

Questions from the Public about the Hospitals Transformation Programme

January to February 2023

1. **“Currently Shrewsbury also serves Wales as well as Shropshire with Welsh people having priority access to it. When there is overflow from Princess Royal, Telford people are being deferred to other hospitals further away in the West Midlands (Stoke, Stafford and Dudley for example). If Telford A&E is closed will these priorities change so that urgent cases get accommodated at the nearest hospital or will Welsh patients still get priority at Shrewsbury A+E?”**

There will be an enhanced urgent care service, through an A&E Local model, available 24 hours a day, 7 days a week at the Princess Royal Hospital in Telford that will be able to provide care to at least 65% of people who currently access the emergency department.

Residents of mid-Wales along with the population of Shropshire, Telford & Wrekin will benefit from a new purpose-built Emergency Department at the Royal Shrewsbury Hospital which will bring together all services, staff and facilities that are required to care for life and limb threatening, “blue-light” emergencies.

Emergency care often begins with assessment by the ambulance service who will initiate treatment and transport the patient to the most appropriate department for further care. Priority is based on clinical assessment and the seriousness of the condition for everyone.

2. **“Why did we not consider one big new hospital? Between Telford and Shrewsbury. With all the money you have spent so far trying to sort things out surely it would have been more cost effective to build a new hospital. A new hospital will potentially attract new talent?”**

A number of options were considered as part of the development of the Future Fit programme. A new, single site was deemed unaffordable during the options appraisal stage in 2015. The new clinical model has been developed by the clinicians who work in the services providing care to local people, who are confident that it is the best way of delivering care, developing our services and attracting and retaining staff to the area.

We have secured a substantial investment of £312 million available to us, to improve local hospital services. We need to use this funding to the maximum benefit and our current plans will help us to deliver better care.

The Covid-19 pandemic has also shown us that being able to separate planned and emergency care reduces the risk of infection and delays to treatment which is beneficial to all.

3. “How can one A&E be more efficient than two A&Es when both can’t cope with current demand?”

Most people who currently attend our A&E departments need urgent care for non-life-or-limb-threatening conditions and don’t need a comprehensive emergency department or hospital admission.

Approximately two-thirds (65%) of patients will access urgent care in the same place they do now, either through the A&E Local model at Telford or the urgent care service in Shrewsbury. The enhanced urgent care service at Telford will provide direct access to a multidisciplinary team of health, care and community professionals for diagnosis and treatment in the same place, on the same day.

The emergency department in Shrewsbury will solely focus on life or limb-threatening and ‘blue light’ emergencies.

Having an appropriately sized, staffed and designed Emergency Department supported by all the medical and surgical specialist teams on one site will mean more rapid and effective care for patients with the most serious conditions.

Our current A&Es are small and cramped and our limited numbers of specialist staff are stretched across two sites, which is contributing to the challenges we face. Our clinicians believe that we need to work differently to help provide more resilient services. A larger, dedicated Emergency Department with faster access to the right clinicians will help us improve care.

4. “Are you building a new A&E department at Shrewsbury to accommodate everyone from Shropshire and mid Wales. Do you know the capacity you require to accommodate everyone? And if so what is the figure?”

We are building a new Emergency Department at the Royal Shrewsbury Hospital site which will care for all life and limb threatening emergencies for the population of Shropshire, Telford & Wrekin and mid Wales. In addition, a 24/7 Urgent Treatment Centre will be available at this site and at the Princess Royal Site (known as an A&E Local model). Approximately two-thirds (65%) of patients will access urgent care in the same place they do now, either through the A&E Local model at Telford or the urgent care service in Shrewsbury. The enhanced urgent care service at Telford will provide direct access to a multidisciplinary team of health, care and community professionals for diagnosis and treatment in the same place, on the same day.

The new build at the Emergency Care site will be designed with sufficient capacity to accommodate the combined demand and will include consideration of demography. As part of the detailed Outline Business Case we will be building on the work of the Strategic Outline Case and Future Fit Consultation to undertake detailed modelling including current and future demand. Our clinicians are involved at every stage of

this journey to ensure we deliver safe and high-quality services for all the communities we serve.

5. “Given that the first hour is critical to survivability increasing the time until treatment for so many patients is going to cost lives, with patient initial treatment time specifically in mind please explain/justify this decision?”

Specialist hospital teams often have to work together to support a patient in a life or limb threatening situation. Having separate teams working across two sites can delay access to the right clinician for your needs and can impact on our ability to provide the best quality care, 24 hours a day, 7 days a week. There are national shortages for senior consultants and other professionals, across both emergency and planned care services.

Having an appropriately sized, staffed and designed Emergency Department supported by all the medical and surgical specialist teams needed will mean more rapid and effective care for those in a life or limb threatening emergency, even if the travel time is greater for some.

