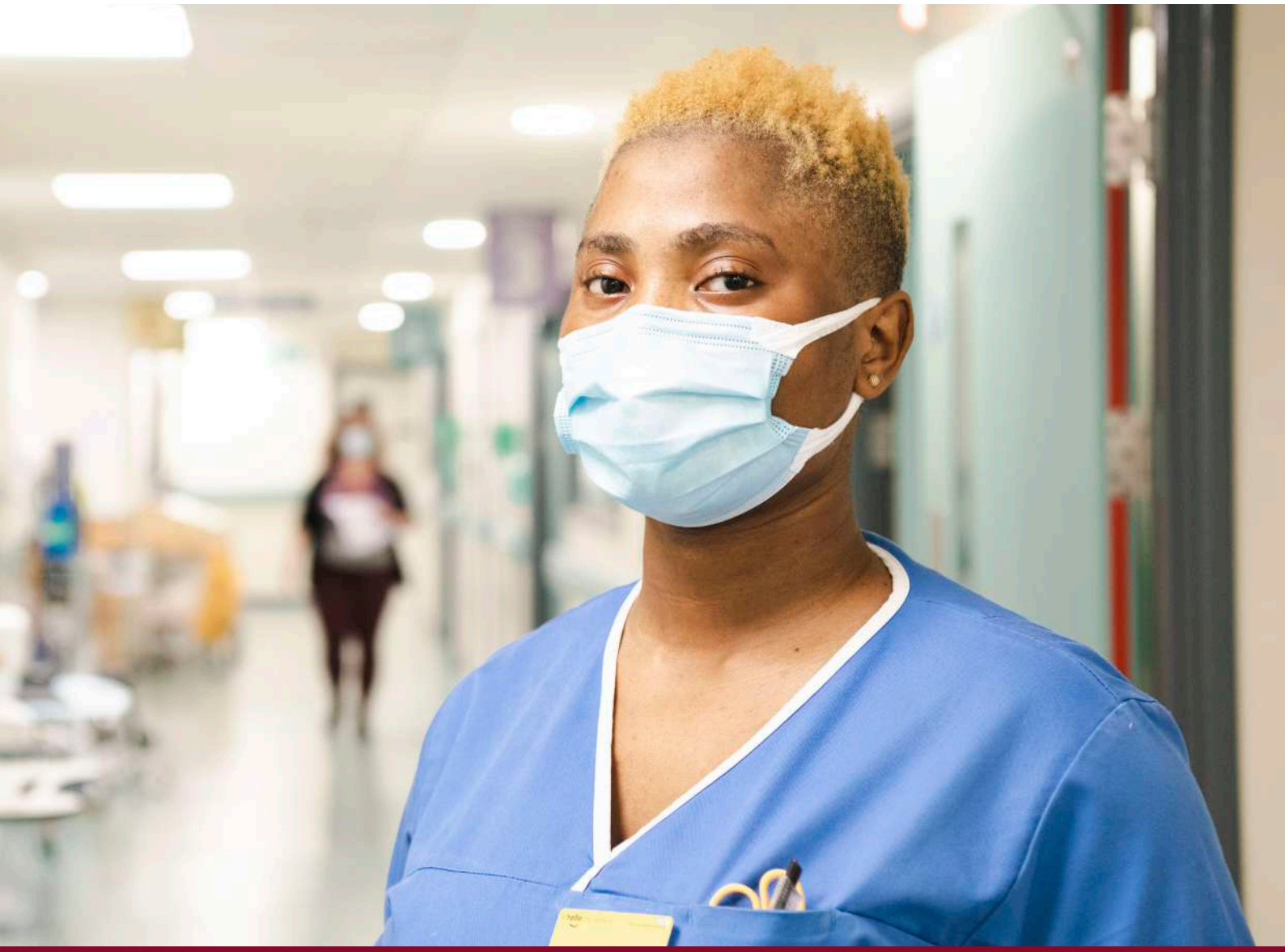
One Gloucestershire
Transforming Care, Transforming Communities

NHS



Fit for the Future 2

Developing specialist health services in Gloucestershire

For Public Engagement

One Gloucestershire: who we are

The One Gloucestershire Integrated Care System (ICS) is a partnership between the county's NHS and care organisations and a range of other public, community and voluntary sector partners.

