

Two vibrant hospitals



The Shrewsbury and Telford Hospital NHS Trust (SaTH) has welcomed a decision to transform hospital services.

The Joint Committee of Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCGs) has approved Option 1 of the NHS Future Fit plans which means the Princess Royal Hospital (PRH) in Telford will become a dedicated Planned Care site and the Royal Shrewsbury Hospital (RSH) will become a specialist Emergency Care site.

INSIDE: Full story and reaction



■ *Artist impressions of how the re-developed hospitals could look.*

The Royal Shrewsbury Hospital to become a specialist emergency centre and the Princess Royal Hospital to become a specialist planned care centre

The future of our hospitals

The future of our hospitals secured

The Shrewsbury and Telford Hospital NHS Trust (SaTH) has welcomed a decision to transform hospital services for the people of Shropshire, Telford & Wrekin and mid Wales.

The Joint Committee of Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCGs) has approved Option 1 of the NHS Future Fit plans which means the Princess Royal Hospital (PRH) in Telford will become a dedicated Planned Care site and the Royal Shrewsbury Hospital (RSH) will become a specialist Emergency Care site.

This will allow specialist doctors to treat the most serious cases on the Emergency Care site, which is proven to be safer, provide better results for patients and reduce the amount of time people have to stay in hospital.

By having a separate Planned Care site,



patients will wait less time for their appointments and beds would be protected for planned operations, meaning that is highly unlikely operations will be cancelled due to emergency admissions.

In addition, patients will be able to access 24 hour urgent care services at both hospitals. This means that the vast majority of patients will continue to go to the same hospital as they do now for emergency and urgent care.

Future Fit decision welcomed



“We are delighted that a decision on the future of our hospitals has been made and that we can now get on with the work of planning and creating two new, state-of-the-art hospitals to provide the best care for the whole population of Shropshire, Telford & Wrekin and Mid Wales.

“The decision means we can begin to shape the future for all of our services, which will help us to attract more staff, improve facilities for our people and develop healthcare that will benefit everyone.”

Simon Wright, Chief Executive of The Shrewsbury and Telford Hospital NHS Trust (SaTH)



This landmark decision will result in better care for patients, secure the £312m allocated from HM Treasury and develop both hospital sites to deliver state-of-the-art facilities in which staff will be proud to work and patients will choose to be treated.

The decision by the Joint Committee of Shropshire and Telford & Wrekin CCGs on 29 January follows many years of planning and a formal public consultation, which brought about an unprecedented response rate from more than 3% of local people served by the hospitals.

It will now allow plans to move forward to implement the model of better care for the future that have been developed by members of the public and over 300 clinicians, GPs and social care professionals.

A significant amount of work will need to be done to implement the huge improvements that patients will experience.

More information can be found by visiting www.nhsfuturefit.org

Emergency or Urgent Care? Where would I go?



Under our proposal, both hospitals would have a 24-hour urgent care centre where you would go for an urgent but not life or limb-threatening illness or injury.

If you had a life or limb-threatening emergency you would go to the Emergency Department at the Emergency Care site.

You would go to one of 24-hour urgent care centres for:

- ✓ suspected broken arm
- ✓ cut that needs stitches
- ✓ minor burn or scald
- ✓ Sporting injury
- ✓ minor eye injury
- ✓ chest infection

You would go to the Emergency Department for:

- ✓ severe blood loss
- ✓ heart attack
- ✓ stroke
- ✓ severe chest pain
- ✓ breathing difficulties
- ✓ severe allergic reaction

by senior leaders at SaTH

“The reconfiguration of our hospitals will allow us to address many of the historic issues we have been dealing with in terms of the age of our hospitals and the way they are set up. This is not the end of the journey; we will turn our focus to ensuring that services in each hospital are the best they can be, and our patients will play a vital role in that through co-producing services in the future.”

Deirdre Fowler, Director of Nursing, Midwifery and Quality at SaTH



“These two re-developed hospitals will provide improved emergency care and improved planned care.

“Only those most seriously ill and injured patients—in the main people who need to be taken to hospital in a blue-light ambulance—will need to access the new Emergency Centre, which will have the right people and the right equipment in place to ensure they are treated as quickly as possible.”

