FIT FOR THE FUTURE

Lung Function and Sleep Services

Output of Engagement Report

Version 1.2

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Document Control

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1 Executive Summary

1.1 Lung Function and Sleep Services – Engagement Key Facts

- Consultation proposals focussed on two specialist services: Lung Function and Sleep Services.
- Engagement posters and booklets (with Freepost surveys) were distributed through Trust outpatient clinics, on the NHS Information Bus and were available via the online participation community: Get Involved in Gloucestershire: https://getinvolved.glos.nhs.uk/lung-function-sleep-service
- Staff working in the service promoted the Engagement to patients.
- Local community and VCSE organisations were invited to promote the engagement through their networks.
- 7 NHS Information Bus days in Cheltenham and Gloucester – approx. 100 individual conversations.
- 73 surveys completed.

1.2 Survey responses summary

The engagement survey response showed that almost twice as many people were positive about the proposal than negative about the proposal.

2 Lung Function and Sleep Service Engagement

2.1 Purpose of this report

This Report is intended to be used as a practical resource for One Gloucestershire partners; to provide them with information about how current patients, potential future users of the services and staff feel about the proposals for change in order to inform their decision making in 2021/22.

One Gloucestershire is a partnership between the county's NHS and care organisations to help keep people healthy, support active communities and ensure high quality, joined up care when needed.

The NHS partners of One Gloucestershire are:

- NHS Gloucestershire Clinical Commissioning Group (CCG)
- Primary care (GP) providers
- Gloucestershire Health and Care NHS Foundation Trust (GHC)
- Gloucestershire Hospitals NHS Foundation Trust (GHT)
- South Western Ambulance Services NHS Foundation Trust (SWAST)

One Gloucestershire partners are invited to consider the feedback from engagement and indicate how it has influenced their decision making.

This Report has been prepared by the One Gloucestershire Communications and Engagement Group. This report is produced in both print and on-line (searchable PDF) formats. For details of how to obtain copies in other formats please turn to Section 8 of this Report.

We would like to thank everyone who has taken the time to share their views and ideas.

2.2 Making the best use the information provided in this Report

This report is divided into two parts: Part 1 provides background information about the engagement planning and activities. Part 2 provides a summary of the feedback received during the engagement. The final section of this report is an evaluation of the engagement activity. This report is supported by a series of online Appendices.

There are elements of feedback which will be relevant and of interest to all readers; these can be easily found in the main body of the report.

All feedback received can be found in a series of online Appendices. These Appendices include all comments collated during the engagement. The theming of the qualitative feedback received through the Fit for the Future survey presented in this report has been undertaken by members of the One Gloucestershire Communications and Engagement Group using SmartSurvey.

All feedback received has been read and coded into themes (see section 5.3). Please note that individual's comments may cover more than one theme.

The information provided in this report and Appendices will be used by decision makers to 'conscientiously consider' all feedback received.

2.3 Appendices

All appendices are available at: www.onegloucestershire.net

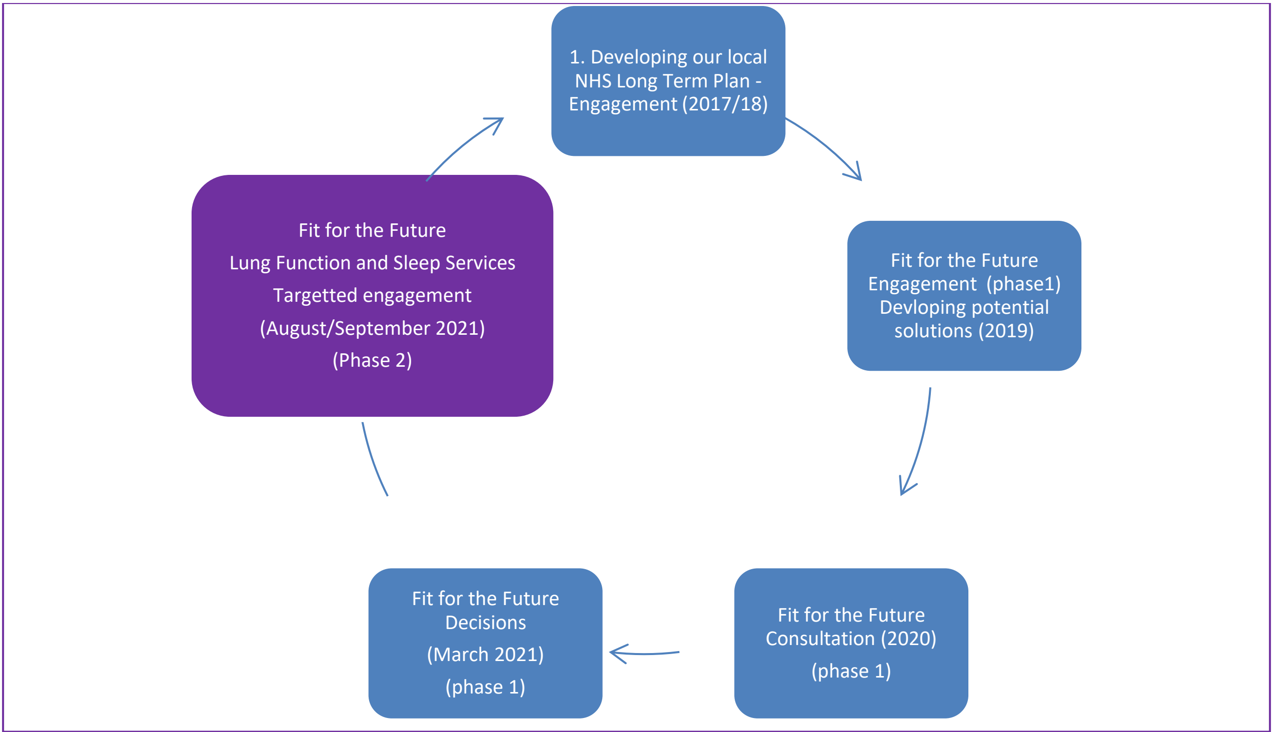
Appendix 1: Survey responses

Appendix 2: Staff engagement

3 PART 1: Engagement planning and activities

3.1 Background

Over several years the NHS in Gloucestershire Fit for the Future programme has been involving local people and staff in looking at potential ways to develop specialist hospital services in Gloucestershire. Through this process the 'centres of excellence'[1] approach has been designed. Through the earlier Fit for the Future Engagement in 2019 and during earlier conversations about the NHS Long Term Plan in 2018, the NHS in Gloucestershire has been involving staff, patients, local people and the public in looking at a number of services and developing potential 'solutions'. The Fit for the Future (Phase 1) Consultation took place in 2020, this engagement is the latest element of the engagement cycle[2] to develop the Gloucestershire response to the NHS Long Term Plan, which began in 2017/18.



The aims of the Fit for the Future programme are to:

- Improve health outcomes
- Reduce waiting times and ensure fewer cancelled operations
- Ensure patients receive the right care at the right time in the right place
- Ensure there are always safe staffing levels, including senior doctors available 24/7
- Support joint working between services to reduce the number of visits you have to make to hospital
- Attract and keep the best staff in Gloucestershire.

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[1] Centres of excellence: bringing staff, equipment and facilities together in one place to provide leading edge care and create links with other related services and staff.

[2] Previous engagement activities can be found at: www.onegloucestershire.net/yoursay/

To achieve these things and to make the most of developing staff skills, precious resources and advances in medicine and technology, the Fit for the Future programme looks at how some specialist hospital services at Gloucestershire Royal and Cheltenham General could be configured to make best use of both hospital sites. This move towards creating 'centres of excellence' at the two hospitals is not new and this approach reflects the way a number of other services are already provided e.g. Cancer Services in Cheltenham and Children's services in Gloucester.

The Fit for the Future consultation in 2020 focussed on the reconfiguration of five specialist hospital services; one of which is Image Guide Interventional Surgery (IGIS). The proposal for IGIS was to create a specialist 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital. There was a high level of support for this proposal from respondents to the consultation; and the NHS Gloucestershire Clinical Commissioning Group (CCG) made the decision to support the IGIS proposal in March 2021. Work is now underway to implement this proposal.

The final design phase to support the implementation of the Fit for the Future Phase 1 Image Guided Interventional Surgery proposals at GRH identified a requirement for a service to relocate to allow for the establishment of the IGIS day-case recovery. The proposed solution to manage the move and mitigate any impacts associated with it is to implement a 'Hub and Spoke' model for Lung Function and Sleep Services. The preferred implementation option for the IGIS Hub would require Lung Function and Sleep Services to relocate from its current GRH footprint.

Whilst the initial driver for change arises from the requirement to vacate their current footprint, the service has considered many innovative ways in which the impact of relocation can be mitigated, and additional patient benefits delivered.

3.2 What the Lung Function and Sleep Service Engagement is about

The purpose of the engagement was to seek views on the future provision of two linked specialist hospital services in Gloucestershire: Lung Function and Sleep Services

3.3 What the Lung Function and Sleep Service Engagement is not about

This engagement is not related to any COVID-19 temporary changes made in 2020/21.

3.4 Engagement process

The Lung Function and Sleep Service targeted engagement started on 1 August 2021 and ran until 6 September 2021. Feedback had also been sought from current patients and staff working in the service earlier in 2021 to support the development of the proposal for change.

There have been several ways in which the NHS has involved current and potential future patients and staff during the engagement including an Engagement Booklet, a targeted Information Bus Tour, face-to-face surveying, online survey and freepost survey.

3.5 Engagement feedback review period

There is an engagement review period, where Gloucestershire Hospitals NHS Foundation Trust and NHS Gloucestershire Clinical Commissioning Group carefully consider all the feedback received.

3.6 Decisions

The output of engagement report will be presented at the Gloucestershire Clinical Commissioning Group (GCCG) Governing Body and then discussed with representatives of Gloucestershire Health Overview and Scrutiny Committee (HOSC) and Healthwatch Gloucestershire (NHS Reference Group) in September 2021. Consideration will be given as to whether the proposed change represents a 'significant variation' requiring further public consultation. The outcome of the NHS Reference Group discussion will inform the completion of the HOSC Memorandum of Understanding proforma to be discussed at the meeting of HOSC in October 2021.

3.7 Process of implementation

If the proposals set out are supported by the Governing Body of the Clinical Commissioning Group, the timescale for changes would be determined by a number of factors such as estates. The Fit for the Future Programme structure remains in place with programme and project managers working with clinical staff within the specialty to develop and then deliver a detailed implementation plan.