The **NHS** partners of One Gloucestershire are:

- NHS Gloucestershire Clinical Commissioning Group - to be replaced by NHS Gloucestershire Integrated Care Board (public name: NHS Gloucestershire) in July 2022
- Primary care (GP providers)
- Gloucestershire Health and Care NHS Foundation Trust
- Gloucestershire Hospitals NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust.

Together we plan, buy (commission) and provide NHS services available in GP surgeries, in people's homes, in the community and in hospitals. We work closely with One Gloucestershire partner, Gloucestershire County Council to ensure health and social care is joined up.

How to use this booklet

Please read this booklet and then share your views by using the on-line survey at getinvolved.glos.nhs.uk or the FREEPOST print version at the back.

You can read other supporting information and find out about other ways to tell us what matters to you at Get Involved in Gloucestershire (GIG) - getinvolved.glos.nhs.uk. Further details can be found on page 8.

What happens next?

We will be open to receiving survey feedback between **17 May and 31 July 2022**, and continuing conversations during the summer.

All feedback will be read and put into an 'Output of Engagement' Report which will be published on getinvolved.glos.nhs.uk.

There will then be an engagement review period, where NHS organisations will carefully consider all the feedback at meetings in public later in the year and this will inform next steps. These meetings will be live streamed on the internet.

Decisions will then be made about the further development of any proposals. We will provide updates at getinvolved.glos.nhs.uk.

The survey closes at 12 noon on 31 July 2022

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This engagement booklet has been produced in line with NHS design, accessibility standards and principles. It is available online at: getinvolved.glos.nhs.uk and in other formats (see back cover).

What is Fit for the Future about and what are its aims?

Fit for the Future is part of the One Gloucestershire vision focusing on the medium to long term future of some of our health services.

It's about working together to agree how best to organise these services and helping our dedicated health professionals, working with people and community partners across Gloucestershire, to provide the best possible care.

The NHS is going through the most challenging period of its 74-year history to date.

Gloucestershire's health and care system, like other parts of the country, is in the process of recovering from the pressures that the COVID-19 pandemic placed on our services, staff and local communities.

We know we still have a long way to go but believe that the ideas we want to explore in this Fit for the Future 2 (FFTF2) conversation with you have real potential to keep us moving in the right direction.

This booklet briefly looks back to the start of Fit for the Future, highlighting what we have already achieved through working with local people and communities and our staff and then describes ideas for other services that we'd like to start a conversation with you about next (FFTF2).

Fit for the Future - 1

The first phase of our engagement was through Fit for the Future 1 (FFTF1) that looked at a number of specialist **hospital** services and the development of 'Centres of Excellence.

These proposals were about bringing together some services at the two large hospital sites in the county - Cheltenham General (CGH) and Gloucestershire Royal (GRH) - to improve the way they work together and to improve care.

The services included Acute Medicine, General Surgery, Image Guided Interventional Surgery, Gastroenterology inpatient services and Trauma and Orthopaedic inpatient services.

The benefits of bringing together some services were to:

- Improve health outcomes for patients
- Reduce waiting times and ensure fewer cancelled operations
- Make sure patients are always assessed by the right hospital specialist with timely decisions about their treatment and care
- Ensure there are always safe staffing levels, including senior doctors available 24/7 and teams have the best equipment and facilities
- Support joint working between services to reduce the number of hospital visits people have to make
- Create flagship centres for research, training and learning - attracting and keeping the best staff in Gloucestershire
- Deliver more specialist services in Gloucestershire to enable people to receive care locally rather than travelling to Bristol, Birmingham or Oxford.

