Shrewsbury Hospital, where he is assessed and placed under observation.

After six hours, Tom starts to perk up and he is able to return home. Under our proposals, he would still go to the Royal Shrewsbury Hospital as now.

- The neonatal intensive care unit (for newborn babies needing intensive care) 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 the total) would still have the opportunity to choose to have their baby in a midwife-led maternity unit 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.

Case study 4:

Caitlin lives in Telford. She goes into labour at 28 weeks and is taken by ambulance to the Royal Shrewsbury Hospital where she gives birth to Shaun. He only weighs 2 kilos and has to spend six weeks in the neonatal unit before he can go home.

That is what happens now. In future, under our proposals, all babies who need additional support of this kind would be cared for at the Princess Royal Hospital.

Head and neck services

These services include specialist surgery for cancer patients, as well as operations on children with ear, nose and throat (ENT) problems.

Many children (close to 800 a year) undergo ENT procedures. It is best for these specialist services to be concentrated in the same hospital as other inpatient children's care. We are therefore proposing to transfer head and neck services from the Royal Shrewsbury Hospital to the Princess Royal Hospital.

Inpatient surgery

In the following specialist services all inpatient general surgery – whether planned or emergency operations – would be carried out in future at the Royal Shrewsbury Hospital:

- vascular surgery (on veins and arteries, which supply blood to the heart, brain and vital organs of the body);

- colorectal surgery (such as on the abdomen, intestines and rectum);

- upper gastro-intestinal surgery (such as on the oesophagus, stomach and duodenum).

Breast, gynaecological, head and neck surgery and, most likely, urology would be carried out at the Princess Royal Hospital.

Most outpatients and day cases to go to the same hospital as now

Most outpatient appointments would continue to take place at the same hospital as now. For example, someone from Telford whose GP refers them to see a colorectal surgeon for assessment of their condition would go initially to the Princess Royal Hospital. Only inpatient surgery, if they need it, would be done at the Royal Shrewsbury Hospital.

Nearly all day cases – representing around 8 out of 10 surgical procedures performed at our two hospitals – would still take place where they do now.



Trauma and orthopaedic surgery

Most surgery for life-threatening trauma is already carried out by surgeons at the Royal Shrewsbury Hospital, and this would continue to be the case under these proposals.

However, if someone needs a hip or knee joint replacement or a fracture repair, they would still be able to have it done at the Princess Royal Hospital.

How changes in some services might lead to urology inpatient work being concentrated at one hospital

Inpatient urology work may end up being concentrated at the Princess Royal Hospital in future.

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 we have described, it may prove necessary to move all this work 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.

Case study 5:

Jenny, aged 19, and her boyfriend James, are involved in a serious traffic accident on the M54 just outside Telford. A 999 ambulance and paramedics arrive on the scene.

Jenny is suspected of having internal bleeding in her abdomen. James has severe facial injuries and at least two very severe bone fractures. Both are taken within 15 minutes by ambulance to the Royal Shrewsbury Hospital for emergency surgery.

That is what would happen now. If all this happened after our proposals had gone ahead, they would still be taken to the Royal Shrewsbury Hospital.

How 'medical emergencies' would continue to be handled by both hospitals

Not all emergencies require surgery. Most are 'medical' emergencies, including patients brought to hospital following a heart attack or because they have a very serious chest infection that needs specialist care. The vast majority of these patients would continue to go to the same hospital as they do now.

Reviewing the pattern of stroke services

Services for patients with strokes have developed fast over the last few years. We want 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.

As part of this consultation, we are interested in hearing views about the arrangements for stroke services.

The majority of patient contacts with our hospitals would stay the same as now

We cannot emphasise enough how the majority of contacts that patients have with our hospital services would be at the same hospital as now.

Figures for the number of outpatient attendances and day cases made over a year are given on page 18. Under our proposals, most of these services would continue to be provided where they are now.