3.8 Providing feedback to you on the consultation and decisions

The feedback from the engagement and the final decision made by the CCG Governing Body will be published at: www.onegloucestershire.net/yoursay and shared on the online participation platform Get Involved in Gloucestershire at: https://getinvolved.glos.nhs.uk

4 Our approach to communications and consultation

4.1 Working with others

Information about the engagement has been shared with and promoted by over 100 local VCSE organisations and patient representatives including: Healthwatch Gloucestershire, Know Your Patch (KYP) Coordinators, local Breathe Easy support groups and GP practice Patient Participation Groups.

4.2 Equality and Engagement Impact Analysis (EEIA)

Equality, diversity, Human Rights and inclusion are at the heart of delivering personal, fair and diverse health and social care services. All commissioners and providers of health and social care services have legal obligations under equality legislation to ensure that people with one or more protected characteristics are not barred from access to services and decision-making processes. It is against the law to discriminate against someone because of an individual's: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief. An Equality and Engagement Impact Assessment to support the targeted engagement approach referred to the Integrated Impact Assessment undertaken by the Fit for the Future Programme. Key to the engagement was targeting existing service users as well as potential service users in areas of highest deprivation. Further detail can be found in the Fit for the Future: Lung Function and Sleep Services Business Case.

[Extract from Business Case] Integrated Impact Assessment

- Service level data and the 2011 Census have been utilised to understand the impact that a consolidation of a hub at CGH could have on patients, including those with protected characteristics.
- It suggests that patients who are obese, which is a risk factor for Obstructive Sleep Apnoea, and patients who live in the areas of highest deprivation may be most impacted by the consolidation of a main hub to CGH. However, for those with co-morbidities this may be advantageous by providing specialist services on one site
- Travel impact assessment has been completed.

4.3 Communications: Developing understanding and supporting the engagement

A range of communications and consultation methodologies were used during the engagement. Supporting information was provided in printed and online formats and available in other formats (e.g. other languages) on request via the NHS Gloucestershire Clinical Commissioning Group Patient Advice and Liaison Service (PALS).

Hardcopy engagement booklets

Approximately 400 printed booklets were widely distributed to relevant outpatient departments at Cheltenham General and Gloucestershire Royal Hospitals and during the NHS Information Bus Tour. Online links were sent to a targeted VCSE organisations and printed materials were sent to groups who do not have an online presence e.g. some Breathe Easy Groups. The booklets included the survey and information detailing the ways people could get involved. Numbers of printed materials were reviewed regularly to avoid waste in line with the local NHS's commitment to sustainability.

Posters

Posters promoting the engagement were placed in relevant outpatient areas. Posters included a unique QR code directing people to the Lung Function and Sleep Service project on the Get Involved in Gloucestershire online participation platform (see below).

Short promotional Films

A series of short promotional films were produced signposting to the Get Involved in Gloucestershire online participation platform (see below).

Website

The Engagement was promoted on the ICS partnership website:

One Gloucestershire **https://www.onegloucestershire.net/yoursay/**

Facebook

During the engagement there were a total of 2 Facebook posts from the One Gloucestershire or other related accounts, with a total reach of 723. There were 14 'engagements' with these posts (i.e. actions such as comments, likes or shares) 13 of which were post clicks. There were 22 (10 second) video views and 36 (3 second) video views.

Twitter

During the engagement period there were 9 scheduled tweets and retweets from the One Gloucestershire or other related accounts, with a total of 10,662 impressions. There were 315 'engagements' with these tweets (i.e. actions such as link clicks, retweets, likes, or comments) of which 18 were retweets and 33 were clicks through to the One Gloucestershire or Get Involved in Gloucestershire websites. There were 453 video views.

Whilst the engagement Team were out and about with the NHS Information Bus, they took the opportunity to Tweet – the example below was retweeted 8 times and reached 6090 people:

> Here at Tesco's w George @gloshospitals & @BeckyParish6 chatting to people about Lung Function & Sleep Services. If u use these services we'd like to hear your views. Pop down 2 Tewkesbury Rd, Cheltenham Tesco & come & see us. Here until 2pm! #engagement

4.4 Staff Engagement

The GHT FFTF Programme Team facilitated staff engagement prior to the public engagement activity. A separate report can be found at Appendix 2.

4.6 Patient and Public Engagement

A range of methods were used to engage current and potential future patients.

Get Involved in Gloucestershire online participation platform

Get Involved in Gloucestershire is an online participation space where anyone can share views, experiences and ideas about local health and care services.

All engagement materials can be found at https://getinvolved.glos.nhs.uk/lung-function-sleep-service

Materials included an Engagement Booklet describing the service and potential changes to the service and a short FREEPOST survey.

Survey

A FREEPOST/ online survey was designed to provide a simple way for people to provide feedback. The survey was a mix of quantitative and qualitative (free text) questions as well as optional respondent demographic questions. Survey results can be found in Part 2 of this report.

NHS Information Bus Tour

The NHS Information Bus visited locations across the county during the Engagement period. Alost 100 people visit the Bus during the engagement to talk to us and to take away information.

Visits to Cheltenham and Gloucester, the existing service centres, were dedicated to the Lung Function and Sleep Service Engagement (and the Planned General Surgery Engagement running concurrently). Members of the Lung Function and Sleep Service team and the ICS Engagement Team talked to visitors, completing the survey face-to-face (socially distanced) and gave out information materials. The Team also collected information unrelated to the Engagement regarding the Covid-19 response and general comments about local health and care services.

Tour schedule:

- 10 August: Cheltenham Tesco (Tewkesbury Road)
- 17 August: Gloucester Quays
- 30 August: Winchcombe Show (annual event)
- 31 August: Cirencester Market Place
- 1 September: Stow-on-the Wold Market Place
- 2 September: Dursley High Street
- 3 September: Lydney Newerne Street

5 PART 2: Summary of feedback received

Feedback to the Engagement was received using a Freepost/online survey.

The qualitative feedback from completed surveys was grouped into a series of themes

5.1 Demographic Information

Demographic information about respondents to the survey was collected. Monitoring of equality data requires a two-stage process: data collection and analysis. Gathering good equality data supports legislative requirements in that it aids prevention of discrimination. This is why it is really important to provide an explanation that the process is worthwhile and necessary. The survey included the following statement:

> *Completing the "About You" section is optional, but the information you give us helps us to ensure that we hear from people with a wide range of experiences and circumstances. Your support with this is really appreciated.*

Not everyone who responded to the survey completed any/all of the demographic questions. However, the data presented below indicates that a reasonably diverse range of respondents from most protected characteristic groups participated. Fewer participants from ethnic minority communities completed surveys.

5.2 Demographic Information about Fit for the Future surveys

Which age group are you?

			Response Percent	Response Total
1	Under 18		1.52%	1
2	18-25		0.00%	0
3	26-35		9.09%	6
4	36-45		7.58%	5
5	46-55		21.21%	14
6	56-65		19.70%	13
7	66-75		21.21%	14
8	Over 75		19.70%	13
9	Prefer not to say		0.00%	0
			answered	66
			skipped	7

Are you?

		Response Percent	Response Total
1	A health or social care professional	3.03%	2
2	A community partner	0.00%	0
3	A member of the public	93.94%	62
4	Prefer not to say	3.03%	2
		answered	66
		skipped	7

Do you consider yourself to have a disability? (Tick all that apply)

		Response Percent	Response Total
1	No	37.50%	24
2	Mental health problem	15.63%	10
3	Visual Impairment	4.69%	3
4	Learning difficulties	3.13%	2
5	Hearing impairment	14.06%	9
6	Long term condition	34.38%	22
7	Physical disability	17.19%	11
8	Prefer not to say	3.13%	2
		answered	64
		skipped	9

Do you look after, or give any help or support to family members, friends, neighbours or others because of either a long term physical or mental ill health need or problems related to old age? Please do not count anything you do as part of your paid employment.

		Response Percent	Response Total
1	Yes	34.85%	23
2	No	65.15%	43
3	Prefer not to say	0.00%	0
		answered	66
		skipped	7

Which best describes your ethnicity?

		Response Percent	Response Total
1	White British	90.77%	59
2	White Other	4.62%	3
3	Asian or Asian British	1.54%	1
4	Black or Black British	0.00%	0
5	Chinese	0.00%	0
6	Mixed	0.00%	0
7	Prefer not to say	3.08%	2
8	Other (please specify):	0.00%	0
		answered	65
		skipped	8

Other (please specify): (0)

No answers found.

Which, if any, of the following best describes your religion or belief?

			Response Percent	Response Total
1	No religion		41.54%	27
2	Buddhist		0.00%	0
3	Christian (including Church of England, Catholic, Methodist and other denominations)		50.77%	33
4	Hindu		0.00%	0
5	Jewish		0.00%	0
6	Muslim		0.00%	0
7	Sikh		0.00%	0
8	Other		6.15%	4
9	Prefer not to say		1.54%	1
			answered	65
			skipped	8

Are you?

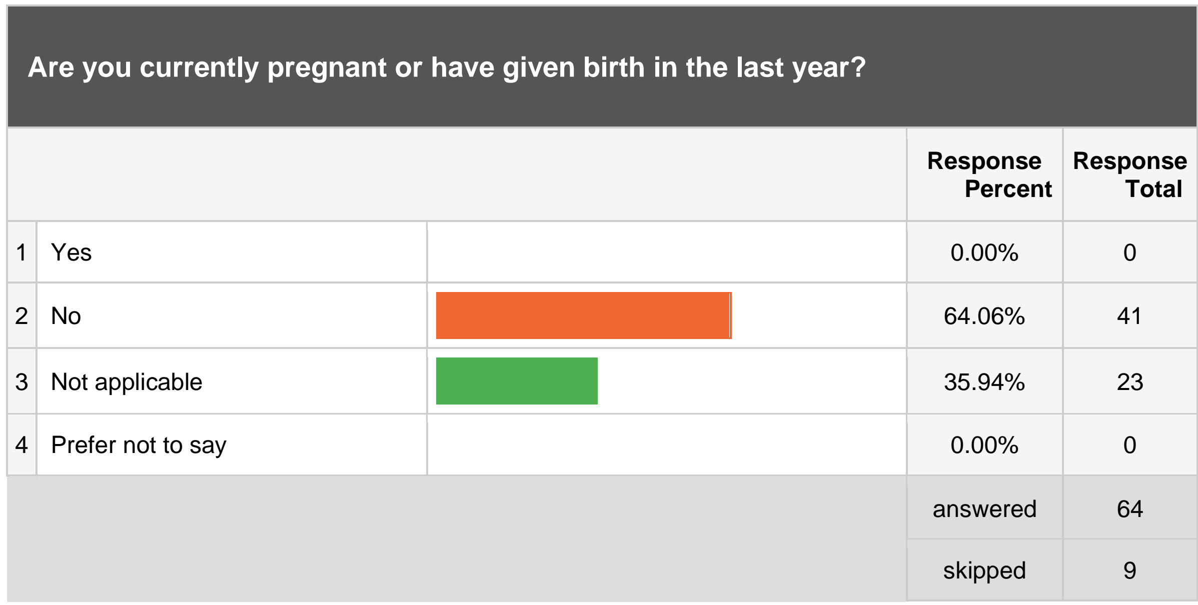
			Response Percent	Response Total
1	Male		49.23%	32
2	Female		49.23%	32
3	Transgender		0.00%	0
4	Prefer not to say		1.54%	1
			answered	65
			skipped	8

Do you identify with your gender as registered at birth?