Proposals to change the way these services could be delivered were developed with the involvement of local people and staff.

FFTF1 culminated in a public and staff consultation in autumn 2020. Your feedback told us what was important to you and what we should consider, and this informed the decisions we made in March 2021.

You can read more about these feedback themes and some of benefits now being felt following implementation of the service changes so far at getinvolved.glos.nhs.uk

What do we want to talk with you about (FFTF2)?

Over the coming weeks we want to involve you in exploring ideas for how several other services could develop in the future as part of FFTF2.

This time the conversation about some of these services is broader, covering both:

- the continued development of the 'Centres of Excellence' approach at CGH and GRH, including inpatient care (where you need to stay in hospital for a while, including overnight)
- Support for people in their own home, in their GP surgery or in the community.

The areas we want to focus on now are:

Service area	Day-case/Inpatient hospital services and/or community services
Benign (non-cancerous) Gynaecology	Day-case
Diabetes and Endocrinology	Inpatients and Community
Frailty/Care of The Elderly	Inpatients and Community
Non-interventional Cardiology	Inpatients
Respiratory	Inpatients
Stroke	Inpatients

Each of these individual services will be covered in more detail in the pages that follow.

When we are looking at how, when and where we support someone, there are a few things we need to think about:

- **How we can provide the very best care for people at each stage of their illness or injury.** This includes:
  - very specialist care for people when they are very unwell
  - helping people to leave hospital at the right time - reducing delays and benefitting their recovery
  - rehabilitation support for people to help them recover and regain their independence after an operation or other treatment and, in many cases, follow up care and support over the longer term.
- **Opportunities to join up care** - improving communication and making care simpler and smoother across services and communities. This could be between:
  - related services in a hospital
  - GP surgeries and community or hospital services
  - health and social care services and;
  - the NHS, social care and other key community partners such as local councils, voluntary and community groups and others.
- **How we reduce health inequalities** - ensuring that we improve health outcomes for everyone, regardless of where they live in the county and their social, environmental or economic circumstances.

What Fit for the Future 2 (FFTF2) is not about

It is not about:

- Saving money. The priority is quality of care and health outcomes
- FFTF1 - the public consultation in 2020, past decisions and the service changes that are now being implemented
- The Accident and Emergency Department in Cheltenham, which remains a 24-hour A&E (nurse led service overnight 8pm to 8am).

Why are we talking about these services now?

We believe that the services we talk about in this booklet are already providing really good care and support to local people and communities.

We now want to discuss some new ideas for the future to improve care - whether that's extending further the 'Centres of Excellence' approach in hospital services or improving other aspects of someone's health and wellbeing support in the community as described above.

We believe it's important to discuss ideas now for a number of reasons:

- There are potential benefits for people (improving their experience, treatment or care and health outcomes), families, carers and staff that could be felt sooner rather than later
- We learned a lot from listening to local people as part of FFTF1 - read the feedback themes at: getinvolved.glos.nhs.uk
- Some of the ideas described are already working well today as result of temporary changes we made as part of our response to the COVID-19 pandemic
- It takes time, even where a temporary change is in place - from discussing ideas for services with you, developing options (potential solutions), talking with you about potential changes, agreeing any changes to services to making the actual changes. This can include staffing arrangements and changes or developments relating to things like equipment, facilities and estates (building or site changes)
- We are working more closely than ever before as One Gloucestershire health and care partners (an Integrated Care System) so our teams have a shared interest and desire to improve care and services as a whole.

Who are we involving in these discussions?

We want to hear from anyone interested in the future of these services, but specifically:

- People who have experience of using these services recently and potential future service users
- The public, in particular people who live with related health conditions or other groups of people who might be more affected by changes to health and care services than others
- People and representative groups who have not previously engaged with us, either as part of FFTF1 or through Get Involved in Gloucestershire
- Unpaid carers
- Health and care staff
- NHS Foundation Trust members
- Get Involved in Gloucestershire (GIG) members
- Elected representatives and community and voluntary sector partners
- Healthwatch Gloucestershire and other groups representing service users
- Special interest groups.