Dr Edwin Borman, Medical Director at SaTH

The future of our hospitals

Throughout the public consultation there were key themes that kept arising. Here, clinicians explain why the new healthcare model will provide better patient care.

Emergency Care

Many of the people who currently attend our A&Es don't need 'emergency' care – what they actually require is urgent care. Urgent care is care for illnesses and injuries that are not life or limb-threatening but require urgent attention; things like simple breaks, minor burns, cuts and minor illnesses.

As part of the reconfiguration, new 24/7 urgent care centres would be based at both hospitals, staffed by highly-skilled senior health professionals who are trained to deliver urgent care for adults and children. This means that, in the future, a high percentage of patients will continue to go to the same hospital as they do now for emergency or urgent care.

The stark reality is that if we don't do anything to resolve the issues we face currently with our Emergency Departments, patients will come to harm.

If things don't change we won't be able to staff our A&Es. As our staff retire or leave, we will struggle to replace them because of the simple fact that consultants don't find working in small A&E departments across split-sites as attractive.

The modernisation of our A&E departments has been our long-term ambition and is not a decision forced upon us in haste. This is to address the developments in delivery of emergency care and will have the added advantage of making SaTH a more attractive place to work. But more than that, these plans are to ensure that our patients have the best access to the best medical staff in the right place when required.

Mr Subramanian Kumaran, A&E Consultant and Clinical Director of Emergency Services at SaTH



Under the reconfiguration, all women and children's consultant-led inpatient services would take place at the Emergency Care site. This includes consultant-led maternity and neonatal services; the children's ward with the children's assessment unit, children's surgery and children's cancer and haematology treatments.

The West Midlands Clinical Senate (expert clinical leaders who provide independent advice and guidance) recommended that women and children's inpatient services should be located on the same site as the Emergency Centre so all the expert help and assistance that is needed from many other specialities is immediately available to our patients when they most need it.

However, most women and children would still receive care and treatment in the same place as they do now as most of our patients' visits do not require a hospital admission. Women and children's services available at both sites include Midwife Led Units (MLUs), including low-risk births and postnatal care; maternity outpatients, including antenatal appointments and scanning; gynaecology outpatient appointments; Early Pregnancy Assessment Service (EPAS); children's outpatient appointments and neonatal outpatient appointments. These changes will affect some of our families where an admission is needed, but the closeness of a hospital has to be balanced with the comprehensive care that the hospital can deliver. The voices from the community during the public engagement have been very strong and we will endeavour to deliver as much care as possible close to home, working in partnership with the Clinical Commissioning Groups.

There has been a lot of talk about the cost of building the relatively new Women and Children's Centre at PRH when we moved in 2014 because of the quality and sustainability of the facilities at RSH, but it is important to recognise that hospital buildings can be adapted very easily to other uses and the facilities that are within the Women and Children's Centre offer great opportunities to the delivery of planned care.

Mr Andrew Tapp, Women and Children's Care Group Medical Director at SaTH

Women and Children's services

There has been a lot of talk about the Emergency Centre in these new plans but, in fact, the majority of the care we provide at SaTH is planned care – things like planned operations, endoscopy and diagnostics.

Having a single Planned Care site will mean patients will not have to wait as long for their operation. Beds at the Planned Care site would be protected for planned operations.

This greatly reduces that chance that an operation will be cancelled because a bed is unavailable due to a patient being admitted in an emergency. This is currently happening across our two hospitals. Over the past year, around 500 people had their operation cancelled on the day.

Should any complications arise, the patient would be stabilised and then quickly and safely transferred to the Emergency Department. However, all patients would be screened prior to their operation to ensure that there are no clinical reasons why they could not have surgery on the Planned Care site. Any patient who for clinical reasons was classed as high risk would have their surgery at the Emergency Care site.



Mr Mark Cheetham, Colorectal Surgeon and Scheduled Care Group Medical Director at SaTH



We now know that, in the future, most people will be taken by ambulance to the Royal Shrewsbury Hospital where the Emergency Department will be situated. Both the West Midlands and Welsh Ambulance Services are supportive of this decision. They believe it will improve the flow of their ambulances, allowing them to more quickly transfer patients to the care of doctors and get back on the road to reach the next emergency.