		Response Percent	Response Total
1	Yes	100.00%	65
2	No	0.00%	0
3	Prefer not to say	0.00%	0
		answered	65
		skipped	8

Which of the following best describes how you think of yourself?

		Response Percent	Response Total
1	Heterosexual or straight	89.06%	57
2	Gay or lesbian	4.69%	3
3	Bisexual	3.13%	2
4	Other	0.00%	0
5	Prefer not to say	3.13%	2
		answered	64
		skipped	9



Are you currently pregnant or have given birth in the last year?

		Response Percent	Response Total
1	Yes	0.00%	0
2	No	64.06%	41
3	Not applicable	35.94%	23
4	Prefer not to say	0.00%	0
		answered	64
		skipped	9

5.3 Survey Feedback

This section sets out the survey feedback received.

The survey included two types of questions:

Quantitative questions, which offer a choice for the respondent e.g.

> *Thinking about your experience of using Lung Function or Sleep Services in Gloucestershire, was it as:*
>
> - *An outpatient (attending a clinic, test or virtual appointment)*
> - *An inpatient (stayed overnight, or as a planned day-case procedure)*
> - *In Accident & Emergency*
> - *A combination of any of the above*

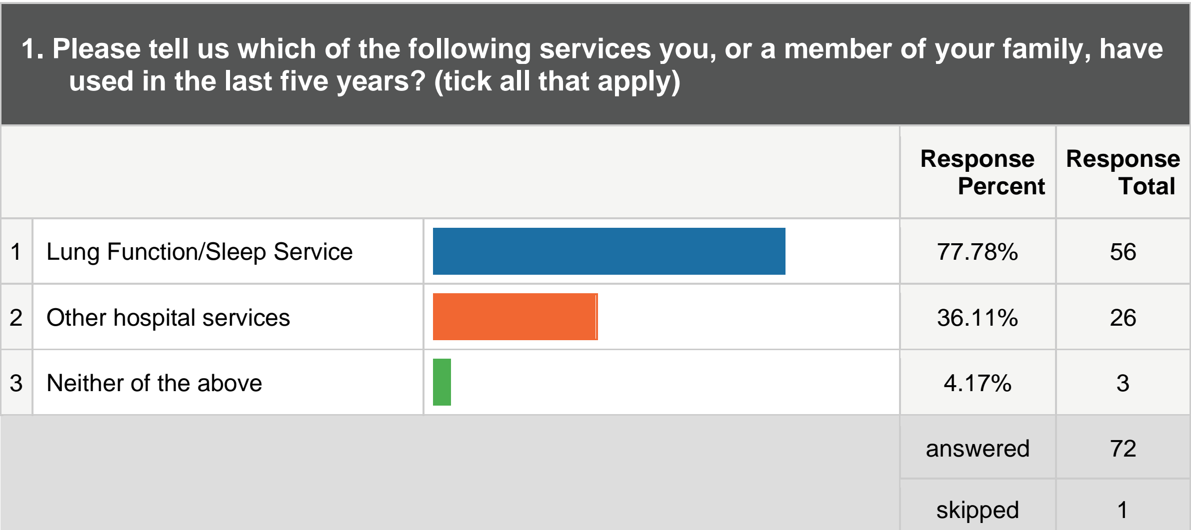
and **Qualitative questions** which invite the respondent to write a comment

Please tell us why you think this, e.g.

> *What do you think about our idea to create a 'Hub' at Cheltenham General Hospital and a 'Spoke' at Gloucestershire Royal Hospital for Lung Function/Sleep Services?*

In this report, illustrative quotations have been selected from the free-text responses from the survey for each of the proposals and other correspondence received. All free text responses can be found online in Appendix 1 on the Get Involved in Gloucestershire online participation platform https://getinvolved.glos.nhs.uk/lung-function-sleep-service

A total of 73 completed surveys were received. A significant number of survey respondents had used Lung Function or Sleep Services (78%).



1. Please tell us which of the following services you, or a member of your family, have used in the last five years? (tick all that apply)

		Response Percent	Response Total
1	Lung Function/Sleep Service	77.78%	56
2	Other hospital services	36.11%	26
3	Neither of the above	4.17%	3
	answered		72
	skipped		1

2. Thinking about your experience of using Lung Function or Sleep Services in Gloucestershire, was it as:

			Response Percent	Response Total
1	An outpatient (attending a clinic, test or virtual appointment)		95.12%	39
2	An inpatient (stayed overnight, or as a planned day-case procedure)		9.76%	4
3	In Accident & Emergency		4.88%	2
4	A combination of any of the above		4.88%	2
			answered	41
			skipped	32

3. Thinking about your recent experience of Lung Function/Sleep Services.........What went well?

Most respondents reported a positive experience of the service, particularly noting satisfaction with the staff providing the service:

Staff member- XXXX was fantastic. He performed all tests in a professional capacity but was super friendly and helpful explaining everything he done.

Basic telephone call, very well informed and happy with service.

Finding my results in the breathing booth were virtually the same as last time they were done.

Instructions, box with equipment. clear instructions. ability to do the test from home

The convenience of a telephone consultation.

4. What could have been improved?

Respondents to this question identified the following areas were aspects of the service could have been improved.

Themes	Count of User No
Appointment Location	5
Appointment time	1
Location access	4
Nothing.	13
Other	2
Wait for Results	1
Waiting	1
Equipment	3
Grand Total	**30**

Long way to walk from hospital entrance to Lung Function suite for someone not the most mobile.

I really can't think of anything. I was notified of the telephone appointment and all above was then followed. It was thorough/ precise and a good use of time for both parties.

wanted appointments in 3 weeks time, couldn't wait. sorted now with drop-in service.

only my understanding of what was requested.
on a couple of occasions, I didn't listen intently enough

time to get the results. informed it would be 2/3 weeks

Horrible experience due to Covid. No one could come with me

As an outpatient lots of walking to departments and tests when suffering with breathlessness is hard work

Based in Cheltenham. Parking closer by

"should of been in Cheltenham - Parking ok but expensive"

Service needs to be at GRH

5. Please tell us about differences you have noticed in the Lung Function/Sleep Services due to the Covid-19 pandemic?

Respondents to this question reported noticing the following differences to the services due to the Covid-19 pandemic.

Themes	Negative	Neutral	Positive	(blank)	Grand Total
Access	2				2
Different site		1			1
Equipment	1				1
onsite location	1				1
Process	5	1	3		9
Staff			1		1
Telephone			3		3
(blank)		10	6	39	55
Grand Total	**9**	**12**	**13**	**39**	**73**

There was good pre-planning re Covid restrictions supplied prior to my appointment

I do not know as I have not had to access the lung function service during Covid.

Had to go to GRH instead of Cheltenham, not a problem

Obviously at the height of the pandemic you did not expect the service to be the same

Follow up appointment was offered by phone which I find more helpful

Less appointments - understandably

6. What do you think about our idea to create a 'Hub' at Cheltenham General Hospital and a 'Spoke' at Gloucestershire Royal Hospital for Lung Function/Sleep Services?

Respondents to this question were almost twice as positive about the proposal than negative about the proposal.

Themes	Negative	Neutral	Positive	Grand Total
Benefits			9	9
Equipment access	2			2
Hub location			1	1
Improve environ			1	1
IP at GRH	1			1
Quality service		1		1
Travel time	9			9
(blank)		6	11	17
Grand Total	**12**	**7**	**22**	**41**

Brilliant idea, feels like looking at where the lung function centre is in Glos Hospital it desperately needs an uplift and looks like it seems forgotten about by the board in my opinion. So to have a fresh new more inviting centre would be excellent and I guess it would boost moral for staff as well as patients to have more efficient uses/better equipment etc.

I think its a good thing. the case for centralised facilities has been proven time and again. providing the services with greatest efficiency must be good

I agree with this idea it should provide a bespoke lung function service that has a focal point in an acute DGH.

"Don't mind either site but wants service presence at both sites. Transport - improve bus service"

A Hub for outpatients at CGH is ok, however it is important that there is supply of CPAP equipment for patients kept at GRH as not everyone has the capacity to travel (I have limited mobility and I don't own a car). I personally require replacement equipment more regularly than I require an appointment

7. In the future if services were arranged as a 'Hub' at Cheltenham General Hospital and 'Spoke' at Gloucestershire Royal Hospital, what are the most important things to be considered to reduce any negative impact on you or people you know?

Respondents identified the following things to be considered to reduce any negative impacts if the service change was implemented.

Themes	Count of User No
Drop ins	1
Equipment	1
F2F	1
Hub & Spoke	9
Improve information	1
Improve process	5
neutral	4
New Hospital	1
other	1
Public transport	1
Travel impact	7
Virtual	2
Wait times (negative)	1
(blank)	38
Grand Total	**73**

Be more resourceful with equipment and not to let a patient know they have a CPAP for them on a specific date and then it's not available, as in previous question it's disheartening plus traveling here is not particularly easy either sometimes.

Video phone calling would be good

"access -flexibility of appointments"

Consider consumables that people using CPAP require and ensure there is sufficient stock on both sites.

You have to think about the elderly and people who don't drive and need to catch few buses to the Cheltenham Hospital. Is there a bus? Glos to Chelt? can people get transport to CGH from Cheltenham Town

8. Please tell us any alternative suggestions you have for organising these services.

Respondents made the following alternative suggestions for organising services:

Themes	Count of User No
Community venue	3
Don’t change	2
neutral	1
New premises	1
None	10
Virtual	1
GRH Hub	1
(blank)	54
Grand Total	**73**

Could do community drop in centres at community centres essential to have regular appointments

Reduce appointments to being phone led if appropriate.