We are also inviting discussion and feedback from people in neighbouring areas who use services in Gloucestershire.

How are we listening to your ideas and views?

Because of the important safety requirements of COVID-19, we will be using a mixture of involvement methods, including on-line discussion forums and surveys.

We will also be visiting local high streets to talk face to face and attending meetings and events with local groups.

You will find all you need to know by visiting our online participation community called 'Get Involved in Gloucestershire - GIG' (getinvolved.glos.nhs.uk).

Join us there, register and we'll keep you up to date. We'll also post regular messages on social media.

Ways to find out about FFTF2 and tell us what you think:

- Read this booklet or easy read guide online at GIG (getinvolved.glos.nhs.uk) and complete the survey
- Read the print version of this booklet and complete the survey - available in a range of healthcare premises and on request
- Take part in Facebook Live online discussion sessions - see GIG for details
- Visit our Information Bus on Tour across the county - see GIG for details
- Email us or call (Freephone) to share your views - see details in the survey section of this booklet.

We will also be holding face to face or virtual discussions with the voluntary and community sector and groups of people who might be more affected by any changes than others.

Sharing your views – what matters to you

We'd like you to consider the information in this booklet (and on Get Involved in Gloucestershire).

Your views on the ideas for services

Please read each of the sections that follow and let us know your thoughts on the ideas for services. It's important to consider the potential impact on you, your family or someone else you care for if permanent changes were made.

You might have alternative ideas that you would like us to consider.

Assessing the ideas for services

It's important we have a way of assessing these ideas - both the ideas in this booklet and any additional or alternative ideas you may have.

During FFTF1, people helped us to agree the following criteria (checklist). We have updated it slightly to reflect FFTF2. Do you have any suggestions for additional things we should take into account?

Criteria	What is covers
Quality of care	› Outcomes for patients › Patient and carer experience › How joined up the care would be › The quality of the care environment › Transfer of patients between sites › Travel times and risk
Access to care	› Patient choice › 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 › Accounting for changes in population size and demographics
Deliverability	› Access to the required staffing: numbers and skills, support services, premises and technology to support successful implementation
Workforce	› Making best use of clinical staff (e.g. doctors, nurses and other staff) › Joined up working across health services › Flexible use of staff and innovative staffing › Staff health and wellbeing › Recruiting and keeping staff › Staff development › Impact on travel for staff and on clinical supervision
Acceptability	› Taking into account and responding to the Fit for the Future 2 Outcome of Engagement Report

There is space in the short survey for you to comment on the criteria.

Fit for the Future: focus on ideas for change

The sections below provide more detail on the individual specialist services that form part of this consultation.

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Diabetes and Endocrinology
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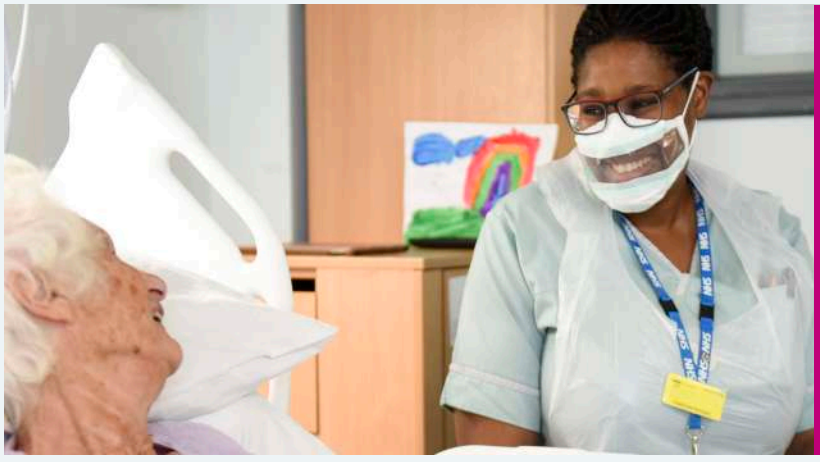

