The Shrewsbury and Telford Hospital NHS Trust

Communications and Engagement for Urgent and Emergency Care HTP Focus Group

Held on Tuesday 3rd June 2025
10:00 – 12:00hrs via MS Teams

QUESTIONS/ANSWERS

	Communications and Engagement for Urgent and Emergency Care HTP Focus Group **Team responding to public questions:** Hannah Morris – **(HM) Head of Public Participation** Sara Biffen – **(SB) HTP Delivery Director** Jenny Fullard – **(JF) Chief Communications Officer** Lydia Hughes – **(LH) HTP Communications & Engagement Manager** Aaron Hyslop – **(AH) HTP Engagement Facilitator** Tom Jones – **(TJ) HTP Implementation Lead** Matthew Neal – **(MN) HTP Director** Rachel Webster – **(RW) HTP Lead Nurse** **Q&A's FOLLOWING PRESENTATION** **Comment:** Would SaTH consider having an app, for urgent and emergency care that most people will be able to access. If people have a problem, they can go to the app which will tell them immediately what to do. Currently people will ring their GP, 999 or 111 and they'll have to wait a long time to get through to someone or they will go to A&E. **A: (JF) –** There's multiple phases to this campaign. What we're trying to do is dispel some myths, talk about the model and talk about why we're making the changes we are. We are listening to people so that we can help inform them over the next couple of years. I don't want to cause confusion because this is not going to be coming in until 2028 in terms of the changes to emergency care. **Comment:** At this point, it's important that the public know what urgent care and emergency care is by your definition, because they'll have their own definitions. **Comment:** The resus rooms is NHS jargon; the public would have no idea what this implies. Even the term frailty service, it may mean something to the public, but it probably means something totally different to what the NHS means. I'm having a long battle with the ICB on trying to come up with their frailty strategy, because I honestly don't think it is a helpful term to use in public facing documents.

	Q: What hours will the PRH Frailty Service and the Same Day Emergency Care (SDEC) service function? **A: (MN) -** 12 hours a day, seven days a week from 8am to 8pm. **Comment: -** When you use digital it would be helpful that it explains whats available on each hospital site, including best car parking and right entrance to go to. Also please understand there are many patients who need hard copies of the directions, so multiple channels are needed. **Comment: -** Most people can understand the minor injury service at the urgent treatment centre, the case study should focus on minor illnesses, which are far less clear. **Comment –** There is confusion of the terminology being used. You're using same day emergency care, which is delivered not in the emergency department, but is organised from the urgent treatment centre, this is confusing. You're also using the terms care and treatment, interchangeably, but I'm not sure. I think it might be worth trying to clarify those as to whether it's about treatment or whether it's about care. **A: (HM) -** We're still developing the clinical model, so at the moment we don't have the answers to everything, but we wanted to get the public involved in the early stages so that we can understand some of these concerns. **Comment:** 25% of the population of Shropshire Telford & Wrekin are over 65 years old and almost half of those people have no access to information technology or smart phones. Many of them don't communicate with the wider media and so often they can be relatively isolated or completely isolated. I think it's important to ensure we don't forget this, which is a very large proportion of those who use the urgent & emergency care services. It's vital that the public at this point understand what Shropshire, Telford & Wrekin and the NHS mean by urgent and emergency care or treatment whichever phrases are used to avoid confusion. Also to avoid unnecessary visits or contacts with the emergency services, this group need a comprehensive strategy for communication either verbal or written, or both. There are many, for example community magazines which are distributed to local people, for example SY1 or in my constituency Meole Matters publication, which is published quarterly by the community. You have immediately got a mechanism which could be rolled out right across Shropshire, Telford & Wrekin for communicating with those people who historically have been difficult to reach. Additionally, there are some provisions for hard-to-reach communities such as the homeless and rural communities. There are mobile services, which were rolled out during the pandemic to engage those people who traditionally are difficult to reach. Maybe this is an opportunity right now before you get into the provisions of the care services to develop these apps so that the urgent emergency care (UEC) proportion of it can catch on at a point when it goes live. It is a unique opportunity to reach all the populations and parts of the community that we need to in a comprehensive way that may not have been done in the past. **Comment:** It's vital for people to know how improvements are going to benefit patients and how they're going to be achieved on a day-to-day basis. In the minds of patients who struggled in A&E and drop-in centres to get appointments in GP practises, that's