Initial assessments completed in Cheltenham then followed up in Gloucester or as suggested as above."

Why can't Glos be a 'hub' in its own right. What do the people of Gloucestershire gain in a merger with Cheltenham. Leave Gloucester to manage its own cases, don't fix what’s not broken.

9. Which other hospital services have you or a member of your family used in Gloucestershire in the last 5 years? (Please tick all that apply)

			Response Percent	Response Total
1	Outpatient services (attending a clinic, test or virtual appointment)		77.27%	51
2	Inpatient services (stayed overnight, or as a planned day-case procedure)		39.39%	26
3	Accident & Emergency (walk-in, booked appointment or by ambulance)		33.33%	22
4	A combination of any of the above		18.18%	12
5	None of the above		1.52%	1
			answered	66
			skipped	7

10. The following criteria for improving hospital services have been developed following previous engagement with local people: Quality of care - e.g. Outcomes for patients, patient and carer experience Workforce - e.g. making best use of clinical staff (e.g. doctors, nurses and other staff), joined up working across health services, recruiting and keeping staff Acceptability - e.g. taking into account previous engagement and consultation feedback Deliverability - e.g. Access to the required staffing: numbers and skills, support services, premises and technology to support successful implementation Patient choice - e.g. Making access simple, impact on travel for patients, carers and families, waiting times, supporting the use of new technology to improve access, improving or maintaining service hours and locations, impact on equality for all and health inequalities. Please tell us anything else we should consider?

Themes	Count of User No	Themes	Count of User No
Access	1	Safety	1
CGH	1	Single site	1
Communication	2	Staff #	1
GRH	1	Staff retention	1
Location environment	1	Staff views	1
None	14	Travel impact	3
on-site location	1	Virtual	2
other	2	Waiting times	3
Process	9	(blank)	28
		Grand Total	**73**

Patients should be taught how to adjust machine pressure - For example, when patients lose weight, will save appointment times.

With regard to patient choice offer phone and/or video calling wherever possible, providing headsets to you staff for phone calls (I know you don't as I'm partially deaf and loudspeakers and key tapping of note taking whilst on a call has been an easy for me across many hospital departments).

Hospital environmental issues e.g. signage, artwork, comfort of waiting areas

Female to female care - Mental Health patients have different requirements

Safety - particularly with regard to COVID giving information about what the hospital services are doing and what patients should do to help keep patients and staff safe.

These criteria are well balanced and should provide an improvement in services to the local community. I don't have further considerations

11. In the future, if the way that you or your family receive services changes, what are the most important things we should consider to reduce any negative impact you might experience?

Respondents identified the following things to be considered to reduce any negative impacts of any service changes (not restricted to Lung Function and Sleep Services).

Themes	Count of User No	Themes	Count of User No
Appointment times	2	Responsiveness	1
Communication	6	Self-management	2
Easy access	4	Staff views	1
Face to face	2	Travel impact	11
Location environment	1	Travel information	1
Maintain quality	5	Video	1
None	3	Virtual	3
On site location	1	Waiting times	2
Other	2	(blank)	25
		Grand Total	**73**

Service remaining in Cheltenham for accessibility for me. Maintain face to face appointments.

Ensure quick and efficient monitoring of telephone and email to answer patient questions. Regular servicing of equipment and regular provision of spare parts."

Maybe have a free shuttle bus for elderly which runs from Gloucester Hospital straight to Cheltenham Hospital

More travel options for people who don't live in the city and more rural areas.

Time of appointment. Hard at 80 to get ready early

I would like to receive phone or video calls wherever possible. I suffer from chronic pain and chronic fatigue being able to engage with services without leaving home has been absolutely wonderful for me. Even a simple doctors appointment needs 2 days prep, afternoon appointment so I can pace getting ready and travelling, then 3 or 4 days in great pain in bed afterwards. I've been able to attend online parents evenings, something I haven't been able to do in person for over 8 years, since I became ill.

Good communication that allows patients to understand why it is necessary to change a service, highlighting the benefits to patients, but also with consideration to the concerns patients will have.

Clear map of changes – diagram

12. Is there anything else you would like to tell us about hospital services?

Respondents provided the following additional comments regarding hospital services (not restricted to Lung Function and Sleep Services).

Themes	Negative	Neutral	None	Positive	(blank)	Grand Total
Cleaning		1				1
Food	1					1
In-Patients	1					1
On site information	1					1
Other dept	2			2		4
Parking	1					1
Patient experience		1				1
Process	10					10
Staff				3		3
Location	1					1
(Blank)	1		1	11	36	49
Grand Total	**18**	**2**	**1**	**16**	**36**	**73**

We have found the hospital generally to be well run and efficient with friendly staff.

Signage is important, people are late to appointments as they can't find department they are going to

My recent experience of getting a sleep study required 4 separate visits to hospital yet only one of them involved any medical checks (history, height weight and bp). All could have been managed remotely and I expect it would be cheaper and less impacting to patients and the environment if sleep study kits could be dropped off by courier (Amazon would be keen to help you 😁).

It is important for staff to remember that the patient you see at the end of the shift/week, is just as important as the first person you see

improved admin so adequate notice of appointments and other ways of notification / reminders rather than just sending letters by post.

Choose and book terminals in places like libraries and GP services for those less it literate

6 Addressing themes from the Engagement

The table below lists some of the specific topics, identified through the engagement responses that have been responded to as part of the Business Case. As with all engagement responses there are a range of issues identified commensurate with the differing views of those responding to the engagement.

Theme	Engagement Topic	Response
Access and Travel Impact	Consider use of video appointments not just telephone	The Lung Function & Sleep services (LF&SS) team are already investigating this option as a number of other GHFT Out-patients services are via video.
	Travel impact	Whilst recognising there would be a negative travel time impact for 34% of patients, our proposals would reduce the number of times patients need to attend as: • Appointments for sleep follow ups would be primarily conducted via telephone • A bigger estate would allow for the service to introduce multi-disciplinary clinics for the 'ventilation' or 'complex airways' clinics, negating these patients to navigate multiple departments in one-visit or attend multiple separate appointments. • Improve the Lung Cancer patient pathway, through flexible spoke site allowing for multiple tests in one visit
	Supporting self-management	The hub and spoke model would support the continuity of care for patients as they will only visit a single site
Clinic on-site location and environment	Improving the service venue environment	The creation of a Hub and Spoke model would provide a larger and improved clinic space at CGH to allow the service to better meet the Improving Quality in Physiological Services Standards.
	On-site way finding	The new Hub and Spoke clinic sites would have new signage at GRH and CGH and there would be a communication programme to make current and future users aware.
Appointment Process	Changes to appointment process and improved communication to patients	The engagement process has helped the LF&SS team identify opportunities to improve the service and these would be developed.

7 Evaluation

Considerations and learning points for future engagement and communication activities

Our approach to evaluating the effectiveness of our engagement and consultation activities locally is to apply a well-known quality improvement methodology, using an iterative process: Plan, Do, Study, Act (PDSA cycle)
https://improvement.nhs.uk/documents/2142/plan-do-study-act.pdf

We have applied the following evaluation framework. Engagement (and Consultation), Experience and Inclusion Evaluation Framework developed by The Science and Technologies Facilities Council has developed a useful engagement evaluation framework, https://stfc.ukri.org/files/corporate-publications/publicengagement-evaluation-framework/

We have adapted this to support the STUDY element in our Engagement, Experience and Inclusion PDSA Cycle

Dimension	Definition	Response
Inputs	Engagement (and Consultation), experience and inclusion inputs include the time, skills and money that are invested into delivering engagement activities.	A comprehensive, proportionate targeted engagement plan was developed to support the engagement activity. In response to pandemic restrictions, the plan was developed to support a ‘socially distanced’ engagement. This included the development of more online methods such as the new Get Involved in Gloucestershire online participation platform. The Integrated Impact Assessment identified that existing service users should be targeted for engagement; to ensure this element of engagement was effective, staff working in the service promoted the engagement to patients and participated in engagement activities.
Outputs	Engagement (and consultation), experience and inclusion outputs are the activities we undertake and the resources that we create.	The Information Bus Tour provided socially distanced face-to-face events. Information booklets (with Freepost surveys) were produced and distributed. Feedback received from earlier engagement and consultation activities suggested the use of QR codes on future publications to allow people to link quickly to website materials. QR codes were used on posters to advertise the engagement.

Reach	Reach has two main elements: The number of people engaged, this includes attendance at events, completion of surveys, social media interaction etc. The types or diversity of people engaged.	The survey was completed by just over 70 people. There was a reasonable range of protected characteristics amongst survey respondents. Almost 100 people visited the Information Bus to talk about the engagement and take away information. There was good reach via social media, in particular via Twitter.
Outcomes	Outcomes are the way that audiences respond to the engagement, experience and inclusion activity – completed event evaluation forms, independent observation reports.	Information about the engagement was sent to a comprehensive range of key local stakeholder groups e.g. Healthwatch Gloucestershire, Know Your Patch communities. There was a positive response from these groups to our request to promote the engagement. The Output of Engagement will be discussed with representatives from the Health Overview and Scrutiny Committee and Healthwatch Gloucestershire and consideration given to any further consultation activities required.
Processes	Processes are the way we work to plan, develop and deliver our engagement, experience and inclusion activities. They include our approaches to quality assurance and following good practice.	A comprehensive, proportionate targeted engagement plan was developed to support the engagement activity. Our engagement methods have been developed over a number of years. This engagement activity has been a continuation of our approach to finding out what matters to local people about health and care services as described in the NHS Gloucestershire Clinical Commissioning Group Engagement and Experience Strategy – Our Open Culture https://www.gloucestershireccg.nhs.uk/about-you/strategy-and-reports/

7.1 ACT

The following actions will be undertaken in response to learning from this engagement:

- We will encourage staff delivering services that are the topic of the engagement/ consultation activity to participate in public-facing engagement/ consultation activities. Training and support to be provided as required.
- We will continue to utilise QR codes to promote easy access to online engagement resources and opportunities.
- We will continue to develop the online participation platform Get Involved in Gloucestershire, in acknowledgement of the accessibility and flexibility of online options for people and communities to have their say.

- During the period of the engagement, new guidance was issued by NHS England and Improvement relating to working people and communities. The One Gloucestershire Integrated Care System (ICS) will review this guidance and take it into account during the development of our system-wide Engagement Strategy for working with people and communities from April 2021 (subject to legislation).