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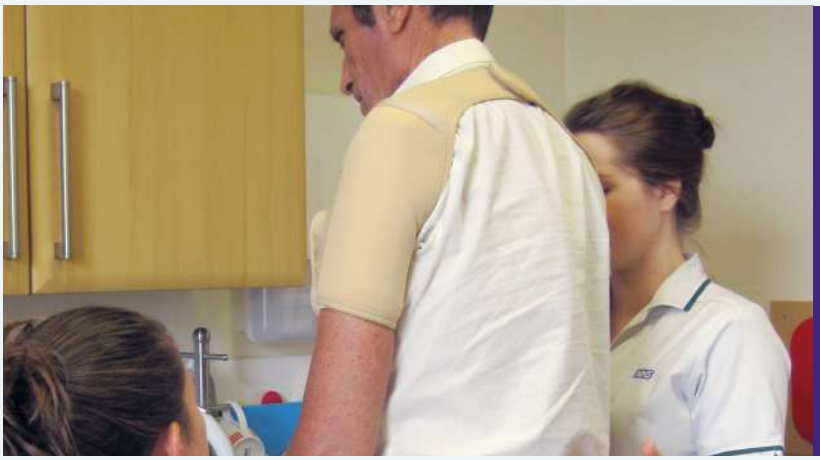

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Benign Gynaecology

What are the services?

Gynaecology is the medical specialty (area) dealing with the health of the female reproductive system and benign means non-cancerous.

Day cases refer to procedures that do not require an overnight stay in hospital. The teams providing Benign Gynaecology Day case services carry out surgical procedures.

Until the beginning of 2020, the majority of Gynaecology Day case operations were carried out at Gloucestershire Royal Hospital (GRH).

However, during the COVID-19 pandemic, the proportion of Gynaecology Day case surgeries carried out at Cheltenham General Hospital (CGH) significantly increased to facilitate our response to the pandemic.

What are our ideas?

Our idea is to continue to deliver the majority of Benign Gynaecology Day case surgery at Cheltenham General Hospital.

Our ideas for consideration only relate to the hospital site for Day case operations and do not include Gynaecology planned inpatient activity.

There would continue to be a choice of outpatient appointments at both acute hospital sites (Cheltenham and Gloucester), in the community and virtually when appropriate.

This also means that if follow up clinics or therapy is required after an operation this can be carried out at a site closest to the person's home.

The Hospitals Trust is currently overseeing new construction projects at CGH, including a state-of-the-art Day Surgery Unit, which is planned to open in December 2022.

Benign Gynaecology Day case surgery would greatly benefit from access to this Unit, which offers individual rooms. They provide privacy and dignity due to their design and are also dedicated to planned day case surgery.

When the Benign Gynaecology Day case surgery was based at GRH there could be bed availability issues at times due to high numbers of emergency patients.

As Benign Gynaecology Day case surgery is not classed as urgent or related to cancer, this resulted in high levels of cancellations.

Although the vast majority of this work may not be classed as clinically urgent; for many of the patients, the symptoms experienced are unpleasant and affect the quality of their lives.

If our ideas for the service were taken forward, 75% of patients would undergo day case surgery at CGH instead of GRH.

What are the potential impacts?