	the barrier we're going to face when you make any changes. Government policies tend to focus on 'why' we're doing it and not on the 'how'. **Comment:** There's always been difficulty in the difference between emergency and urgent. It could be called the 'Same Day Enhanced Care', if you're going to go on the plan of urgent and emergency and splitting the two. **Comment:** More recently there's been stakeholder events looking at digital pathways to both sites. They are looking at opportunities to give patients digital access to where they're going to be treated, how they're going to be treated, the directions to where they're going to be treated either on foot by bus or where they could park and where they could go to a park & ride. It takes the burden off probably 2/3 or more of the patients when they worry about where they're going to go, and it reduces their stress levels. **A: (JF) -** We do have to relate to all the different strands of work that is going on at the moment with the transformation to the hospitals, so we are connected in with the wayfinding group. As part of the overall communication strategy for the trust, which isn't just HTP, it's the bigger communication strategy. Part of that is about how do we build our online library of experience and information for patients using our hospitals. That's the: what can you expect before you come into hospital, what can you expect when you're in hospital, what can you expect when you're about to be discharged from hospital, aftercare and follow up appointments. Over the next five years we want to be building a library with our clinicians and with patients to be getting more of that information available. I'm hearing we need to keep it simple, and we need to clearly define the difference between these services. We do need to use technology and look at what's the best format. Is it a new app or is it building on things that already exist, such as the NHS111 online service, making sure it's fed with the right information. **Comment:** If we're looking at where people should go for their care, should we start off with those who are at home that don't know whether to contact the emergency services or not. There are many people who for various reasons contact the emergency service because they are unsure whether they can manage their condition themselves at home and part of this is because the proportion of the population has increased in mental health problems, increased anxiety and so sometimes these people will come to the emergency services not because they want to, but just because they didn't have the confidence to manage their own conditions at home. It's about primary care and about information on what conditions patients can manage themselves. Patients need to be able to contact their GP quickly as people get fed up and go to the emergency services instead. Maybe look at other means of communication, possibly videos or short slide presentations on buses or in GP surgeries. It needs to be in those areas that the public reach that we may not think of immediately. There's a need for an app, whether it's an element of the NHS111 service, or separate. The difficulty about having the NHS111 service is that it's not tailored to Shropshire, Telford & Wrekin. Also, people get a large volume of leaflets, if leaflets were laminated people would then have something that they can attach to either their fridge or wall. **A: (JF) -** That is helpful and there is a lot we can learn from some of our communication teams within the council. Refuse collection is the one thing I do keep, which tells me when my bin is going to be collected. There is an opportunity maybe to work with some of those partners. I certainly know from my experience during COVID and the fire service has a lot of in reach into communities and different groups. It's about how do

	we get ahead to make sure by 2028, we've got something that works for local community and that's partly making sure we're giving NHS111 the information they need to make sure those systems are accessible and working well. We need to look at the NHS app which means being connected in with our digital teams to see what opportunity we must influence what goes on the NHS app locally. **Comment:** I wonder if some of this is too complicated and I think we're trying to do three separate things. Firstly, we know a lot of the time people don't go to the right place, so we need to know how people get access to urgent or emergency care. The second thing is we're trying to communicate what happens with the change that's going to happen and thirdly is to allay nervousness and worries about demoting clinical care. I think we're trying to do 2-3 separate things, it's important to decide whether to deal with each of the three things separately. As far as the change is concerned, surely all that's really going to happen is that the ambulances are going to go to RSH for emergency care and not much is going to change. As far as adults and older people are concerned, I can't see there's going to be much difference to those who are making their own way to the centre. **A: (JF) -** We need to keep it simple and at the moment it's down to the phases. The simple message we're trying to give is that most of your urgent care will still be at your local hospital. **A: (RW) -** The difficulty is we get a vast percentage of people presenting at every emergency department across the country that don't need emergency services. We are seeing more people presenting at an emergency department with urgent and minor injuries that shouldn't be presenting. So, where we then make a change to the branding about what we call the service at Telford, that's where there's this desperate need for information because we've already got confusion now across the country. We don't want people to feel that they all must go and present at Shrewsbury because they're used to going to an emergency department and not an urgent treatment centre. **Comment:** HTP has been running for a long time, which is now approved and funded. There is also the 10-year NHS plan and the change in GP contracts. Part of the reason that there's so many people going into A&E is because they can't get into the other services. As a focus group, that must be in our minds. **A: (JF) -** There's a few parallel streams going on. The HTP is one part of the jigsaw puzzle. This is not going to solve everything if we don't have the other parts of the jigsaw puzzle in place. There is also another programme for work going on, which is the Local Care Transformation Programme, which includes the neighbourhood working, working partnership with councils and with GPs. It's a much bigger piece of work than just the building that is going on and the pathways that will have to be in place to support it. The other part is we do have an Urgent and Emergency Care Board that includes all the partners in the system, all working together and that is about how do we improve urgent emergency care now. What are we putting in medium- and long-term plans, that should be the services out in the community to support urgent emergency care, and this is chaired by Jo Williams, SaTH's CEO. We do need people to know that there is an out of hours GP service and how do they access it and make sure that the information that is getting into NHS111 is the right information to help people to be able to use it. **ACTION: Jenny Fullard to inform Jo Williams of Bernie Bentick's interest in joining the Local Care Transformation Programme meeting.**

