

## MEC & SAC HTP Focus Group

Held on Tuesday 5<sup>th</sup> December 2023  
10:00 – 12:00hrs via MS Teams

### QUESTIONS/ANSWERS

	<p style="text-align: center;"><b><u>MEC &amp; SAC HTP Focus Group</u></b></p> <p><b>SATH members of staff responding to public questions</b></p> <p>Gareth Banks - <b>(GB) Regional Director at AHR</b>          Julia Clarke – <b>(JC) Director of Public Participation</b>          Adam Farquharson – <b>(AF) Consultant Colorectal Surgeon</b>          Martin Jones – <b>(MJ) Designer at Art in Sight</b>          Tom Jones – <b>(TJ) Implementation Lead for HTP</b>          Saskia Jones- Perrott – <b>(SJP) Divisional Medical Director</b>          Kirsten McArdle – <b>(KM) Consultant Colorectal Surgeon</b>          Hannah Morris – <b>(HM) Head of Public Participation</b>          Ed Rysdale – <b>(ER) Emergency Medicine Consultant and Clinical Lead for HTP</b>          Rachel Webster - <b>(RW) HTP Nursing, Midwifery and AHP Lead</b></p>
<b>PART 1</b>	<p><b><u>Q&amp;A's FOLLOWING PRESENTATION</u></b></p> <p><b><i>Q: I received a leaflet through my door from Shaun Davies which mentioned proposals for the “fight” for the local PRH. I wondered whether he needs to come to some of these meetings to understand the background? Also, do we have an update on the November referral process to government’s Independent Review Panel?</i></b></p> <p><b>A: (SJP) -</b> We are meeting with Telford &amp; Wrekin Council on Thursday this week to go through the clinical model and the reasons why we need to move to this way of working and to emphasise the advantages of the model to both sides of the county. There will be a dedicated Planned Care Centre at PRH, and we have just opened a new Community Diagnostic Centre at Hollinswood House, in Telford (this will also have the new satellite Renal Dialysis Unit which has recently moved from PRH freeing up more clinical ward space). We are also working on the new elective surgery hub at PRH which will create extra capacity for planned surgery.</p> <p>Under HTP plans, PRH will also have a Respiratory Diagnostic and Rapid Investigation Unit, and a same day emergency care centre for patients. It really is a fantastic model and I'm very clear about my support and, from a clinical perspective,</p>

how this model is going to be vastly superior to what we're currently delivering. I think it will deliver better services to both sides of the county.

**Q: *With all the building work that's going on, this will affect people who are coming to the hospital for their current treatment. How much will the parking onsite be affected whilst we're going through these build phases and is there an alternative plan that will accommodate this?***

**A: (GB)** - One of the conditions as part of planning approval relates to maintaining adequate parking on the RSH site. Part of the enabling works is to generate additional parking capacity because there will be a loss of parking spaces as we do the building works. The net total parking spaces will be retained or will increase slightly throughout the project as it moves forward. We have a range of ways of increasing car parking capacity including use of a local Park and Ride scheme too.

**A: (JC)** - Our colleagues in estates will be setting up a Travel & Transport Liaison Group early in the new year to look at what else we can do to make sure that parking is as accessible as it can be.

**Q: *Are you talking with Healthwatch, Telford & Wrekin on a regular basis and what about the Scrutiny Committees for both authorities. The things you're doing, which are very good and needed aren't being seen by some of the population as a good thing because of the bad messages coming from other quarters.***

**A: (JC)** - Both Healthwatch's in Shropshire and T&W are members of our Public Assurance Forum (PAF), which is like our Council of Governors, and they always get a quarterly update from the HTP team at the Forum meeting. If we have any advanced news before it goes into the public domain, we share it with our Public Assurance Forum members first so that they're sighted on it. We attended by invitation a session at Shropshire, Healthwatch last month and we are happy to attend other meetings which we are invited to attend. The next meeting of the Public Assurance Forum is on 15 January 2024, and the Chief Officers of both Healthwatch's are members.

**A: (ER)** - In terms of the Joint Health Overview Scrutiny Committee (JHOSC), we have been invited and have spoken to the JHOSC, but it's been by invitation from them, and we've also spoken to the ICS on several occasions and presented to the ICS and their board. I was there last week keeping Integrated Care System updated about the plans.

**A: (JC)** - We do have an independent observer from the JHOSC who attends nearly all our focus groups and takes notes and they're able to keep informed through him. But again, by invitation we are very happy to meet with them.

**Comment: (VB)** – (Healthwatch Shropshire Chair) Healthwatch Shropshire has been involved with this since 2013, and we are delighted to continue to be involved. We see our main role as bringing the voice of the people in Shropshire to these debates because there are a lot of issues that keep coming back to us from the

public that we need to sort out in the new development. I find the rapid progress that's being made reassuring and certainly Healthwatch Shropshire will back HTP all the way.

**Q: *It may be useful to link with Sight Loss Shropshire around signage and colours too.***

**A: (JC)** – We have links with a number of organisations through our community engagement team and they are routinely invited to different meetings, but we will issue a personal invite to the next round of meetings

**ACTION: Invite groups representing the visually impaired to the next round of focus groups.**

**Comment: (GB)** - I'm just conscious that in agreeing names of departments for wayfinding we need to be sure that we use terms that will be generally understood and I think that's something where actually we may not agree in just two or three days, so that's something we could start looking at now. I think there may be something where we can perhaps start to get some input from the wider forum and start to feed that back into future meetings, where we end up with a list of what we know the departments to be and what we're intending to call it, with the signage included.

**ACTION: (GB)** - AHR will agree signage with clinicians first and then circulate to focus group members to ensure the meaning is clear from the name. Members can take back to their groups or organisation for their perspective so that we can end up with the most universally acceptable one.