Moving to EXCELLENCE

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Shrewsbury Community Dental
Castle Foregate estate relocation proposal
August 2026



Community Dental Services

The agreed alliance between Shropshire Community Health NHS Trust and The Shrewsbury and Telford Hospital NHS Trust

Community Dental Services

Referral-led specialist dental care for people whose needs cannot be met in routine general dental practice.

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WHAT THEY DELIVER

- Special care & paediatric dentistry
- Home visits
- IV & inhalation sedation
- General anaesthetic treatment
- Urgent access through the Dental Advice Line 365 days a year
- Oral-health programmes

WHO THEY SERVE

Children and adults with additional physical, intellectual, medical, emotional, sensory, mental-health or social needs who cannot manage routine dental care (Approximately 3,800 patients a year)

Specialist care is referral-only and clinically triaged.

WHERE CARE IS DELIVERED

Clinic-based care in:

- Shrewsbury
- Oswestry
- Dawley, Telford

Domiciliary visits in homes and care settings. The Dental Advice Line covers Shropshire, Telford and Wrekin.



Source: Shropshire Community Health NHS Trust website (reviewed Oct 2025).

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Background

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Community Dental services have been operating from Castle Foregate since April 2006—more than 20 years. The buildings historic frontage formed part of the Perseverance Iron Works, developed in 1871 for agricultural machinery. Whilst robust repurposing of the building took place in 2006, the practice no longer supports the ability to deliver modern, safe, accessible and resilient dental care. The location, security, accessibility and space available all impact adversely on service users experience.

4
dental surgeries across two floors

365
days each year the urgent service operates

36%
car users reporting parking difficulties

>50%
service users are children

SERVICE TODAY

Unscheduled care, special care, paediatric care, sedation, radiography, domiciliary support and advice-line functions.

ESTATE RISK

Infection Protection and Control (IPC) and ventilation gaps, flooding and sewage failures, constrained evacuation, security concerns and no staff changing space.

EQUALITY CONTEXT

No designated patient parking; limited safe access for adapted vehicles; wheelchair evacuation relies on the front entrance.

Sources: NHS service directory; Shropshire Historic Environment Record.



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What are our options

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Compare three routes against safety, access, continuity, capacity, cost and deliverability.

OPTIONS

01 DO NOTHING — REMAIN AT CASTLE FOREGATE

Avoids short-term move cost and disruption, but retains estate, access, IPC, resilience and capacity risks.

02 MOVE TO STADIUM POINT

Potential fit-for-purpose solution with improved access and five or more surgeries; subject to transport, design, cost, tenure and delivery checks.

03 FIND ANOTHER VENUE

Keeps alternatives open and may offer better value or access, but could extend the timetable and requires a full search and appraisal.

→ RECOMMENDED APPROACH

Rule out do nothing; progress Stadium Point through due diligence while looking at other viable venues against the same criteria.

APPRAISAL CRITERIA

- Clinical safety, quality and compliance
- Equality, access and transport
- Continuity, capacity and workforce
- Affordability, tenure and deliverability

EMERGING POSITION

- Stadium Point remains the leading option, subject to full appraisal.
- No final venue decision until evidence, engagement and approvals are complete.

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Venue choice and readiness

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Stadium Point is recommended, but the final choice must meet clinical, access and public-value requirements.

CURRENT

Castle Foregate

Four surgeries
Parking and access constraints
IPC, ventilation and resilience risks

SELECTION GATES

Evidence before commitment

Accessibility and transport
Clinical design and compliance
Cost, tenure and deliverability

FUTURE MODEL

Safe, accessible and resilient

Five or more surgeries
Disabled parking and secure access
7-day service capability

The decision is to leave Castle Foregate; the destination remains conditional on full appraisal of the different options.

Reasons for change

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SAFER ACCESS AND EVACUATION

Current parking, road-crossing and wheelchair-evacuation arrangements create avoidable risk.

COMPLIANCE AND RESILIENCE

Ventilation, IPC, flooding, sewage and maintenance issues disrupt safe, reliable service delivery.

CAPACITY AND QUALITY

A larger estate can support five or more surgeries, broader sedation provision and multidisciplinary care.

EQUALITY AND EXPERIENCE

Improved access and facilities are expected to deliver benefits for people with disabilities, older people, children and carers.