Comment: I do think part of the picture has to include what happens at minor injury units. It will be helpful not only to describe when people should go to the urgent treatment centres, but also when it would be appropriate to go to the minor injury units. Either a flow chart or a diagram which shows this. Ringing 999 for emergency and NHS111 for everything else sounded straightforward.
Also, there was an email sent out pre this meeting and it sounded on the defensive. It possibly would have come across more positive to say this is the way forward, we've got a brilliant opportunity, we've got a new emergency care department, and we've got two brilliant urgent treatment centres rather than saying don't worry it will be alright.

A: (JF) – That is helpful, and we will take that away to look at and make sure we've got the balance right because I know we are reaching different audiences. We do a lot of community engagement work particularly in Telford area and that balance is important.

Comment: You've been promoting the Think Which service and it mentioned urgent care, not minor services or minor injuries.

A: (JF) - We need to change some of the narrative in the Think campaign to get ready for 2028. We started that conversation with the integrated care system because at the moment it refers to accidents and emergency and there's no such thing as accident and emergency. There are emergency departments and there's urgent care so we need to get ready for 2028 where we start talking very clearly about the urgent care models. There are also minor injury units, which is part of the work we need to do with our partners to help explain that to people. It's how we keep it simple for people as well, if you're unsure that's where NHS111 can help.

Comment: The 70/30 percentage has been with us for at least 10 years, 30% genuine A&E, 70% minor. In 2016, when we were awarded our £312m, nearly ten years since we were awarded that, this was the first thing we started thinking about. Over 10 years it has not changed; I think this will be your biggest challenge of all. There's a few new things come up, but they're all associated, it doesn't matter what you do if you haven't got the community integrated and if you don't get the people out of hospital, very little of this will work.

A: (JF) - There is something about how we build that reassurance piece. The first part of the work is explaining what will still be there. It's about explaining the possibilities through that urgent care offer and that's what we need to try and do through this campaign. The work we'll be doing with HTP over the coming months as the detail is developed, is looking at how can we explain that urgent care offer at the two hospitals.

Comment: With NHS111 are you able to book slots at an A&E, UTC and at your local GP practice if you fit their criteria for the different levels of care.

A: (JF) - There are two separate things, there is the NHS111 service which is the advice and signposting. There is also the out of hours GP service which is being reviewed at the moment. If there is interest in that I'm happy to take an action away to go to the integrated care system and get the latest update, but they are two separate things.

ACTION: Jenny Fullard to contact the ICB to get an update on the out of hours GP service for focus group members

	Comment: The one thing that would sell me ringing NHS111 would be if I thought there was a chance I'd get a booked slot somewhere because what we all dislike is not knowing what's happening, sitting and waiting. **Comment:** Shropdoc are brilliant, they provide immediate care. If it's taken over by another administration, does that mean it is another official layer or will it be down to a marvellous service that already exists. **A: (JF) -** It is quite complex, and I want to make sure I give the right messaging about this. We will get that information to you because I know there is a lot of questions at the moment around that review, but I want to make sure I'm giving the right information and I'm not the best person to do that. **Comment:** You seem to be emphasising making videos to explain the way things happen. I find it helpful to have something that describes the process that I can read or a diagram because I can look at it and I don't have to keep scrolling back to the beginning if I've missed any. Would you bear that in mind when you're thinking about describing the way that people might go through the process in the hospital.