These questions were received from a focus group member after the meeting held on 3rd June who requested the answers be made available for other focus group members or members of the public.

Q. Will any patient who believes themselves to need emergency treatment be able to walk into RSH ED after 2028?

Yes. Depending on the patient acuity after triage they would then be streamed through the most appropriate service. This could be ED, SDEC, UTC, or off-site treatment and care (such as Pharmacies).

Q. Where and by whom will decisions be made about whether patients are taken to RSH ED or sent to one of the two urgent treatment centres?

These pathways are being created at the moment with our divisional leads and system partners. What we do know is that it will largely depend on how the patient enters the Urgent and Emergency Care pathway. If by 999, the trained paramedics would make the decision (as they do now). If by 111, call handlers and clinicians assess the urgency and nature of the medical need and would provide advice on next steps (as they do know). In conjunction with this, we know we need to run a widespread public information campaign to inform the public of where to go for care ready for 2028.

Q. What happens post-2028 if a Telford and Wrekin patient – triaged as having a non-life-threatening chest pain or respiratory infection – is taken to PRH UTC, then rapidly deteriorates and needs immediate emergency cardio or respiratory care?

Clinical teams supporting the Telford UTC will identify, stabilise and transfer seriously ill “walk-in” patients or patients who deteriorate when on site. Facilities for stabilisation, and transfer will be within the UTC footprint. If needed, transferred to the Emergency Department in Shrewsbury, a speciality assessment area or out of the county to an appropriate tertiary centre as they are now. For maternity services, in line with the outputs of the consultation, low-risk births will be able to take place at Midwife Led Units on both Telford and Shrewsbury sites. Escalation and transport protocols will be in place to ensure rapid identification and transfer to the consultant-led unit at the Shrewsbury site if needed. This already happens now if a woman chooses to give birth at home. Throughout pregnancy, women are assessed at antenatal appointments to determine their level of risk and are supported in their decision making. Those of higher risk will be recommended to give birth at the

consultant led maternity unit on the Shrewsbury site supported by midwives and obstetric doctors. This means that women who may need additional expert specialist medical and surgical assistance, either before, during or after labour and delivery, will have immediate access to all the 24/7 emergency medical and surgical specialists, including critical care, that will be based together in Royal Shrewsbury Hospital. Both antenatal and postnatal clinics will continue to be provided at both Telford and Shrewsbury sites, as we do now.

Q. How will the help received from ICB partners to support HTP developments in urgent, emergency and planned care[i] be reciprocated by SaTH? For example, what role will specialist consultants have in care transfer hubs and what support will SaTH provide for patients with complex conditions treated in or discharged into primary and community care? How long will this support be sustained and what support will GPs be given to oversee a patient's care thereafter?

These conversations and decisions are being worked through. We know that HTP is one element of the system-wide improvement work underway and is aligned closely with the Local Care Transformation Programme Local Care Transformation Programme (LCTP) (ICS-led). Outside of HTP, SaTH is currently seeking to appoint a shared Chief Executive to lead both Shropshire Community Health NHS Trust and The Shrewsbury and Telford Hospital NHS Trust. We are also exploring the benefits of forming a Group model to increase resilience and continue to strengthen local services.

Q. There is no mention of patients with urgent or emergency care needs who may also have mental health or addiction-related conditions in either the HTP 12-page brochure or the draft *public communications campaign* leaflet. **Why is this? Will patients in this category arriving at the new ED or UTCs in 2028 be supported by ICB partner specialist mental health clinicians as well as specialist/and or generalist clinical staff?**

The staffing model for UTCs is currently being agreed. This includes the mental health provision where patients will be supported by specialists

Q. Where does the new expanded urgent treatment centre provision on both sites sit with current 'out of hours' provision in Shropshire (including: ShropDoc, MIUs, UTCs, 111 etc)?

The UTCs will be open 24 hours a day, 7 days a week.

Q. Given the numbers of elderly people in STW, will the new ED team include a geriatrician/gerontologist?

Again, specific staffing models are being agreed. We expect both the new ED and UTCs to have in reach support from frailty assessment teams.