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Ms Christine Chapman AM
Chair, Petitions Committee
C/o Clerking Team, Petitions Committee
National Assembly for Wales
Cardiff Bay
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Dear Hs Chapman

1 9 APR 2011

Thank you for your letter of 18 March to Andrew Lansley about the Royal Shrewsbury Hospital and cross-border health provision. I am replying as the Minister responsible for NHS reconfiguration policy.

With regards to your concerns about maternity services at the Royal Shrewsbury Hospital, the consultation document, *Keeping it in the County*, published by Shropshire County Primary Care Trust (PCT), NHS Telford and Wrekin, and Shrewsbury and Telford Hospital NHS Trust, outlines why the local NHS believes change is needed to some of the services it provides in the Shropshire area. These include inpatient surgery, inpatient children's services, and services provided in the maternity building at the Royal Shrewsbury Hospital site. Proposals appear to show sound evidence for the delivery of the bulk of children and maternity services at Princess Royal Hospital, Telford.

Midwife led care would continue to be available at both sites as is currently the case, as would 24 hour A&E departments. Children's outpatient services would also continue to be available at both sites.

There has been a long history to the debate about the best way of organising hospital services in Shropshire. A previous review failed to provide a lasting way forward for the county. The local NHS organisations taking the review forward believe changes need to be made in the near future, as services become increasingly difficult to provide safely. This review was led by clinicians across the county's NHS organisations. A large number of organisations in the county have been working closely together, including GPs and patient groups.

Public consultation on the current review of maternity services at the Royal Shrewsbury Hospital began on 9 December 2010 and concluded on 14 March this year. West Midlands Strategic Health Authority has indicated it is assured that issues relating to cross-border transport have been acknowledged during consultation, and will form part of the work programme going forward. The issue of cross-border transport is a key issue highlighted in the recommendations, which forms part of the Trust's report on consultation.

In agreeing to proceed to developing an Outline Business Case, the Trust and local PCTs agreed recommendations that must be addressed as part of the next phase of the work. I am informed that the Trust has made a commitment to hold a rural and cross-border health symposium later in the year. The Trust's Chief Executive, Adam Cairns, met with representatives from the Institute of Rural Health recently to discuss this.

You may also wish to be aware that Glynn Davies MP (Montgomeryshire) and Daniel Kawczynski MP (Shrewsbury) have also both submitted Public Petitions on behalf of their respective constituencies.

With regard to cross border health provision, both the Department of Health and the Welsh Assembly Government recognise that some patients resident in one country will receive care on the other side of the border, for reasons of practicality or preference. For this reason, both Governments send representatives to the Cross Border Health and Social Care Group, which meets to discuss issues which are arising.

It has also been agreed, with input from the NHS in England and Wales and the Wales Office, to have a cross-border commissioning protocol, which seeks to address some of the consequences of the diverging structures of the NHS in England and Wales. The document defines the responsibilities of the commissioners of health services. At the heart of these responsibilities are the principles that commissioning will be on the basis of clinical need, not residence and that no commissioner should be disadvantaged due to differences in healthcare costs along the border. It is the responsibility of providers to assess whether the locations of their services are appropriate, and the responsibility of commissioners to seek to ensure that provision of necessary services is available to the patients for whom they are responsible.

I hope this reply is helpful.

SIMON BURNS