Potential benefits

- Fewer operations cancellations because the new Day case unit at CGH would be dedicated to planned surgery and would not be used for emergency inpatients
- Access to the new Surgical Admissions and Day case unit at CGH once complete in December 2022. The innovative unit will have individual rooms to prepare for surgery providing high levels of privacy and dignity for patients
- Individual rooms are beneficial to those with disabilities and special needs as well as carers who are so essential to the care of those with dementia and learning disabilities
- It would allow a higher number of operations to take place and would enable individuals with Gynaecological conditions that may have gone undiagnosed to undergo surgery sooner, allowing for quicker post pandemic recovery for the service
- This change would fit with the strategic vision for Centres of Excellence with a greater focus on planned care (non-emergency services) at CGH
- Referral into the service would stay the same and the outpatient clinic appointments would continue at the same locations as now.

Potential drawbacks

- Continuing to provide the majority of Benign Gynaecology Day case surgery at CGH would impact on some patient and carer travel times for people in the west of the county. Those affected would only need to make this extended journey on one occasion - on the day of surgery
- This potential inconvenience for some patients should be considered alongside the potential reduction in rates of cancellation which could represent a greater stress and inconvenience to patients.

Diabetes and Endocrinology

What are the services?

Diabetes is a serious condition where a person's blood glucose (sugar) levels are too high as a result of their body being unable to produce enough insulin or being unable to produce any insulin at all (insulin is the hormone that controls blood sugar levels).

People with Type 1 diabetes don't produce insulin at all. You can think of it as not having a key to turn the lock that will reduce blood sugar levels.

People with Type 2 diabetes don't respond to insulin as well as they should and at later stages in the disease often don't make enough insulin. You can think of it as having a broken key for the lock that reduces blood sugar levels.

Endocrine conditions are where a person's endocrine system (that produces the body's hormones) does not work correctly, causing hormonal imbalances in the body.

The Diabetes and Endocrinology Service provides services for the population of Gloucestershire at both Gloucestershire Royal Hospital (GRH) and Cheltenham General Hospital (CGH). The service also provides some clinics for Diabetes and Endocrinology patients at community hospitals across the county.

The service provides both outpatient and inpatient services.

Although these services are mainly outpatient based (assessment and treatment that does not need an overnight stay), some patients do stay overnight in specialty beds for monitoring after a particularly bad diabetic or endocrine episode.

Most of the inpatients cared for by the Diabetes and Endocrinology Service are General Medicine patients. Whilst up to 20% of the Trust's inpatients are estimated to have diabetes, this is not usually the main reason for their hospital stay. These patients may not necessarily need to be on a diabetes ward, but they may need clinical support from the Diabetes and Endocrinology Service.

Before the COVID-19 pandemic, there were 26 beds across both GRH (14 beds) and CGH (12 beds). However, these beds were also used for General Medicine patients. It is estimated that the service requires 14 - 18 dedicated Diabetes and Endocrinology beds.

The total number of hospital admissions for the service (pre-COVID) between February 2019 and January 2020 was 786 patients, with 45% of patients admitted to CGH and 55% of patients admitted to GRH.

At GRH, the service currently has 14 dedicated inpatient Diabetes and Endocrinology beds on Ward 9B. At CGH, the service is currently providing support to other hospital inpatients who happen to have diabetes.

There is a small specialist team for diabetes and endocrinology services spread across multiple sites which means there can be difficulty in providing:

- Daily specialist visits to inpatients on diabetic and endocrinology wards across both sites
- Specialist visits to diabetic and endocrine patients on Renal and Vascular wards. These wards have a lot of patients with diabetes and endocrine conditions

- A quick response to referrals from other departments within 24 hours which postpones patients transition into diabetes and endocrinology services; causing patients to stay in hospital for longer than they need to, and;
- Timely support to Emergency Departments.

COVID-19 has created additional pressure on Diabetes and Endocrinology services. It has aggravated pre-existing diabetes in some people and has also triggered diabetes for some patients as a result of the virus or its treatment.

When compared to other hospitals, the *Getting It Right First Time* (GIRFT) report (a national programme designed to improve the treatment and care of patients through in-depth review of services) has identified the requirement to staff two sites as an issue and under the current arrangements they could have difficulty providing Infection Prevention diabetic nurses, 7 days a week in the future (which is an NHS Long Term Plan and Joint British Diabetes Societies recommendation).