Figures for attendances at our two hospitals' accident and emergency departments are also given on page 18. Again, these are expected to remain more or less the same in terms of the numbers going to the one hospital or the other.

On page 19, we give figures for the numbers of women who currently have their babies delivered in a midwife-led maternity unit, and those who have their deliveries in a consultant-led maternity unit. In future, all the consultant-led deliveries would take place at the Princess Royal Hospital.

Finally, we give figures for the number of children who are admitted to hospital - 7,453 over a 12-month period. They are a small minority of the 57,000 children seen and treated in our two hospitals each year.

Case study 6:

John, aged 11, lives in the Telford area and is mad about football. He's so good, in fact, that he plays for a youth team every Saturday morning. During a match, he falls badly after a tackle and is thought to have a broken arm.

His parents rush him by car to the Princess Royal Hospital, where an x-ray confirms the fracture. His arm is put in plaster and he goes home later that evening.

If this happened after our proposals had gone ahead, John would still go to the Princess Royal Hospital and would still receive the same treatment there.



Key facts and figures: most patients would continue to go to the same hospital as now

The Shrewsbury and Telford Hospital NHS Trust is the main provider of district general hospital services for over half a million people. The Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital in Shrewsbury are of a similar size and see and treat a similar number of patients each year.

Between them, our two hospitals have 769 inpatient beds across all the services they provide. Of these, 416 are at the Royal Shrewsbury Hospital and 353 are at the Princess Royal Hospital. We also have an additional 278 'beds' which are made up of assessment and day unit beds and trolleys, renal and chemotherapy stations, labour rooms and intensive and high dependency care.

Both hospitals see hundreds of thousands of patients a year. Below, we show the numbers who used the Princess Royal Hospital and the Royal Shrewsbury Hospital between April 2009 and March 2010. We have indicated where we are proposing a significant change and where, broadly speaking, we expect things to remain as they are. Figures for children are for those aged 16 and under.

Outpatient attendances

235,248 outpatient attendances at the Princess Royal Hospital
341,026 outpatient attendances at the Royal Shrewsbury Hospital

**No change
proposed**

Children's outpatient attendances

16,374 children's outpatient attendances at the Princess Royal Hospital
10,731 children's outpatient attendances at the Royal Shrewsbury Hospital

**No change
proposed**

Day case procedures

14,745 day case procedures at the Princess Royal Hospital
33,880 day case procedures at the Royal Shrewsbury Hospital

**No change
proposed**

Children's day case procedures

433 children's day case procedures at the Princess Royal Hospital
940 children's day case procedures at the Royal Shrewsbury Hospital

**No change
proposed**

A&E attendances

50,257 A&E attendances at the Princess Royal Hospital
52,841 A&E attendances at the Royal Shrewsbury Hospital
Note: Serious trauma patients are already treated at the Royal Shrewsbury Hospital or, in the most complex cases, transferred to a regional trauma centre.

**No change
proposed**

Children's A&E attendances

11,735 children's A&E attendances at the Princess Royal Hospital
9,859 children's A&E attendances at the Royal Shrewsbury Hospital

**No change
proposed**

Emergency inpatients (medical)

17,111 emergency inpatients at the Princess Royal Hospital
22,679 emergency inpatients at the Royal Shrewsbury Hospital

No significant change, but the future pattern of stroke services is being considered.

Births in midwife-led maternity units

Total of 1,152 births between April 2009 and March 2010, of which:
55 were at Bridgnorth midwife-led maternity unit
68 were at Oswestry midwife-led maternity unit
79 were at Ludlow midwife-led maternity unit
454 were at Shrewsbury midwife-led maternity unit
496 were at Telford midwife-led maternity unit

No change proposed

Births in consultant-led maternity unit

3,861 births in the consultant-led maternity unit at the Royal Shrewsbury Hospital. Of these:
1,455 births were to women in the Shropshire County PCT area
326 births were to women in the Powys Health Board area
1,875 births were to women in the Telford and Wrekin PCT area