This change does mean that some patients will have to travel further in an ambulance, however, it's important to stress that both ambulance services are already driving some patients from across Shropshire, Telford & Wrekin and Mid Wales to hospitals out of county. What's more important is how long it takes for an ambulance to reach someone needing assistance and who is on board when it arrives.

We are very fortunate that the West Midlands Ambulance Service is one of the only ambulance services across the country that has paramedics on board all of its vehicles. Many people don't realise how highly skilled and trained paramedics are. If necessary, they provide emergency treatment in order to stabilise a patient and will decide on the best place for people to go to receive the right treatment. This may mean taking people to the nearest Trauma Unit, which will now remain at Shrewsbury, or, for the most severely injured people, taking them to a Major Trauma Centre out of county, such as Stoke or Birmingham.

Both ambulance services have been involved in developing the proposed changes since the outset and have been active members of the travel and transport group. They will continue to work with both CCGs and SaTH as plans develop over the coming years.

Another concern raised during the consultation, regardless of where they live, is travel and transport and how they might access the two hospital sites following the transformation of services.

A Travel Impact Analysis was undertaken to understand the effect that any changes to our hospital services will have on patients, and a Travel and Transport Group has met for many months, and continues to meet regularly, to consider the impact of the changes in relation to transport across the region.

Improving access to and between hospital sites, raising awareness of help with travel costs and eligibility criteria for community transport are all areas of concern that have been identified. Mitigating plans are now being progressed, and actions may include enhancements of current bus services for passengers with more stops at both hospital sites.

Barry Thurston, Independent Chair of the STP Travel and Transport Group

The future of our hospitals



Dr Ed Rysdale (pictured above) is so convinced about the benefits of the Future Fit programme that he left his position as an emergency medicine consultant at University Hospitals of North Midlands in Stoke and returned to work as an A&E Consultant at SaTH.

Here Ed explains why he returned to work in Shropshire and why he thinks Future Fit is so vital to patient care.

What persuaded you to return to Shropshire?

I want to be involved in designing and providing a new and better service for the county I live in. I came back to be part of the redesign and part of the development of Future Fit, rather than wait for it to be done and come back afterwards. It's about making sure we create the right services for our patients – this means having a first class emergency department and planned care facilities.

I left SaTH when some services had to be split across two sites as I felt it destabilised A&E and that I couldn't deliver the care that I felt should be delivered.

I've lived here in Shropshire for 15 years and my family is here. I came back to work in Shropshire as I believe that Future Fit means I will be able to deliver excellent emergency care.

There's a lot of opposition to the plan, with some people claiming that the Princess Royal Hospital in Telford is being downgraded.

What would you say to change their minds?

People can be assured that this is not a downgrading of services. This is all about a change of services and the

vast majority of patients who currently go to their local A&E will still go to their local hospital and be seen in an urgent care centre.

Yes, if you come by ambulance you will more than likely be taken to the emergency site. However, the majority of patients don't have a life or limb-threatening emergency and therefore

can be seen at their nearest urgent care centre to get the care and treatment they need.

I fully understand why people are worried about any changes.

However, it's vital that, in order for

us to deliver top quality emergency care, we need all emergency doctors and nurses to be based on one site. I can also understand why people think building the women and children's unit was a waste of money if women and children's inpatient services may move to Shrewsbury. It won't be a waste of money as the building will continue to be used to provide patient care.

Why can't things stay as they are?

Currently, if you have got a 25-year-old female patient with abdominal pain do they go to Royal Shrewsbury Hospital or Princess Royal Hospital at Telford? It's not clear as currently the

"It's vital that, in order for us to deliver top quality emergency care, we need all emergency doctors and nurses to be based on one site."





women and children’s consultant-led unit is at Telford but most operations are carried out in Shrewsbury. She may end up at the wrong hospital and that first class care could be compromised.

She could go to Shrewsbury and it could turn out to be an ectopic pregnancy, in which case she is at the wrong site, or she could go to Telford and it could be appendicitis and she is at the wrong site. So that’s one of the headaches that are happening at the moment.

In the future, the patient would go to the Emergency Care site where you would have the women and children’s consultant led unit alongside the Emergency Department. By having all your specialists on one site, doctors and nurses within the emergency department would have all the support they need in one place.