The main aim is to ensure that patients from across our county experience diabetic and endocrinology services that are comparable to those areas at the leading edge of care, treatment and outcomes.

What are our ideas?

The ideas under consideration only relate to changing inpatient services.

There would continue to be a choice of outpatient appointments at both acute hospital sites, in the community and virtually when appropriate.

The idea for the Diabetes and Endocrinology Service is to maintain the centralised inpatient beds at GRH on Ward 9B of the Tower Block and to continue supporting General Medicine patients who are also admitted onto the Ward.

All patients who have an acute diabetic or endocrine episode would continue to be admitted to GRH.

The service would continue to provide support to other hospital patients, who also happen to have diabetes, but are under the care of other specialties (service areas), on both hospital sites.

Centralising inpatient beds at GRH would enable the service to provide a more resilient staffing model, which would benefit patients and staff.

Diabetic and Endocrinology Services have links with the Vascular Services, Complex Foot Clinics and Obstetrics - Gestational Diabetes. We do not expect that the ideas for change would affect the coordination of care between these services.

In addition to the ideas for Diabetic and Endocrinology Services at the Hospitals Trust, we are continuing to develop other services for diabetic patients in Gloucestershire.

For example, the Diabetes Integration Model Project aims to provide a community clinic to help manage patients with Type 2 diabetes who may not need to come into the hospital for an appointment.

There are also plans, in line with national NHS policy, to create a virtual ward project for diabetic and endocrine patients which should help to reduce patients returning to hospital who have recently been discharged.

What are the potential impacts?

Potential benefits

- Minimising the disruption to services caused by staff absence and sickness
- Ensuring safe and consistent staffing levels, including senior doctors - 24 hours a day - leading to safer care and shorter hospital stays

- More specialists in one place resulting in timely assessment and decision making from senior professionals when patients arrive at hospital - leading to prompt diagnosis, treatment and timely recovery
- Diabetes and Endocrine consultants would be better able to coordinate inpatient work on the improved specialist ward
- Consultants would be better able to prioritise inpatient referrals from other wards and support a timely response to inpatients from other specialties (service areas) within 24 hours. This in turn would help patients to leave hospital sooner after care
- Fewer cancelled outpatient appointments - leading to a more reliable and positive experience for patients, carers and families
- Supporting joint working between care professionals; including links to related wards, facilities and equipment to avoid the need for multiple visits and hospital stays
- Creating better training and learning opportunities for nurses - the majority of consultants would be on one site to help develop their skills and knowledge in this area. Improving the service's ability to develop their own Diabetes and Endocrine nurses in-house could limit future shortages of specialist nurses. Studies suggest that Type 1 and Type 2 diabetes inpatients who are cared for by specialist diabetes nurses are likely to have a reduced length of stay in hospital, compared to patients who are cared for by general health care professionals.

Potential drawbacks

- The ideas would increase travel times for some patients and relatives/carers in the east of the county who previously would have travelled to CGH for inpatient care and now need to attend GRH.

Frailty/Care of The Elderly

What are the services?

Frailty is where the ability to cope with physical trauma or illness and psychological stress is reduced, impacting on the ability to bounce back after illness.

Frailty is more common as we age, however it may also be present in younger people such as those living with a long-term condition. It can worsen by being lonely, alone or bereaved.

We want to support people to maintain their physical and mental wellbeing and remain independent in older age. One of the best things we can do to lower our risk of developing frailty, or limit frailty, is eating healthily, staying active, and keeping connected in our communities.