Proposal to move unit to a women's and children's centre at the Princess Royal Hospital

Emergency surgery cases

3,330 emergency surgery cases at the Princess Royal Hospital
4,107 emergency surgery cases at the Royal Shrewsbury Hospital

Proposal to do emergency general surgery in future at the Royal Shrewsbury Hospital

Planned inpatients

3,081 planned inpatients at the Princess Royal Hospital
5,438 planned inpatients at the Royal Shrewsbury Hospital

Proposal to concentrate gynaecology, breast surgery, head and neck services and (possibly) urology at the Princess Royal Hospital and to concentrate colorectal, upper gastro-intestinal and vascular surgery at the Royal Shrewsbury Hospital

Children admitted to hospital*

3,481 children admitted to the Princess Royal Hospital
3,972 children admitted to the Royal Shrewsbury Hospital

* 94% of these admissions were unplanned, with over 40% of these children staying less than 24 hours.

Proposal that those children required to stay in hospital overnight would do so at the Princess Royal Hospital

Key services that would be available from the Trust's Royal Shrewsbury Hospital site under the proposals being consulted on



24-hour A&E department

Emergency medical service

Outpatient clinics

Day case procedures

Midwife-led maternity unit

Emergency and inpatient orthopaedic surgery

Major trauma (road traffic accidents, etc.)

Children's assessment unit (not overnight)

24-hour emergency surgery

Emergency and planned inpatient vascular surgery

Emergency and planned inpatient colorectal surgery

Emergency and planned inpatient upper gastro-intestinal surgery

Note: This list is not exhaustive. However, it shows which key services mentioned in this consultation document would be provided at the Royal Shrewsbury Hospital.

Key services that would be available from the Trust's Princess Royal Hospital site under the proposals being consulted on



24-hour A&E department

Emergency medical service

Outpatient clinics

Day case procedures

Midwife-led maternity unit

Emergency and inpatient orthopaedic surgery

Children's inpatient unit

Children's assessment unit (24 hours)

Consultant-led maternity unit

Neonatal unit

Inpatient head and neck services, including ear, nose and throat

Inpatient gynaecology services and breast surgery services

Note: This list is not exhaustive. However, it shows which key services mentioned in this consultation document would be provided at the Princess Royal Hospital.

4 How doctors, other clinical staff and patients have been involved

The proposals in this consultation have been discussed over recent weeks and months among:

- doctors and other health professionals working at the two hospitals;
- GPs who refer their patients to the hospitals;
- some patients and organisations representing patients from the areas we serve.

Ideas and recommendations from doctors and other clinical staff

Doctors and other health professionals who provide our hospital services want to ensure that their services are safe, high quality and sustainable in the long term. They agree that the way some services are delivered now needs to change in order to achieve that.

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 our hospital services and suggest how they might best be tackled.

We then shared a report on their ideas with our MPs, local authorities, Health Overview and Scrutiny Committees, Local Involvement Networks and Community Health Council, as well as with the public through newspaper features and local websites.

Further discussions and debates have also continued among hospital doctors and health professionals to make sure that we have considered all the relevant factors and explored the possible options.

We cannot say that every single hospital consultant and GP in Shropshire, Telford and Wrekin necessarily agrees with all the proposals in this document. Indeed, many of them would probably feel that bringing all our general hospital services together in a brand-new single hospital serving the whole of our area would be the ideal solution.

However, given that there is no foreseeable prospect of the money being available to build a new hospital, we are confident that there is now a majority of opinion among local doctors in favour of these proposals.

Involving patients' representatives in our discussions and listening to their views and concerns

Before the start of public consultation, we shared our ideas with patients' representatives, including Shropshire CInCH (Community Involvement in Care and Health), Telford and Wrekin LiNK (Local Involvement Network) and Montgomeryshire Community Health Council.

The patients, patient representatives and members of the public who took part in two events held during November 2010 were able to put questions to some of the doctors who have been helping to shape the proposals. They were also able to express any concerns they had.