8 Copies of this report

This report is available on the One Gloucestershire website at:
https://www.onegloucestershire.net/yoursay/
and on the online participation platform Get Involved in Gloucestershire at:
https://getinvolved.glos.nhs.uk

Print copies of the report can be obtained from the NHS Gloucestershire Clinical Commissioning Group Engagement and Experience Team by calling:
Freephone 0800 0151 548 (please leave a message with your contact details including email and postal address) or email: GLCCG.participation@nhs.net

Print date: September 2021

9 Appendices

9.1 Appendix 1: Full survey report

The full survey report, including all qualitative responses can be found at:
https://getinvolved.glos.nhs.uk/lung-function-sleep-service

9.2 Appendix 2: Lung Function – Staff Engagement Report

Introduction

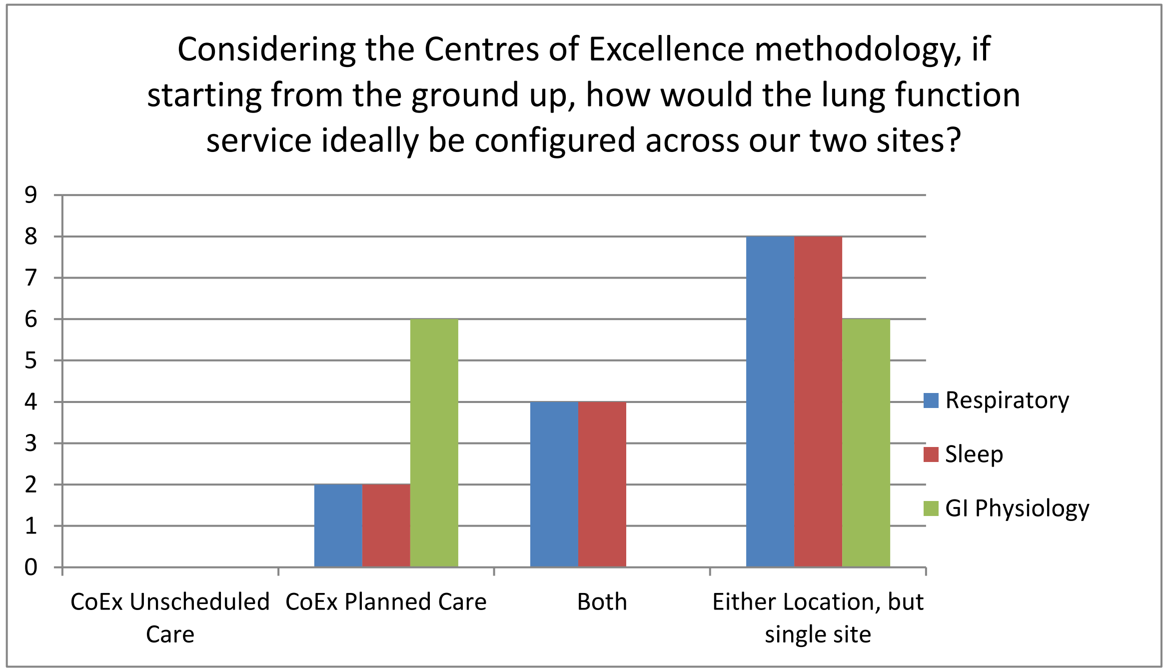
The Centres of Excellence (CoEx) Programme is one of the Trust's most transformative programmes and forms a central part of the Trust's Clinical and Estate Strategies. Phase 1 of the CoEx Programme included the development of proposals to establish a Hub for Image-Guided Interventional Surgery (IGIS) at GRH. Design options for the hub have been developed and refined as Phase 1 of the CoEx Programme progresses.

The estates footprint necessary to establish the IGIS Hub may require the displacement of existing services within and adjacent to the radiology department in GRH. As a result, it is possible that Lung Function will need to relocate from its current GRH footprint. The likely requirement to displace Lung Function's GRH footprint has presented an opportunity to accelerate the application of the Centres of Excellence Methodology to Lung Function.

Initial Staff Feedback

In July, the Lung Function service was sent an online survey following an MS Teams presentation to outline the CoEx methodology and what it could mean for Lung Function. The 14 responses received suggested that staff had considered that the Lung Function service could be reconfigured either on the CoEx Planned Care site, predominately for the GI service; on both sites and on either location but single sited. *Please see the graph below*.

Due to three viable options being presented by staff, a face to face SWOT analysis took place on Thursday 10th September 2020 at Cheltenham General Hospital, to further explore and understand these options and facilitate in depth discussions around the opportunities and risks of each.



Staff Facing Engagement Session 10th September 2020

On the 10th September, 19 members of the Lung Function service were involved in a face to face engagement session. The department were split into 4 groups, with one facilitator from the Strategy and Transformation Team in each group. *Please see appendix 1 for details of the groups.*

The questions asked were developed from the initial feedback, however on the day it was clear that the team preferred the 'Hub and Spoke' model, as opposed to being single sited. Therefore, the final question was adapted to reflect which site would be the best fit for the hub.

Each question was discussed in the smaller groups and then as a wider group, to assess whether the team were aligned in their thinking or whether there were any discrepancies which needed further discussion. In regard to the risk aspect for the first question, groups were asked to consider mitigations for another group's risks.

Include reference here that all group work was strongly aligned therefore although 4 breakout groups were formed, we only describe 'the teams' feedback below.

Lung Function as a Hub and Spoke Model

A 'Hub and Spoke' model refers to having a 'main hub' on one site, where majority of clinical activity happens and a 'spoke site', which is a smaller presence on the opposing site to the main hub predominately used to manage inpatient work, which makes up a small percentage of the service's activity.

1) ***Within your initial feedback, some of you mentioned a potential 'hub and spoke' model. If Lung Function were to implement this model, what would you need at the 'hub' site and what would you need at the 'spoke' site?***

   Main Hub Site

   The team were aligned in their thinking that the most important factor to be considered for a main hub, was that there would be adequate space for both patients and the storage of equipment, such as CPAP parts.

   It was also noted that the main hub would need an adequately sized waiting area for patients; especially those who will be using mobility scooters, a dedicated Lung Function reception area or a kiosk option for patients to check in, 2 rooms with sufficient air exchange to allow for full PFTs to be undertaken, a staff kitchen area, a clean and dirty utility area, a GI room with a dedicated patient toilet and a separate room for multiple staff to utilise for analysing patient tests and undertaking clinical phone calls for CPAP FU, a clerical room with PCs; for bookings and for clinical staff to have access to a computer, 4 sleep rooms, 4 separate clinical rooms. In regard to GI, it is important that this aspect of Lung Function is aligned with Colorectal as some of these procedures can only happen within Endoscopy.

   Please see appendix 2 for more detail.

Spoke Site

The team identified that for a spoke site to be fully operational it would need, a clinical room to see patients, a small storage room for CPAP and NIV equipment, a computer for clerical and clinical administration work; this could be combined within the storage room if there were adequate space available and a portable lung function kit, in order to see any inpatients who were present at the spoke site. In addition, it was suggested that the spoke site would need to be aligned with another service close to its footprint; in order to provide support to spoke site staff, avoid lone working and share facilities such as for changing and staff breaks, which would not be able to be incorporated into the spoke site footprint.

Please see appendix 2 for more detail.

2) What opportunities could be presented from a 'hub and spoke' model?

It was suggested that a 'hub and spoke' model would enhance patient experience through standardising procedures and increasing capacity for appointments. These benefits would be achieved through a main hub as it would have an increased capacity and majority of staff based there; which would enable learning as staff members can work across all aspects of the Lung Function service.

As the main hub would be purpose built, clinical rooms would be incorporated which would mean that there would be more privacy between clinicians and patients which staff had noted was currently an issue as rooms are separated by curtains. Furthermore, staff advised that there is currently a lack of space for a Reception area and patient waiting area which would be included in designs for a main hub.

Staff noted that a main 'hub' would enable an improved ability for staff cover in regard to absences and training, an easier rota system and better communication between staff. This would be the result of having the majority of staff on the main hub site, meaning that it is easier to manage and organise staff members to enable effective cover; as well as creating an environment to facilitate communication and a better sense of 'team'. Furthermore, if most patients are being seen on the main hub, it would improve materials management and stock control as the majority of equipment could be stored on one site.

It was proposed that the spoke site would act as a support to ensure that inpatients are seen in a timely manner and to capture some patients who cannot attend the main hub.

Please see appendix 3 for more detail.

3) ***What risks should be considered for a 'hub and spoke' model?***

When considering a 'hub and spoke' model for Lung Function, a number of risks were identified with suggestions of how these could be mitigated and therefore reduced.

One clear theme was that there was a risk that by having a main 'hub' on one site, it could mean that some patients on the opposite side of the county could struggle to travel to the main hub and therefore do not access the service. However, there were multiple suggestions of how this risk could be mitigated. For example, the spoke site could also be used to capture those patients, who are physically unable to travel to the hub. In addition, the group discussed that a Trust wide approach to accessible and cheap patient transport would mitigate this risk significantly. For example, free transport on the 99 bus between GRH and CGH for patients who show a valid patient appointment letter.

The team also recognised that a 'hub and spoke' model could have an adverse effect upon staff in relation to work/life balance and childcare, as a result of moving from a complete split site to a main hub and smaller spoke. Likewise, there were multiple suggestions of how this risk could be mitigated, for example through the use of laptops to enable remote working and having a rota in place so that staff work across both the spoke site and the hub site. Similarly, staff raised concerns around staff isolation and lone working at the spoke site particularly in relation to patients who may collapse or become aggressive towards staff. This could be mitigated by aligning the spoke site with another department located next to it, meaning that resources could be shared, and support could be offered to the spoke site. In addition, it was suggested that a minimum requirement for the spoke site to operate should be set. For example, by having a minimum number of 1 member of clinical staff and 1 member of clerical staff on the spoke site at all times.

It was noted that the Lung Function service provided a significant amount of support to the Respiratory Team during the Covid-19 outbreak. Therefore some concerns were raised around if the service were to have a hub at Cheltenham; they may be unable to offer the same level of support if a second spike of Covid-19 or further respiratory pandemics were to occur, as Respiratory are based at GRH. Nevertheless, it was stated that if a second wave of Covid-19 were to occur, Lung Function would need to adapt and redesign to support other clinical areas that may need it.

The team raised the risk of being unable to link in effectively with clinical adjacencies, if a main hub was on the opposing site to relevant services. It was recognised that a spoke site would mitigate this risk, as although the spoke would be a reduced service it would still mean that there would be a Lung Function presence at both sites so that clinical adjacencies would always be accessible.