People say you need two A&Es, that’s

fine, but to have two fully functioning A&Es, you need two fully functioning hospitals and we don’t have that.

What would happen if Future Fit didn’t go ahead?

I honestly think if Future Fit fails or is blocked then we will be back to square one. In that case I don’t think reconfiguration will happen in my career because it’s taken so many years to get this far.

My colleagues and I could potentially be looking to work at New Cross or

“In the future, the patient would go to the Emergency Care site where you would have the Women and Children’s Consultant Led Unit alongside the Emergency Department.”

Stoke, but I don’t want to do that as I’ve come back so that the changes we need happen. If I can’t deliver the care I want to for my patients and my family then I won’t want to work in that department.

Since coming back, the overwhelming talk around the two hospitals from the clinicians is that

Future Fit has to happen. If it doesn’t happen then Shrewsbury and Telford hospitals are going to be in a really difficult position.

It should be a clinical decision and not a political decision. Future Fit has been clinically led from the start and we need to get on and do it.

The future of our hospitals



It is absolutely vital that our children's inpatient services are located alongside our Emergency Department.

This is important so that any baby or child who needs emergency care is able to access that care from the right professionals, through a seamless journey from the Emergency Department to the ward, as quickly as possible.

We appreciate that some children may need to travel further than others, however for the majority of parents, they will be able to receive their child's care locally at their nearest hospital.

There will be 24-hour urgent care centres for those who are unexpectedly unwell.

Children Outpatients services will continue in local hospitals and it is vital our services are built around the needs of those we care for.

Lisa Gilks, Children's Ward Manager

Having recently gone through a similar transformation programme in Poole and Bournemouth I know first-hand the advantages that come with having a dedicated emergency centre and a dedicated planned care centre.

I also understand why people might be nervous about the change—change is difficult for anyone—but from having been through this before at my previous Trust I have seen how it leads to better staffing levels and better patient care.

It allows a hospital trust to maximise its potential; fewer operations are cancelled as a result of emergency pressures, you have safer staffing rotas and you get a much better team spirit.

Change takes time, but in my opinion we should embrace this for the patients of Shropshire, Telford & Wrekin and Mid Wales. Planned care offers better patient care.

Dr Owen David, Consultant Physician (Stroke and Elderly Care)



We need to develop services that work and improve where we can. That is what Future Fit is all about.

The vision, very clearly, is two thriving hospitals which work for everyone. This will mean changes on both sites but it should not be seen as bolstering one at the expense of the other. Creating improved provision for planned care means that patients are more likely to get the operations they need, on time and organised in a smooth, efficient way. Reconfiguring services to streamline care will help patients know what to expect and create better hospitals as we move towards the future.

The doctors, nurses and hospital management that have worked on Future Fit live and work in communities served by the Royal Shrewsbury and Princess Royal Hospitals. It matters to all of us that we have a good local NHS and that we make things better for everyone wherever they live.

Chris Mowatt, Consultant Anaesthesia and Intensive Care Foundation Year One Training Programme Director



What our doctors, nurses and other healthcare professionals are saying



By having specialist emergency care consolidated and delivered at a single site to treat acutely ill and injured patients it will ensure that clinicians with specialist skills are available to meet the needs of patients.

The decision will have a positive impact upon improving patient outcomes and experience as we will now be able to provide a safe, kind and effective service at the time this is needed most.

For patients receiving elective surgery, outpatient care will be delivered at the hospital site nearest to them with the majority of elective surgery being provided at PRH. This will enable the care required to support these patients to be focused within one area and the beds set aside for elective work will be protected to ensure that surgery is delivered as planned.

This is a great opportunity to work together with patients, their carers and the community in a collaborative approach to the development of services to ensure that they are planned around the needs of the patient.

Ruth Smith, Lead for Patient Experience

At SaTH we are a very closely-knit team who share each other's triumph and challenges. There is no doubt that the challenges the wider NHS and that SaTH are facing have been putting increasing demand on our teams.

What this decision does is allow us to now move forward with plans that will not only provide the best care for our patients across Shropshire, Telford & Wrekin and mid Wales, but that will also improve the outlook for staff.

There is no doubt that the reconfiguration will help us recruit more staff. It will also mean that I and my colleagues will be able to work in purpose-built centres with the latest technology and equipment to help us do our jobs to the best of our ability.