Clearly, none of this pre-consultation activity commits those individuals or organisations in any way. They will be able to express their views formally in response to this consultation document.

However, the fact that they have had the opportunity to influence our thinking *before* anything was published helps to demonstrate the extent to which we have learned from previous consultations about the importance of local involvement.

How our proposals were given a final test before publication

In addition to involving doctors, health professionals and patients in finding solutions to the challenges facing some of our hospital services, we set up a panel comprising people from within and outside the area to take a final look at our proposals before they were published for public consultation.

Members of the panel were asked to tell us how far, in their opinion, our proposals:

- command support from local GPs responsible for commissioning services;
- have involved local patients and patient representatives in the process and will do in the public consultation stage;
- are supported by clear clinical evidence of the need for change;
- are consistent with ensuring patient choice.

These are the four key tests laid down by the Secretary of State for Health for assessing any proposals for changing the way hospital services are provided.

The panel was also asked to tell us how far they believed the proposals would improve outcomes for patients in the future, and are affordable and sustainable.

Support from the panel in principle but more information requested

After two days of examining the proposals, the panel concluded that they unanimously supported them in principle. The panel found that the proposals met some of the tests, but said they needed more information to complete their assessment.

The proposals in this document are intended to make sure hospital services are safe and that they stay within Shropshire, Telford and Wrekin. They are *not* being put forward for

financial reasons. However, the hospital Trust will still need to show that the proposed changes are affordable within its existing level of funding. This is some of the detailed information to be provided to the panel by the Trust in the next stage.

The panel also asked for more detailed information on how some of the proposed new clinical arrangements would work. The hospital Trust will work with its senior clinical staff to provide this.

Gathering all the information

The additional information requested by the panel will be assessed during the consultation. We will also prepare responses to comments and ideas that arise out of local discussions on the merits of the proposals.

All this information and feedback from the consultation will be taken into account by the boards of Shropshire County PCT, NHS Telford and Wrekin and The Shrewsbury and Telford Hospital NHS Trust when they make their decisions about the proposals at the end of the process.

5 Ideas for addressing the additional travel times for some patients

Together, the Princess Royal Hospital and the Royal Shrewsbury Hospital serve a very large geographical catchment area. It includes many sparsely populated rural areas where some people live quite long distances – and travel times – from both hospitals.

Although, after the changes we are proposing, the vast majority of patients would still go to the same hospital as now, some of them would need to travel to a different hospital that is further away from where they live.

For example, some patients in the west of Shropshire and Mid-Wales would need to go to the Princess Royal Hospital in Telford for some types of specialist inpatient care. Some who live in Telford and Wrekin would need to go to the Royal Shrewsbury Hospital for some types of specialist inpatient care.

On average, it takes about 25 to 30 minutes for someone to drive from the Royal Shrewsbury Hospital to the Princess Royal Hospital and vice versa. So, depending on where they live, some patients or visitors would take that additional length of time.

For an emergency 999 ambulance, the average time taken between the two hospitals – depending on traffic conditions – is 15 to 20 minutes.

Whilst the number of those affected is likely to be relatively small in relation to the total number of patients seen by both hospitals each year, we would need to look at ways of lessening the inconvenience to them.

We also need to consider how to address any potential risks to people travelling longer distances in an emergency.

These issues were discussed by doctors and patients' representatives before this consultation. A number of ideas emerged:

Helping people in non-emergency situations

- A shuttle bus service between the two hospital sites, both for staff who need to travel between one and the other and to reduce the inconvenience for patients and visitors without their own personal transport.
- Use of telemedicine and technology to help patients at one hospital have consultations with specialists at another when the need arises, which reduces the need to travel.
- Discussions with our local authorities about possible improvements in public transport.