If you have a life threatening or limb threatening condition, your treatment starts as soon as you enter the ambulance, by the trained paramedics. Importantly, they are taking you to the right hospital that has the senior doctors, full range of professional teams and equipment to deliver faster treatment. For example, if you are having a stroke your paramedic can administer the right drugs and the hospital is alerted you are on your way. Within our ED teams there are senior consultants available, who can assess and confirm you need to be seen by a stroke consultant. The specialist stroke teams are only down the corridor and can confirm this assessment and transfer you to the right ward. Working across two hospitals, often means patients are stabilised and then have to be transferred to the hospital. Or worse, our senior doctors have to travel to the other hospital, which they can't do as quickly as an ambulance. We currently have rotas and processes to ensure safe care, however this is not ideal and we know we could deliver faster treatment if we work differently. We know that currently there are delays in ambulance handovers and waiting times in EDs. Also, that this focus on emergency care impacts on our ability to deliver planned care appointments, for example higher numbers of cancelled appointments and longer waiting times. Our clinicians believe we need a bigger, single emergency department that can ease some of these challenges and provide faster care for patients.

To make this a reality, we also need two urgent care services (A&E Local model in Telford) to deliver high quality care for the majority of patients that currently use A&Es.

The majority of people who attend our emergency departments need urgent not emergency care. With at least 65% of attendees being able to receive treatment through the enhanced urgent care services (A&E local in Telford), this will free up and dedicate capacity for life and limb-saving emergencies at the Emergency care site.

6. The increased travel time for ambulances serving Telford will put further strain on resources please explain how many more ambulances will be required to allow for this and confirm that you will be funding this additional cost?

We are working with our expert ambulance colleagues, in the West Midlands and in Wales, to make sure that patients will be brought to the right place where there is sufficient capacity to handover patients and release ambulance crews as quickly as possible. By working differently our clinicians believe that we can deliver better care for the minority of patients who need an ambulance.

Bringing emergency specialist teams all together in the same hospital will resolve the majority of the issues that affect the emergency care provided to all residents.

Having an appropriately sized, staffed and designed Emergency Department supported by all the medical and surgical specialist teams needed will mean more rapid and effective care for those in a life or limb threatening emergency, even if the travel time is greater for some.

The majority of people who attend our emergency departments need urgent not emergency care. With at least 65% of attendees being able to receive treatment through the enhanced urgent care services, this will free up and dedicate capacity for life and limb-saving emergencies at the emergency care site.

7. “With a population of over 184,000 which is growing on an average of 1500 per year. Telford is a thriving and growing area but is supported by a hospital, built in 1989 to support a population of 140,000. How can you consider your decisions valid when the PRH is now an inadequate service to its growing population but has the capacity and the footprint to be easily expanded, and, was built with the capability to accept another floor, thus increasing its capacity by over 30%”

The key driver for change is to improve the clinical model and services provided to everyone across Shropshire, Telford & Wrekin and mid Wales.

The clinical model has been developed and delivered by the clinicians who work in the services providing care to local people and who are confident that it is the best way of delivering care to the population of Shropshire, Telford & Wrekin and mid Wales.

We are committed to delivering two thriving hospitals that maximise our staff, estates and resources to improve care for all the communities we serve.

Our demand and capacity modelling is based on current plus expected population increases to ensure we are developing the best possible clinical services for everyone.

8. “Why are you downgrading PRH when Telford has a large and growing population?”

Our clinicians are united in the need to deliver better care for all patients but this means we need to work differently. We are not downgrading either of our hospitals, but providing enhanced urgent care, emergency care and planned care that maximises both hospital sites.

The plans provide a significant investment in services to develop two thriving hospital sites – the Princess Royal Hospital and the Royal Shrewsbury Hospital. Currently, the majority of people attending our Emergency Departments need urgent not emergency care and as such, at least 65% of people will access urgent care in the same place they do now. In Telford, this will be through an A&E Local model which will provide urgent care services 24 hours a day, 7 days a week.

The emergency department, based at the Royal Shrewsbury Hospital will be available for 'blue light' (ambulance) emergencies that require life or limb saving care and treatment. People will benefit from emergency care that has faster access to medical and surgical specialties on the same site.

The Princess Royal Hospital in Telford will become the dedicated site for planned care, for everyone needing a planned procedure across Shropshire, Telford & Wrekin and mid Wales and will complement the existing £24 million investment into the site.

9. How can you justify building another Women and Children's building at over double the cost of the one at the PRH?

Our clinicians believe it is important that our consultant led women services and paediatric care work alongside the emergency department teams. This ensures we can provide faster access to the right clinicians with the immediate access to all necessary medical and surgical specialties.

In future plans, the existing site for Women and Children will be repurposed and used to support the delivery of planned care at the Princess Royal Hospital site. This will ensure there is no waste and we fully maximise the space to deliver clinical care.

10. Has the extra cost of ambulance services and the necessary extra ambulance staff and vehicles been considered as part of the downgrading of A&E services at PRH? From where do you plan getting extra ambulance crew?

My own experience of having to use emergency ambulance services is that ambulance paramedics are very good but are not doctors nor have the facilities of a hospital available to them so are limited in what they can do. Part of them reaching a patient quickly is down to luck, dependant on where they are at any given time, what measures will be taken to maintain this luck?

Removing an A&E facility will result in longer journeys which will mean patients are in the care of ambulance crews for longer, subject to more undulations in road surface, vehicles will consume more fuel and require more maintenance, more ambulance crew will be required to provide the same level of service and any industrial action will be felt

more accurately. To not increase the ambulance service will result in a lowering of emergency services and it's patients and ambulance crew who will suffer, what plans are there to increase ambulance services and will this be economic?

Bringing emergency specialist teams all together in the same hospital will resolve the majority of the issues that currently affect the emergency care provided to all residents.

Having an appropriately sized, staffed and designed Emergency Department supported by all the medical and surgical specialist teams needed will mean more rapid and effective care for those in a life or limb threatening emergency, even if the travel time is greater.

The majority of people who attend our emergency departments need urgent not emergency care, with 65% of attendees being able to receive treatment through the enhanced urgent care service or A&E Local model, freeing up and dedicating capacity for life and limb-saving emergencies at the Emergency care site.

We are working with our expert ambulance colleagues, in the West Midlands and in Wales, to make sure that patients will be brought to the right place where there is sufficient capacity to handover patients and release ambulance crews in a timely fashion.

11. If the reorganization goes as planned how would the public know what service was to be used for their particular problem. Eg febrile child, Short of breath adult

We will be working with our staff, patients and members of the community and other healthcare providers, including ambulance service providers ahead of the new services opening in late 2026. We are committed to fully communicating any changes to help local communities understand where to go for the right care. This includes using 111 and 999 (in life threatening illnesses and injuries) to be directed to the right service.

We are also working with our partners across NHS 111, primary and community care to support patients in accessing the most appropriate service for their needs.

In the meantime, if you sign up to become a community member sath.engagement@nhs.net we will keep you updated on how you can get involved and updated on the programme through our monthly update.

12. "Shrewsbury and Telford's hospitals are the fourth worst in the country for their performance on the key four-hour A&E target. In December only 44.7 % of A&E patients at RSH and PRH were admitted, transferred or discharged within the government target of four hours [1] Analysis of over 5 million NHS patients admitted from A and E shows that death rate increases the more the delay is greater than 4 hours [2] Princess Royal Hospital has had to resort to Corridor Care of Emergency Patients despite Corridors increasing risks for patients due to lack of Piped

Oxygen and Staff [3] and [4] Why close 1 of the County's A&Es when demand exceeds the capacity of the existing 2?"

The Hospital Transformation Programme is key to addressing many of the current pressures faced by our teams. Bringing emergency specialist teams all together in the same hospital will resolve the majority of the issues that affect the emergency care provided to all residents.

Having an appropriately sized, staffed and designed Emergency Department supported by all the medical and surgical specialist teams needed will mean more rapid and effective care for those in a life or limb threatening emergency, even if the travel time is greater.

The majority of people who attend our emergency departments need urgent not emergency care. With at least 65% of attendees being able to receive treatment through the enhanced urgent care service or A&E Local model, this will free up and dedicate capacity for life and limb-saving emergencies at the Emergency care site.

We are working with NHS 111 and our expert ambulance colleagues, in the West Midlands and in Wales, to make sure that patients will be brought to the right place where there is sufficient capacity to handover patients and release ambulance crews as quickly as possible.

13. "It is clearly evident the crisis we are in with NHS. Staffing shortages is a major factor - how will this be addressed or solved by the proposed future fit move?"

Staffing shortages are felt nationally and locally across the NHS. By implementing a clinical model that is designed, developed and delivered by our clinicians, within purpose-built services and estate, we hope to become a more attractive place to work. Improved working environments and consolidation of specialist teams in more sustainable services will also provide better supervision and training which will support recruitment and retention.

14. "Will Shrewsbury being the only hospital to provide A&E for whole of Shropshire and Telford and Wrekin - if so how will response times be addressed knowing that the journey will be longer for those in Telford and Wrekin - when response times are the key to life and death?"

Bringing emergency specialist teams all together in the same hospital will resolve the majority of the issues that affect the emergency care provided to all residents. Having an appropriately sized, staffed and designed Emergency Department supported by all the medical and surgical specialist teams needed will mean more rapid and effective care for those in a life or limb threatening emergency, even if the travel time is greater.

The majority of people who attend our emergency departments need urgent not emergency care. With at least 65% of attendees being able to receive treatment

through the enhanced urgent care service or A&E Local model, this will free up and dedicate capacity for life and limb-saving emergencies at the emergency care site. We are also working with our expert ambulance colleagues, in the West Midlands and in Wales, to make sure that patients are brought to the right place, quickly, to be treated with by the right available staff.

This model of care is supported nationally and many healthcare emergencies, eg heart attacks and strokes, are already treated through networked services and regional trauma centres with evidence showing that being treated in the right place, with the right staff and right facilities is key.

For any further questions, please contact: sath.improvinghospitals@nhs.net