Please see appendix 4 for more detail.

Which site would be 'best fit' for Lung Function?

Cheltenham General Hospital (CGH) as best fit

The team recognised that having the main hub at CGH would realise benefits such as the increased likelihood of a more spacious Lung Function service, due to a larger amount of estates scope available at CGH. This would mean that the likelihood of purpose-built patient treatment rooms, a spacious patient waiting area and a dedicated reception area or clear self-check in would be increased.

The engagement session suggested a clear alignment between the Lung Function service and the CoEx for planned care (CGH), as approximately 95% of patients seen by the department are outpatients. In addition, from a GI perspective, CGH would be the preferred location for the hub due to clinical adjacencies with Colorectal, Endoscopy and Oncology who are all based in CGH. Although, it must also be noted that Colorectal is undergoing consultation around whether it will be based at GRH or CGH.

However, it was noted that CGH has poorer transport links and parking facilities for patients and staff. In addition, the team advised that patients find CGH more difficult to navigate.

Please see appendix 6 for more detail.

Gloucester Royal Hospital (GRH) as best fit

When discussing GRH as the best fit for the main Lung Function hub, it was clear that it would be beneficial in regard to the clinical links needed with the, Cardiology and Respiratory departments that are all based in GRH. In addition, if there were to be a second wave of Covid-19 Lung Function would be geographically closer to the Respiratory department if they were based in GRH, which would mean that it would be easier to support this area with patients during a potential Covid-19 surge.

Furthermore, it was noted that the transport links and parking facilities at GRH are better for patients and staff, meaning that it is easier to access the site. Although, patient postcode maps based on data from Lung Function reflect that patients who utilise the service are distributed across the county. In addition, GRH is considered to be easier for patients to navigate, in comparison to CGH. *Please see appendix 6 for patient postcode maps.*

The team had stated that one of the most important factors to be considered was the size of the footprint available to redesign the department; however, the amount of available space at GRH is significantly less, than at CGH. Therefore, it would be more difficult to provide the Lung Function service adequate space for their requirements in GRH. Also, from a GI perspective a hub based in GRH would make it more difficult to link in with Endoscopy or Colorectal Surgery that are clinical adjacencies to GI and are based at CGH.

Please see appendix 7 for more detail.

Conclusion and Next Steps

The key themes that were discovered through the engagement session were that increased space for patients and equipment, better communication between staff and more flexibility for cover and a fit for purpose department for Lung Function were the most important factors to be prioritised when reconfiguring the service. Although careful consideration for clinical adjacencies, how patients and staff would travel to the site and support for staff working at spoke site would need to be made, it was recognised that these risks could be reduced through mitigations. When discussing the 'best fit' site, it appeared that CGH was preferable in terms of there being more available space, clinical adjacencies with Oncology and that approximately 95% of Lung Function patients are Outpatients and

therefore align with the Centre of Excellence for Planned Care. Although it was also apparent that GRH would be preferable for the main hub in terms of accessing the small number of cardiology inpatients, transport links for staff and patients and being closer to the Respiratory department.

The engagement session proved that the Lung Function service were aligned with their preference of implementing a ‘hub and spoke’ model, as this would allow for benefits associated with the majority of the service having a presence on one site but with the flexibility to continue seeing inpatients and those who cannot travel across the county on the spoke site. In addition, staff recognised similar risks of implementing a ‘hub and spoke’ model, however also acknowledged that mitigations could be put in place to reduce the impact of these.

The next steps for the Lung Function service will be to develop a working group to create a Case for Change document, which will be reviewed by Health Overview Scrutiny Committee (HOSC). It is likely that this document will propose that the Lung Function main hub be reconfigured onto the CGH site and the spoke site to be configured onto the GRH site.

Appendices

***Appendix 1:* Engagement Session Groups**

Group 1: Amy Keates	Group 2: Lucy Spelman	Group 3: Hannah Reed	Group 4: Tom Hewish
Will – Sleep and Lung Function	Steph – Lung Function and Sleep	Rachel – Lung Function and Sleep	Bev – Respiratory, Sleep and GI
Nikki – Lung Function and Sleep	Becci – Lung Function and Sleep	Trudi – Clerical	Alice – Lung Function and Sleep
Judit – Clerical	Lucy – GI	Cathie – Lung Function and Sleep	George – Respiratory and Sleep
Sam - Lung Function, Sleep and GI	Sophie – Clerical	Tracey – GI and Lung Function	Dawn – Clerical Respiratory and Sleep

***Appendix 2:* Within your initial feedback, some of you mentioned a potential 'hub and spoke' model. If Lung Function were to implement this model, what would you need at the 'hub' site and what would you need at the 'spoke' site?**

Group 1

HUB
- Lung function kit – P.F.T
- X1 clinic room with bathroom. Direct access to dirty utility
- X4 separate clinic rooms
- X2 clinic rooms for respiratory testing (multi-function)
- Minimum 4 sleep rooms
- X2 consulting rooms
- Admin room
- Managers office
- Reception area
- Waiting area
- Staff changing area with lockers
- Staff kitchen/area
- Patient toilet
- Complete disabled access throughout patient pathway
- Storage room

SPOKE
- X1 clinical room
- Storage room (separate)
- Staff room (potentially shared)
- X1 P.F.T mobile version for ward rounds
- Spare office (shared/hot desk)

Group 2

HUB
Space
Multiple rooms
Staff room
Waiting area
Separate clerical area
Consultant rooms
Longer corridor for testing

Quiet rooms for analysis
Cleaning rooms
Staff changing room
Toilet facilities in some rooms (GI appropriate)
Storage room

SPOKE
Office space
Clinical space
Storage/changing area

GROUP 3

HUB

- X3 lung function rooms
- Office space
- Office for lung function staff
- Managers office
- 15 staff
- GI lab – with a toilet
- Office with a toilet/cleaning utility room attached
- Staff room with fridge and lockers etc.
- Staff changing room
- Waiting area suitable for patients on scooters/BIPAP
- Reception desks with self-check in (patients currently ring bell)
- X6 sleep rooms
- Storage rooms – CPAP parts
- GI would need consideration where Colorectal are as Flexi-sigmoid is only done in Endoscopy

SPOKE

- X1 clinical and X1 clerical
- Working hours for staff to be the same as hub
- Portable flow loop gas transfer – to see inpatients
- Storage for BiPAPS
- Clinical space to see patients
- X1 clinical room
- X1 storage rooms
- X1 office room (if big enough could be combined with above rooms)

GROUP 4

HUB

- Need to consider disabilities in patients
- X2 lung function rooms with ventilation
- Development (negative pressure room) – currently need to wait 30-60 mins between every patient. Negative pressure room would avoid this.
- Sufficient office accommodation
- X2 lung function and X4 general clinical/'call centre' rooms – would allow one stop clinic with respiratory consultant and 1 for lung function store & consult
- X2 patient toilets in lower GI room and in department (X1 upper & X1 lower GI)
- Managers office
- Booking office (X3 WTE – X4 in office at once) – opportunity for remote working
- Staff break room
- Change room
- Waiting area

- Check-in kiosk – with staff presence
- Store for equipment
- Height and weight station (private)
- Clean and dirty utility
- Reg pressure room – currently have to wait 30-60 minutes between patients

SPOKE

- Portable lung function kit – would allow inpatient testing or patients unable to attend that location
- Small store for CPAP & NIV tests
- X2 rooms (with PC) would allow use as both store & clinical room. Would also avoid 30-60 min wait in-between patients
- Need to consider pairing with another service to avoid lone working/patient collapses
- Gas manifold. Shared gas store between 2 rooms – Ask Bev about rationale

Appendix 3: What opportunities could be presented from a 'hub and spoke' model?

Group 1

- Better Service for patients
- More appointments available
- Cover for A/L and sick leave
- More efficient ways of working
- Increase performance evaluation for managers
- Improved patient experience as it would be a one stop shop
- More learning opportunities for staff if they were all together as one team
- Better Visibility as a department
- Standardised processes
- Time saved for rota design and easier to rota staff
- Improved team communication

Group 2

- Better patient experience as a purpose-built hub would mean that there would be fit for purpose clinical rooms where patients wouldn't be able to hear other patients and there would be private areas
- Improved working environment as there would be more space
- More space for patients
- Increased support for staff

Group 3

- Rotas and communication between staff would be easier
- Stock management would be easier
- Staff cover for absences would be improved
- Letter logistics would be easier
- patients who couldn't access the main hub could access the spoke

Group 4

- Development of a Reg pressure room would avoid 30-60 minute waits between patients
- Opportunity for remote working
- portable Lung Function Kit would allow for inpatients to be seen without a full presence on the site
- Enable a shared gas store between 2 rooms to be implemented

Appendix 4: What risks should be considered for a 'hub and spoke' model?

Group 1

RISKS

- Patient access to GRH/CGH
- Staff logistics (i.e.) work/life balance, childcare
- Staff isolation at the spoke site and lone working issues
- Spoke site having too low activity for staff

MITIGATIONS

- Sleep study kit dispersed to Primary Care settings for patients to pick up
- Laptops for homeworking and consideration would need to be made for childcare
- Co-working with another department and to share facilities
- Staff would be able to undertake other tasks such as administrative tasks

Group 2

RISKS

- Patients being excluded as a result of their geographical location
- The spoke site being Inundated with consumables being dropped off
- Isolation of staff on the spoke site

Mitigations

- NIV patients to be seen at the site which is closest to them, either the Hub or Spoke site, range of services to be offered on the Spoke site but in a reduced way, free or reduced transport using hospital buses (99) when patients show a valid appointment letter
- Notify patients that consumables can no longer be dropped off
- Spoke site could link in with nearby departments, so that the spoke site becomes part of a wider department. Have the spoke site running part time and have staff cover on a rota basis

Group 3

RISKS

- Patients prefer GRH to CGH
- Not covering inpatients in a timely manner if the spoke is operating at reduced capacity
- If a patient crashed at the spoke site there would be less staff to deal with it
- Issues around lone working on the spoke site
- If there were a second wave of Covid-19 there wouldn't be enough staff on the Spoke site to help clinical adjacencies, such as Respiratory on that site

MITIGATIONS

- If the spoke were at GRH it would capture patients who couldn't travel to GRH
- Staff could be on a rota for the spoke site and the team could have virtual meetings
- The spoke site should have 2 trained clinical members of staff and one clerical at all times to deal with a patient who crashes
- The service would change as required to assist in a second spike of Covid-19

Group 4

RISKS

- Patient access if the service only sees outpatients on one site
- Sleep patients attend multiple times
- Infection Control will be more difficult if majority of staff are on one site
- Issues around lone working on the spoke site
- Impacts of staff by changing their work location (i.e.) travel, preference of site, childcare, parking, railway access

- Importance of being based on the same site as clinical adjacencies (i.e.) Respiratory

MITIGATIONS

- Good PR would be needed to notify patients of changes, clarity on the reasons for changes, comms around hospital transport would be needed and more investment in Hospital transport for patients
- Postal returns for sleep equipment, drop off at both hub and spoke sites
- Vaccine for COVID-19, a hub site would mean more space
- A buddy system could be introduced to prevent lone working and the spoke site could join with the surrounding departments
- More investment would be needed in Hospital transport and an increase in shift work and working from home to ease impacts on staff
- A spoke site would mitigate a risk of not being close to clinical adjacencies

Appendix 5: Which site would be 'best fit' for Lung Function? CGH as best fit

Group 1

- Most Lung Function staff live in Cheltenham
- Potentially more space
- 90% of work is for Outpatients
- Less busier Site

Risks of Hub at CGH

- Transport links are poorer
- Inpatient access would be more difficult

Group 2

- Benefit of GI to be on the same site as Endoscopy
- Oncology is based at CGH
- There would be more space available at CGH
- Better provision of Domestic Services at CGH, CGH is often cleaner
- More sociable, friendly and welcoming site

Risks of Hub at CGH

- More patients would be affected geographically
- Poor parking facilities
- Poor transport links
- CGH is difficult to navigate
- Increased risk of building defaults due to age of the building
- Staff work life balance

Group 3

- More space at CGH for a larger Lung Function service, space is the most important factor
- Oncology patients are based at CGH and Oncology makes up a lot of Lung Function inpatients
- Colorectal and Endoscopy consultants are based at CGH for GI
- GI secretaries are based in CGH
- Ideally would be a ¾ to ¼ split with ¾ of work at the main hub and ¼ of work at the spoke site

Risks of Hub at CGH

- Patient and staff parking
- Transport links to the hospital are poor

- Inpatient cover for Cardiology and Respiratory would be difficult
- Harder for Covid-19 support

Group 4

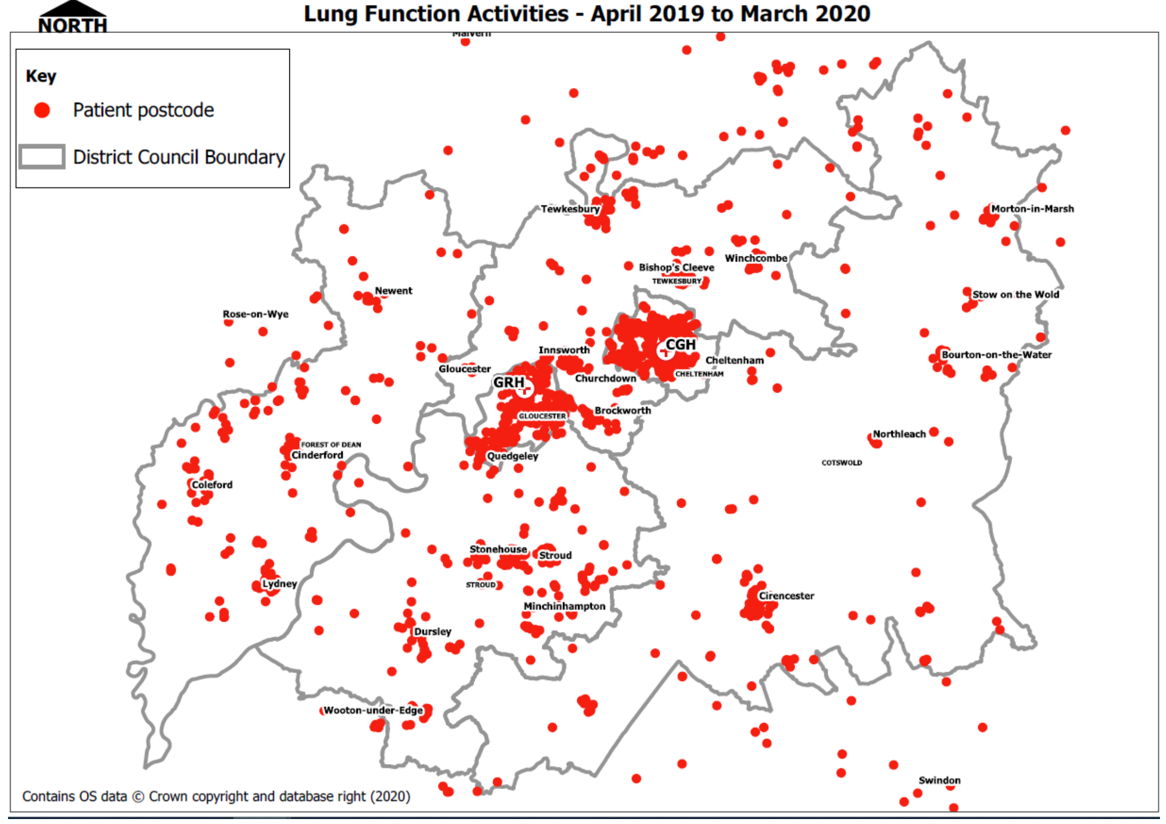
- 97% of activity is for outpatients
- More estate scope
- Clinical adjacencies to Colorectal and Oncology

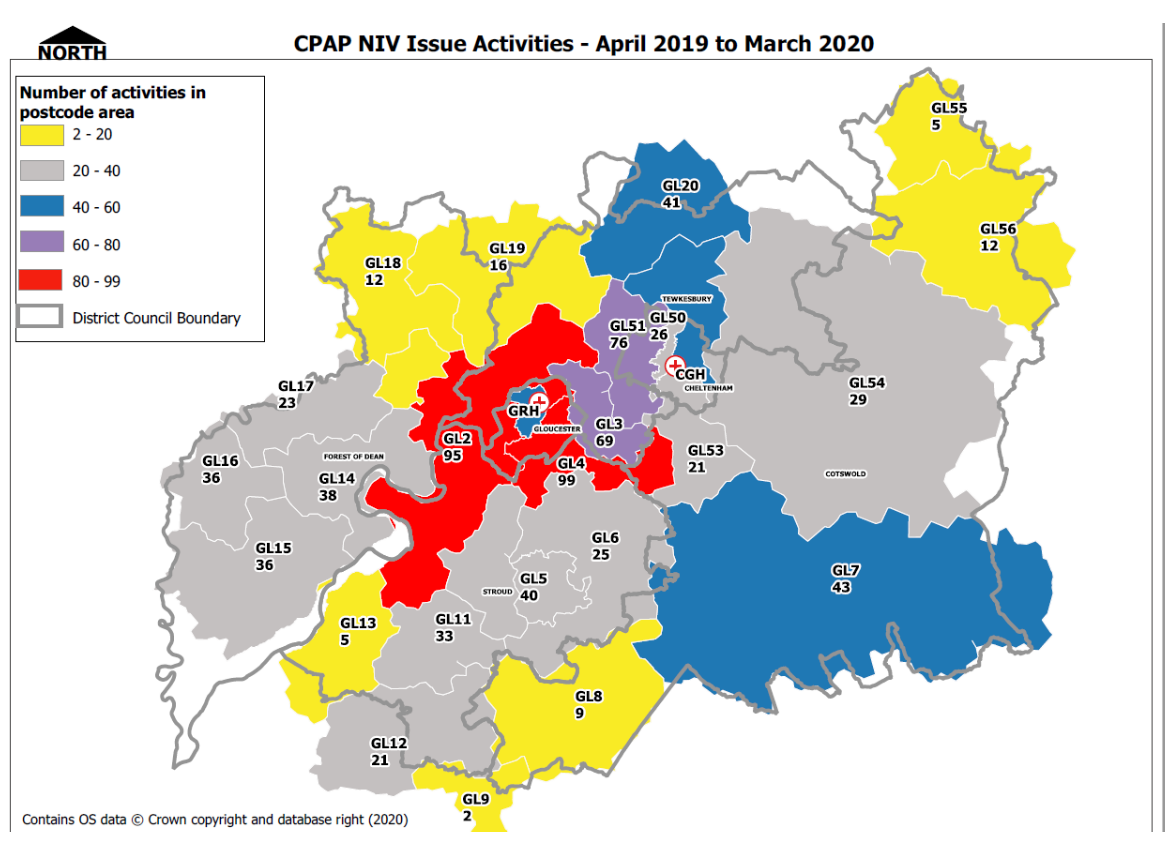
Risks of a hub at CGH

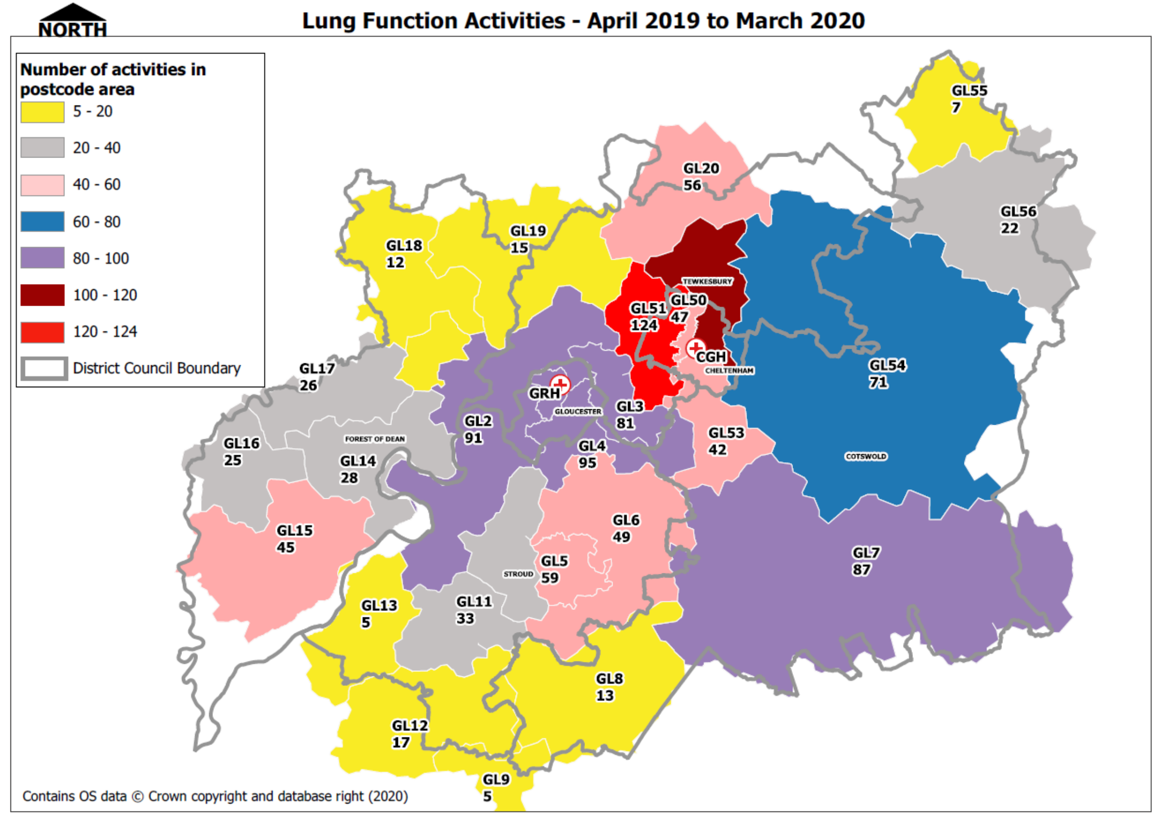
- Poor parking facilities
- Poor transport links
- Poor staff facilities (i.e.) Canteen