This development is overdue and I am very excited about what it means for our future.

Vanessa Roberts, A&E Matron



It is essential for the safety of our mothers and babies that maternity services and emergency services remain on the same site, this then provides critical care teams and facilities should they be required by those who use our services.

As a service we will continue to provide the best possible care and experience for all those who use our services, irrelevant to where we are based.

The facilities at The Princess Royal Hospital, which were built in 2014, will not be wasted as the building can be used to house other essential planned care services.

Jill Whitaker, Matron for Consultant-led Maternity Services



The future of our hospitals



NHS Future Fit is about improving the hospital services at the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital to meet the needs of our communities Shropshire, Telford & Wrekin and Mid Wales.

Mr Mark Cheetham (pictured above), Consultant Surgeon at SaTH, explains why healthcare in the area needs to change.

Every patient has the right to expect high quality, safe NHS care, now and in the future – but to do this, we need to change the way we deliver our hospital services.

We want to make sure that patients are seen by the right person at the right time in the right place. As a surgeon working across both hospitals, I know first-hand that this isn't always happening.

People in the UK are living longer than ever, which is good news. But they are living longer with ill health, which is creating increasing demands on the health system.

When I first qualified as a doctor, my typical patient would be someone in their 50s who has had a heart attack, but had nothing else wrong with them. Now, many people admitted to hospital are in their 80s with several long-term conditions, such as diabetes, heart disease or chronic kidney disease. This is particularly true in Shropshire, which has a higher proportion of older people than most counties in England.

Healthcare today is better than ever; improvements in medicine and

technology mean that we can provide treatments that would not have been possible before. Of course, this means that people's expectations of healthcare are higher – and rightly so.

They expect to have prompt healthcare, delivered by specialists. This is mirrored in national guidance and how hospitals are inspected. These higher standards can only be met by more care being delivered directly by fully trained consultants.

“The Future Fit model of care has clear advantages, it will provide better care and better results for our patients.”

In the 1980s (when our current local hospital system was set up), doctors were much less specialised than now, which meant that a surgeon or a physician could deal with pretty much all

emergencies.

Nowadays, diagnosis and treatment is more complicated – this means that more specialists are needed to deal with emergencies. For example, in the 1980s, a district general hospital, like the Royal Shrewsbury Hospital, would have about four general surgeons; we now have specialist teams in vascular, colorectal, upper gastrointestinal and breast surgery.

When someone comes into a hospital





with an emergency, it may not be obvious what is wrong with them and which specialist doctors they need. Currently, we do not have all our speciality doctors in both of our hospitals.

For example, we only have emergency surgeons in Shrewsbury and children's doctors (paediatricians) in Telford. This means it's really difficult to look after children who need emergency surgery.

It can also mean that patients are sometimes admitted to the wrong hospital, which creates a delay as they need to be moved to the right hospital to meet their needs. What we want to do is to create a specialist emergency

“Over the past year, around 500 people had their planned operations cancelled on the day. By splitting our services across two hospitals, it will mean that it is highly unlikely for an operation to be cancelled due to an emergency admission.”

site that contains all of our specialist doctors. This would mean patients are seen more quickly by the right person at the right time, resulting in better care and better outcomes for our patients.

At the moment, patients requiring planned surgery can get a raw deal. Operations are often cancelled at short notice due to beds being taken up by

an emergency patient. Over the past year, around 500 people had their planned operations cancelled on the day.

By splitting our services across two hospitals, it will not only mean that it is highly unlikely for an operation to be cancelled due to an emergency admission, but it will also

reduce the risk of patients picking up infections after surgery.

The Future Fit model of care has clear advantages, it will provide better care and better results for our patients – and ensure that our two hospitals can continue to serve the people of Shropshire, Telford & Wrekin and mid Wales for a long time to come.

The future of our hospitals



Everybody who works at SaTH is absolutely committed to the care of our patients. What it's important to remember is that those patients include us and our families.

SaTH is one of the largest employers in Shropshire and most of the people who work here live in and around the county.

The way our hospitals are currently set-up does not meet the needs of modern medicine.