999 ambulance response times

- Effective liaison between the Trust, ambulance services, paramedics and GPs throughout Shropshire, Telford and Wrekin and Mid-Wales to ensure the fastest possible response times in emergencies.
- A study into whether or not it would be feasible to introduce a night-time helicopter ambulance service able to land at illuminated sites in more remote parts of Shropshire and at designated points in Mid-Wales.

Emergencies involving children

- Ensuring that in emergencies children are taken to whichever hospital is best able to deal with them safely, especially at night when the Royal Shrewsbury Hospital's paediatric assessment unit would be closed.

- Overnight surgical cover at the Princess Royal Hospital in case of emergencies that necessitate an immediate operation on a very sick child who is brought to its specialist paediatric unit for assessment.
- Access by telephone to ‘on call’ paediatricians 24-hours a day from the Royal Shrewsbury Hospital site, particularly to discuss what is best for a child brought there out of hours with a serious condition that requires immediate surgery.

Emergencies involving women in the later stages of pregnancy

- Enhanced training for GPs, community midwives and ambulance paramedics.
- An obstetric ‘flying squad’ of highly trained and experienced hospital staff who, in the event of an emergency at a remote location, would be able at short notice to travel swiftly to the scene.

We must stress that, at this stage, these are simply ideas that have been put forward. They will all be investigated to see how beneficial and feasible they would be. We are also open to receive any further suggestions during the consultation.



6 Have your say on our proposals

This public consultation runs from 9th December 2010 to 14th March 2011. During that time we want to hear the views of as many people as possible.

You can have your say in a number of different ways:

- Complete the **feedback form** on pages 29 to 31 and return it to:
FREEPOST RRZR-SZAA-BUBZ
Reconfiguration of Hospital Services
Oak Lodge, William Farr House
Shropshire County PCT
Mytton Oak Road
Shrewsbury SY3 8XL

Alternatively, you can complete it online at:
www.shropshire.nhs.uk
www.telford.nhs.uk
www.sath.nhs.uk
www.ournhsinshropshireandtelford.nhs.uk

- Write a letter setting out your views to:
FREEPOST RRZR-SZAA-BUBZ
Reconfiguration of Hospital Services
Oak Lodge, William Farr House
Shropshire County PCT
Mytton Oak Road
Shrewsbury SY3 8XL

- Email your views to:
ournhsinsat@nhs.net

Obtaining further copies of this document

Further copies of this consultation document are available on request. Please call **01952 580478** or **0800 032 1107**

Alternatively, you can download a copy by going on to the following websites:
www.shropshire.nhs.uk
www.telford.nhs.uk
www.sath.nhs.uk
www.ournhsinshropshireandtelford.nhs.uk

Large print version or other languages

We can provide you with a large print version if you would prefer one. We can also provide it in other formats and languages. Please phone **01952 580478** or **0800 032 1107** or email ournhsinsat@nhs.net

Arranging to talk to someone from the Primary Care Trusts or The Shrewsbury and Telford Hospital NHS Trust

If you want someone from Shropshire County PCT, NHS Telford and Wrekin, or The Shrewsbury and Telford Hospital NHS Trust to come to your organisation or meeting to talk about these proposals, please phone **01952 580478** or **0800 032 1107** or email ournhsinsat@nhs.net

Consultation meetings and events

During this consultation a number of open public meetings will be held so that you can find out more, ask questions and make your views heard. Full details will be on the following websites and will be advertised in local newspapers:

www.shropshire.nhs.uk
www.telford.nhs.uk
www.sath.nhs.uk
www.ournhsinshropshireandtelford.nhs.uk

Date by which all responses must be made

All responses to this consultation must be made by **14th March 2011**.

What will happen after consultation ends?

This public consultation will end on 14th March 2011. After that, all the responses we have received, both written and from comments at public meetings, will be analysed. A report on the analysis will be included in papers to be submitted to the boards of our three organisations:

- Shropshire County NHS Primary Care Trust
- NHS Telford and Wrekin
- The Shrewsbury and Telford Hospital NHS Trust.