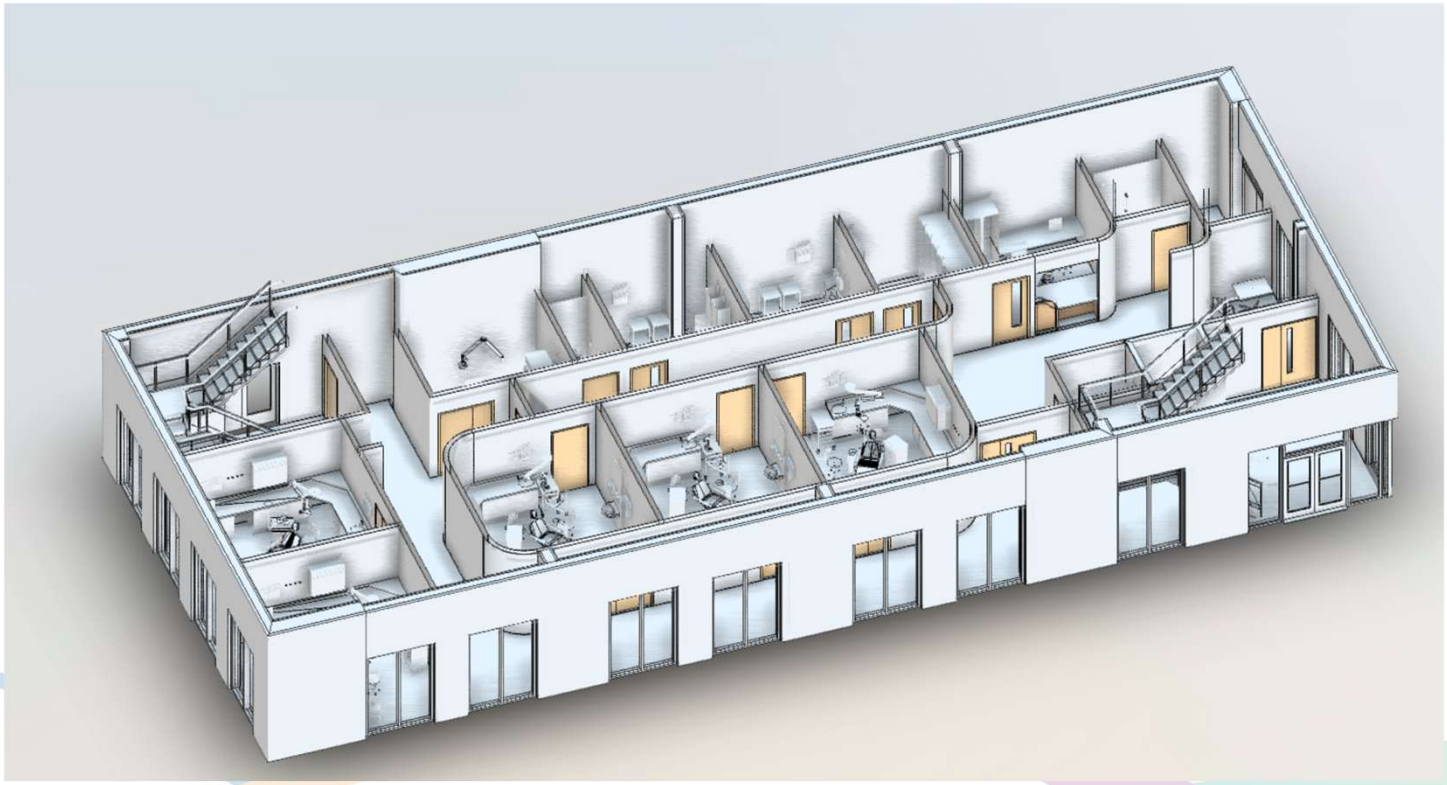


Are there any other considerations we should be factoring in?

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Stadium Point

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Key benefits and issues

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EXPECTED BENEFITS

- Safer, more accessible patient journeys
- Better IPC, ventilation, evacuation and security
- More capacity for sedation, imaging and specialist care
- Fewer estate closures; stronger workforce and partnerships



ISSUES AND MITIGATIONS

- Public transport uncertainty → assess routes and support options
- Change and confusion → co-produce accessible communications
- Temporary disruption → phased move and continuity plan
- Affordability and delivery → robust appraisal and business case

Status: Stadium Point recommended; options remain open.

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Access and continuity – key considerations

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The move must improve care without creating new barriers for patients, carers, staff or partners.

PATIENTS & CARERS

Engage with service users; ensure accessible parking and drop-off; safe wheelchair routes; clear travel information; support for people affected by digital or transport exclusion.

SERVICE CONTINUITY

Maintain urgent, special care, paediatric, sedation, advice-line and referral services; minimise any closure during the move.

STAFF & PARTNERS

Engage staff early; plan travel and facilities; coordinate with commissioners, transport partners, SATH and other providers.

SAFEGUARDS BEFORE AND AFTER THE MOVE

Confirm venue and transport evidence • publish accessible information • phase the move • monitor waiting times, incidents, complaints and access

What next

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Move only after the preferred venue and delivery-readiness gates are approved.

01	STAKEHOLDER ENGAGEMENT	Involve patients, carers, the public, staff, commissioners and partners; address transport and digital exclusion.
02	DECISION CRITERIA	Agree weighted criteria covering safety, quality, equality, access, cost, sustainability and deliverability.
03	OPTIONS APPRAISAL	Assess Stadium Point and other suitable venues consistently; document evidence, risks and trade-offs.
04	DUE DILIGENCE & BUSINESS CASE	Confirm surveys, clinical design, compliance, costs, tenure and the service-continuity plan.
05	IMPLEMENT & MONITOR	Plan the move, communicate clearly and track access, waits, incidents, closures, IPC and patient experience.

No move date or final destination should be confirmed until evidence, engagement and approvals are complete.

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