Healthcare has developed significantly since the Royal Shrewsbury Hospital was built and even since the Princess Royal Hospital was created.

Creating a dedicated Emergency Centre for people arriving at hospital by ambulance, and a separate planned care site, will mean we can improve outcomes for all the patients we see. This is a very exciting time for SaTH and our patients.

Clare Wesley, Lead Tissue Viability Nurse Specialist

Clinical evidence tells us that in a life or limb-threatening emergency, taking patients to the right hospital with an emergency centre that has the expertise and equipment for patients to receive the best treatment and care leads to better outcomes.

This often means that a patient will travel further and may drive past an Emergency department to get them to the right place. This is happening currently as ambulances take patients from across Shropshire, Telford & Wrekin and mid Wales who have had a stroke and need specialist care to the Stroke Unit at the Princess Royal Hospital. Similarly, patients with major trauma are taken out of county to Major Trauma Centre such as the one in Stoke on Trent.

It is vital that we have a centralised, dedicated, modern and fully equipped emergency centre with the best clinical skills and expertise to care for adults and children who are critically ill and injured at any times of day.

Dr Dodi Herman, A&E Consultant



In a serious emergency, getting our loved ones to the right hospital to receive the right care and treatment results in better outcomes.

Paramedics routinely treat patients in an ambulance to make sure that a patient is stable and taken to the right hospital for the most appropriate care and treatment.

This often means that a patient will travel further and may drive past an A&E department to get them to the right place.

As a nurse I believe that it is vital that we get people to the right place at the right time to ensure they are treated by the people with the best skills set.

This is why having one emergency centre and one dedicated planned care centre is so important.

Helen Jenkinson, Deputy Director of Nursing



What our doctors, nurses and other healthcare professionals are saying



It's important that patients are seen in the right place, by the right person. A specialist site will mean more high quality staff, with patients being seen by the right person much more quickly.

Separating planned and emergency care will improve current hospital services ensuring that the sickest of our patients have access to better Emergency, Urgent and Critical Care Services.

It will also help ensure our patients receive their care close to home and within the county; and that patients now and in the future will have the best services possible.

Dr Adrian Marsh, A&E Consultant

For me, this is literally about being fit for the future—consolidating our acute services and expertise in one place. It's about being able to continue to recruit and retain excellent colleagues; being a trust where staff, patients and families feel confident about care.

In an emergency, I would be happy to travel a bit further from my home in the east of the county if I was sure that my family and I would get the best possible care when we arrived. I wouldn't wait as long for an ambulance to arrive if the Emergency Department that the ambulance was going to was properly staffed and there were fewer ambulance delays.

Dr Elin Roddy Consultant Respiratory and General Physician



Doctors, nurses, therapists and other clinical staff from the NHS have developed this model – an emergency site and a planned care site. This model of care will help us develop current hospital services ensuring that the sickest of our patients have access to better emergency, urgent and critical care services.

The clinical teams are looking forward to implementing improved services in the new two hospitals over the coming years. This investment is an exciting and unique opportunity, and will help ensure that we deliver excellent care for our current and future generations.

Dr Kevin Eardley, Consultant Renal Physician and Medical Director for Unscheduled Care

The benefits of having a separate planned care site is that patients who are waiting to have their operations will have a protected facility.

At the moment because of emergency pressures, and particularly when we are fully escalated, patients can often have their operations cancelled.

The planned care site will be a dedicated facility for patients coming in for elective procedures - becoming a centre of excellence - which will help to ensure that planned operations are not cancelled.

Kath Preece, Head of Nursing for Scheduled Care



The future of our hospitals

Emergency Care Site - Royal Shrewsbury Hospital



Emergency Department

for life and limb-threatening illness and injury in adults and children



Critical Care Unit

for patients who are critically unwell



Ambulatory Emergency Care Unit

for patients that need same-day emergency care where they can be assessed, diagnosed, treated and go home the same day



Complex Planned Surgery

for operations that are complex or may need the support of the critical care team.



24-hour Urgent Care Centre

for patients that have an injury or illness that is not life or limb-threatening but requires urgent care.



Outpatient Appointments

for adults and children



Fracture Clinic



Tests

such as x-ray, ultrasound, CT and MRI scanning



Kidney Dialysis



Consultant-led Maternity and Neonatal Services

including a neonatal intensive care unit.