If you would like to receive a copy of the report containing an analysis of the responses received from local people and organisations to this consultation, please look at the websites mentioned on page 26 after the consultation ends, or see the back page of this document.

The meetings of all three boards will be held in public in March 2011. The dates will be posted on the websites listed on page 26 and will also appear in local news media.

The boards will decide, in the light of the outcome of this consultation, whether and how far to proceed with the proposals.

If the boards agree to proceed, it is expected that some changes may begin in the spring of 2011 and all the changes would be implemented by 2014.

Not all the changes would necessarily take place at the same time or at the same pace. Very careful planning would be needed, with patient safety the paramount consideration at every stage.

The schematic map below shows the locations of the Royal Shrewsbury Hospital on the south west side of Shrewsbury, and the Princess Royal Hospital on the north west side of Telford. Also shown are some of the main road routes around Shropshire, Telford and Wrekin, and those linking Mid-Wales with our area.



Travel and transport issues are covered on pages 24 and 25 of this document.

7 A feedback form that you can complete and let us have with your views on our proposals

In analysing what people think, it would be helpful to us if you could respond to the following questions. But if there are other issues you would like to comment on, please let us have your views on those too.

1. What do you think about our overall proposals for services at the Royal Shrewsbury Hospital and the Princess Royal Hospital?

Strongly support Support No opinion Against Strongly against

2. CHILDREN'S SERVICES (See pages 12 and 13)

2a. What do you think about our specific proposals for inpatient children's services?

Strongly support Support No opinion Against Strongly against

2b. What do you like about our proposals for inpatient children's services?

2c. What, if anything, worries you about our proposals for inpatient children's services?

2d. What would reassure you on any worries you may have?

3. MATERNITY SERVICES (See pages 12 and 13)

3a. What do you think about our specific proposals for maternity services?

Strongly support Support No opinion Against Strongly against

3b. What do you like about our proposals for maternity services?

3c. What, if anything, worries you about our proposals for maternity services?

3d. What would reassure you on any worries you may have?

4. SURGERY (See pages 14 and 15)

4a. What do you think about our specific proposals for surgery?

Strongly support Support No opinion Against Strongly against

4b. What do you like about our plans for surgery?

4c. What, if anything, worries you about our proposals for surgery?

4d. What would reassure you about any worries you may have?

5. UROLOGY AND STROKE SERVICES (See pages 15 and 16)

Are there any comments you would like to make about the location of urology or about the future pattern of local stroke services?

6. OTHER COMMENTS

Are there any other comments you would like to make?

7. ABOUT YOU

Finally, please can you fill in the following details about yourself. You will not be identifiable from any information you give us. Please let us know which of the following applies to you:

Responding as an individual or on behalf of an organisation (Circle as appropriate)

Patient Member of public NHS staff

Voluntary/community organisation Please state which

Other organisation Please state which

Other, please state

Gender (Circle as appropriate)

Male Female

Age (Circle as appropriate)

Under 15 15-24 25-44 45-64 65-74 75-84 85+

Which Ethnic Group do you belong to? (Circle as appropriate)

White Chinese Asian or Asian British Polish

Black or Black British Mixed Other Ethnic Group Prefer not to say

Other, please state:

What is your postcode?

Responding to this consultation

Written responses to this public consultation and feedback forms should be sent to:

FREEPOST RRZR-SZAA-BUBZ
Reconfiguration of Hospital Services
Oak Lodge, William Farr House
Shropshire County PCT
Mytton Oak Road
Shrewsbury SY3 8XL

Alternatively, they can be emailed to:
ournhsinsat@nhs.net

See page 26 inside for details of the consultation process.

Obtaining a copy of the report on the responses to this consultation

If, after the consultation has ended on 14th March 2011, you would like to receive a copy of a report containing an analysis of the responses we have received from local people and organisations, please write your name and address below:

Name:

Address:

Postcode:

If you would prefer to receive a copy of the report by e-mail, please give us your e-mail address below:

Email: