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: Overall proposals](image)

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

![Chart 3](image)
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 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

<table>
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<td>Better building and facilities for children</td>
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<td>Reflects population trends</td>
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<tr>
<td>Better use of limited resources</td>
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<tr>
<td>The retention of day time assessment at both hospital sites</td>
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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

<table>
<thead>
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<th>Travel time, distance and transport</th>
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<td>Location of services</td>
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<tr>
<td>The impact on children with specific conditions or life limiting illnesses</td>
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<tr>
<td>The Rainbow Unit</td>
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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.
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.
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.

“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.”

“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.”

“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.”

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.
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)
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.

― 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.”
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?

<table>
<thead>
<tr>
<th>Nothing to change</th>
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<tbody>
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<td>Public transport and shuttle bus</td>
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<tr>
<td>Reassurance on travel times and emergency transport</td>
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<tr>
<td>Provision for parents</td>
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</table>

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 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 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 showing responses to maternity proposals](image)
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

<table>
<thead>
<tr>
<th>Improved quality of service</th>
<th>Improved facilities</th>
<th>Reflects population trends</th>
<th>Access to services</th>
<th>Better use of limited resources</th>
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</table>

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.

**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.”

“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.”

“Support [sic] the move as demographic trend will mean more children in the east of the county.”
3.3.2 What worries people about the proposals for maternity services?

<table>
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<td>Impact on home births</td>
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<tr>
<td>Location of services</td>
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<tr>
<td>The impact on women or babies with specific conditions or illnesses</td>
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</table>

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 choose 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.
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 suffes [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?

Transport and transfer arrangements

Nothing to change

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.
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.
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

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<tr>
<th>Centres of excellence</th>
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<tr>
<td>Keep skills and services in the county</td>
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<tr>
<td>Modernise hospital site</td>
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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

<table>
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<th>Travel times, distance and transport</th>
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<tr>
<td>A lack of resident surgeons on each site</td>
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<tr>
<td>Impact on waiting times for planned surgical procedures</td>
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<tr>
<td>Skills gap between general and specialist surgeons</td>
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<tr>
<td>Impact on children</td>
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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.
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.

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.
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.

- "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 to 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.

- "Possibility of an ever widening skills gap between general surgery and specialist surgery leading to lowering standards of care."

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 cooperate.
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?

<table>
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<th>Nothing to change</th>
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<tbody>
<tr>
<td>Public and emergency transport</td>
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<tr>
<td>A clearer understanding how accident and emergency services will work</td>
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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 neccessary [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.
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.”

“For me, the quality of service is more important than location.”

“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.”

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

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

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 or early intervention for patients who have suffered a stroke and, if needed, additional para-medic 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 an excellent Urology service provided on both sites and I would imagine that wherever this service is eventually sited and provided would be dependent 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.”