Children's Inpatient Services



Children's Assessment Unit



Midwife Led Maternity Unit



Maternity Outpatients and Scanning



Early Pregnancy Assessment Services (EPAS)

for women with complications in early pregnancy up to 16 weeks



Medical Wards

with beds for patients who need ongoing hospital care following their treatment on the Emergency Care site, wherever possible.



Children's Outpatient Services

Benefits of a single dedicated Emergency Care site:



- Full and immediate access to a variety of specialist doctors and nurses
- Separate Ambulatory Emergency Care Unit, avoiding the need to stay in hospital overnight for some
- Consultants and specialist teams needed in an emergency located on one site, working together and learning from each other on a daily basis

Planned Care Site - Princess Royal Hospital, Telford



Planned Inpatient Surgery

(e.g hip or knee surgery)



Day Case Surgery



Endoscopy

(internal examinations)



Medical Wards

with beds for patients who need ongoing hospital care following their initial treatment on the Emergency Care site.



Breast Inpatient Services



24-hour Urgent Care Centre

for patients that have an injury or illness that is not life or limb-threatening but requires urgent care



Outpatient appointments

for adults and children



Fracture Clinic



Tests

such as x-ray, ultrasound, CT and MRI scanning



Kidney Dialysis



Midwife Led Maternity Unit



Maternity Outpatients and Scanning



Early Pregnancy Assessment Services (EPAS)

for women with complications in early pregnancy up to 16 weeks



Gynaecology

outpatient appointments and day case surgery



Children's Outpatient Services

Benefits of a Planned Care site:



- Highly unlikely that planned surgery would be cancelled due to an emergency admission
- Most planned surgeries would take place on one site separate from emergency patients, reducing the risk of patients getting an infection
- Following a patient's operation, they will be cared for by a specialist team of health professionals in a dedicated surgical ward
- Doctors and nurses delivering planned care would be brought together in one place, enabling them to learn from each other and provide an improved service

Want to learn more about our hospitals? Join the People's Academy

The People's Academy induction includes four sessions run over four weeks.

The sessions include presentations, behind the scenes visits, demonstrations, activities and opportunities to ask questions of senior Trust staff.

Enrolment to the Academy is completely free, and you will be given information about how to continue your involvement with the Trust if you choose to.

JOAN PUMFORD graduated last year and after engaging with the Trust she is now supportive of the Future Fit plans.

To book onto the People's Academy please visit www.sath.nhs.uk/working-with-us/academy/



As a former nurse, I have always taken a keen interest in our hospitals and initially I did not agree with the Future Fit plans.

Following a talk at the Telford Diabetes UK group meeting, my husband and I signed up to attend The Shrewsbury and Telford Hospital NHS Trust's People's Academy. By the time I graduated, my opinion had completely changed.

I now understand the reasoning behind plans to develop and

improve healthcare services in Shropshire, Telford & Wrekin and mid Wales, and would urge everyone with an interest in our hospital services – regardless of how they feel—to go through the Trust's People's Academy.

I got the chance to hear directly from doctors and nurses about why the Trust needs to change the way it delivers services. They explained to me why emergency and planned care needs to be separated, and after listening to the professionals who live and breathe the job every day, I started to agree.

We are very fortunate to have received the funding to put these changes in place, and now we need to make sure we all pull together to make our hospitals the best they can be. We want our hospitals to be hospitals that people from other parts of the country are envious of, and where medical staff want to come and work.

Get your Safest & Kindest newsletter delivered to you

Support your local hospitals by becoming a member of The Shrewsbury and Telford Hospital NHS Trust

Sign up online at www.sath.nhs.uk/patients-visitors/become-a-member and you will receive this newsletter for free via email. Alternately contact the Membership Office using the details below

 To give feedback about this newsletter please contact the Membership Office (see contact details below). Please also contact us if a relative, friend or neighbour would like to become a member.

 To receive a copy of Safest and Kindest by email, contact the Membership Office on 01743 261473 or by email to members@sath.nhs.uk

 Are your contact details up to date? If your contact details have changed please contact the Membership Office. Please have your previous details (name, address and post code) and Membership Number to hand.

Visit our website: www.sath.nhs.uk