Appendix 6: BI patient postcode maps

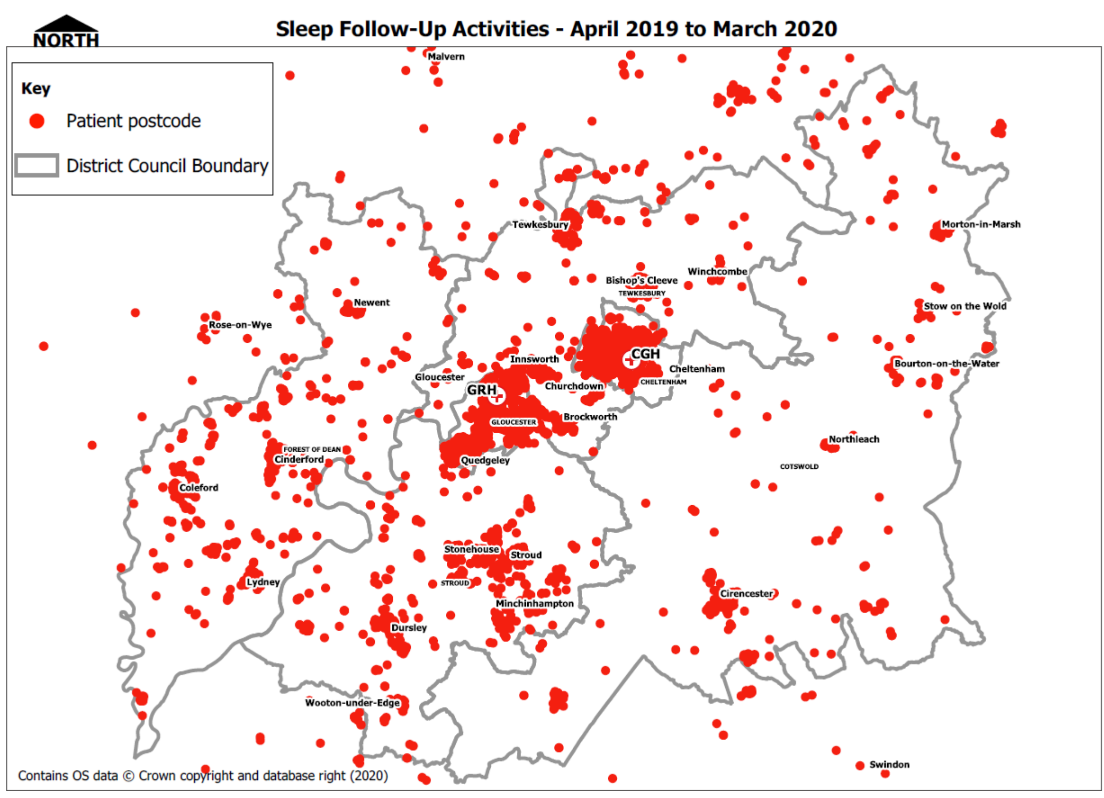
Patient postcode maps: Lung Function

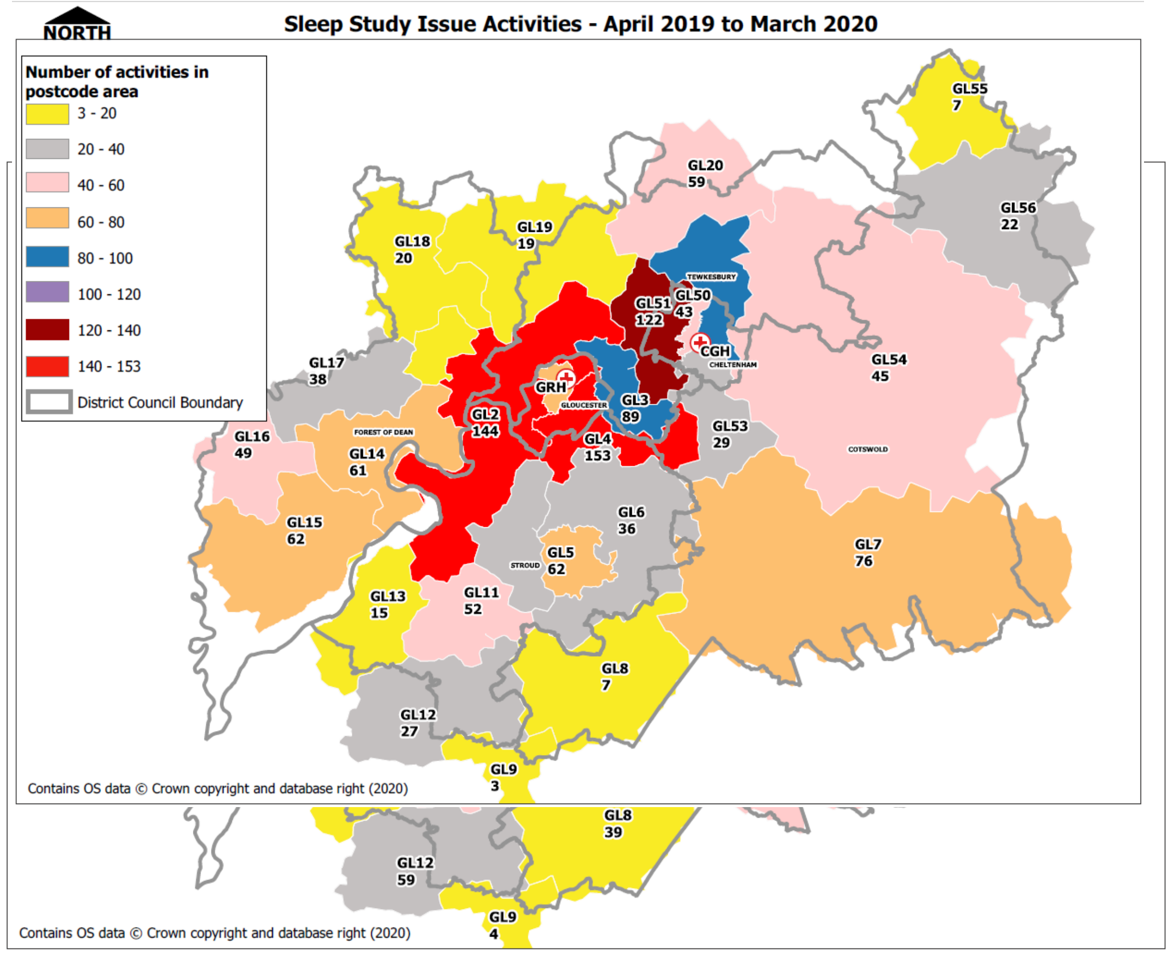






<u>Patient postcode maps: Sleep Service</u>





NORTH
Sleep Study Issue Activities - April 2019 to March 2020
Number of activities in postcode area
3 - 20
20 - 40
40 - 60
60 - 80
80 - 100
100 - 120
120 - 140
140 - 153
District Council Boundary
GL55
7
GL20
59
GL56
22
GL18
20
GL19
19
TEWKESBURY
GL51
122
GL50
43
CGH
CHELTENHAM
GL54
45
GL17
38
GRH
GLOUCESTER
GL3
89
GL2
144
GL4
153
GL53
29
FOREST OF DEAN
GL16
49
GL14
61
COTSWOLD
GL6
36
GL15
62
GL7
76
GL5
62
STROUD
GL13
15
GL11
52
GL8
7
GL12
27
GL9
3
Contains OS data © Crown copyright and database right (2020)
GL8
39
GL12
59
GL9
4
Contains OS data © Crown copyright and database right (2020)

Appendix 7: Which site would be 'best fit' for Lung Function? GRH as best fit

Group 1

- Rest of Respiratory service is on GRH
- Better staff facilities for breaks
- Parking is better
- Cardiovascular is on GRH
- Inpatient activity is easier to facilitate
- Transport links are better

Risks of Hub at GRH

- Inpatient access
- Busier site with a lot less space

Group 2

- Closer to Cardiology and Respiratory
- See inpatients in a timely manner
- Better parking
- Better Transport links
- Structure of GRH is easier to navigate
- Better wellbeing facilities at GRH

Risks of Hub at GRH

- Poor Domestic Services
- GRH would most likely be a smaller department
- Endoscopy is not at GRH
- Staff work life balance
- Atmosphere not as welcoming for staff
- Oncology is not in GRH

Group 3

- Patient and staff parking are better at GRH
- Transport links are better to GRH
- Easier to offer Covid-19 support if hub is at GRH
- Inpatient cover for Respiratory and Cardiology would be easier at GRH, however this is only a small proportion of inpatients
- Majority of clerical staff that are linked in to for Lung Function and Sleep are based at GRH
- Asthma and Cystic Fibrosis clinics are done at GRH
- Most of sleep patients are based in the west of the county and will come into the service 3 times for their appointments
- Respiratory consultant clinics are in GRH, these are done once per week and one extra clinic per month

Risks of a Hub in GRH

- Oncology is based at CGH
- Less space for the department at GRH

Group 4

- Easier for staff to get to work
- Respiratory and Cardiology are aligned with GRH, Lung Function is part of the patient pathway for these services

Risks of a hub at GRH

n/a