There are a wide range of services in Gloucestershire to support those with frailty or at risk of becoming frail, for example:

- GP Practices have specialist frailty nurses, wellbeing practitioners and/or care coordinators who provide support to understand people's individual priorities and develop plans to meet health, social and wellbeing needs
- *We Can Move*, coordinated by Active Gloucestershire, has lots of advice and support for older adults. This includes 'fall-proof', a series of strength and balance exercises that can be done from home
- The Falls Assessment and Education Service aims to reduce the number of people falling or at risk of falling in Gloucestershire, through effective falls prevention information, education, assessment and support
- Integrated Community Teams made up of community nurses, occupational therapists, physiotherapists, social workers and reablement workers, provided by Gloucestershire Health and Care NHS Foundation Trust
- If there is a need to see a specialist doctor or go into hospital, the team of doctors, nurses, physiotherapists, occupational therapists, speech and language therapists, dietitians, social workers, pharmacists and psychologists at Gloucestershire Hospitals NHS Foundation Trust are specialists in caring for older people who may be frail
- The Frailty Assessment Unit (FAU) at Gloucestershire Royal Hospital (GRH) works with community services to provide specialist assessment and support for older people who attend the Emergency Department with signs of frailty. A multi-disciplinary team (professionals with a range of specialist skills) carries out comprehensive geriatric assessments (CGA). The expectation is that patients stay for up to 23 hours in the unit before being admitted to a Care of the Elderly (COTE) ward, transferred to another service provider or discharged home
- Homeward Assessment Team (HAT) - a multi-disciplinary team who assess and support people to leave hospital after treatment (for example at the Emergency Departments) avoiding or reducing the length of hospital stays as appropriate. This service is jointly provided by Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Health and Care NHS Foundation Trust

- The Out of Hospital service, provided by Age UK Gloucestershire, provides support for up to four weeks after a stay in hospital, helping to identify what is important to get people back on their feet.

We recognise that we need to improve how these and other services, including social care, work more closely together.

On average 38 people, who can be described as frail, attend the Hospital Trust's Emergency Departments (A&E) a day, of which 45% are admitted to a bed for a period of 9-11 days on average.

We have three COTE wards at GRH with a total of 93 beds and one ward at CGH with 32 beds.

What are our ideas?

Although hospital is the right place for people to receive specialist medical care after serious illness or injury, we know that an extended stay in hospital can have a detrimental impact on people who are frail.

A prolonged period in a hospital bed, can result in loss of muscle strength (deconditioning that increases the risk of delirium, falls and pressure ulcers), and also the challenges with the physical surroundings, the impact on social relationships and strain associated with being in an unfamiliar place.

It's our view that with the right support, on-going care at home is preferable and can improve outcomes; when hospital stays are required, they should last no longer than is necessary.

There are also a high number of people being admitted to hospital who, in accordance with national guidance, do not require a stay in a large acute hospital, but could be supported in the community. We have identified the following goals for our services to better support our population:

- **Preventing:** Raising awareness of frailty and reducing the number of people who become frail
- **Diagnosing:** Systematic screening for frailty, targeting and tailoring care and support to those at risk
- **Supporting:** Multidisciplinary working providing effective, coordinated personalised care and rapid response in the community
- **Living:** Access to information and support, to live independently
- **Dying:** People will be prepared for future changes; their choices and preferences recorded and they will die in a place of choice.

Frailty virtual wards

We are working to develop Frailty virtual wards, otherwise known as Hospital at Home, to provide a safe alternative to hospital for patients living with frailty through community-based health and care support.

Virtual wards allow patients to get the care they need at the place they call home, including care homes, safely and conveniently, rather than being in hospital.

In a virtual ward, support can include remote monitoring using apps, technology platforms, wearables and medical devices. Support may also involve face-to-face care from multi-disciplinary teams based in the community.

You can read more about Frailty virtual wards here: www.england.nhs.uk/publication/guidance-note-frailty-virtual-ward-hospital-at-home-for-those-living-with-frailty

Services at the Hospitals Trust

We have also identified issues in our current acute hospital frailty services and opportunities for how the services could be improved; these include:

- Patients waiting a long time in the Emergency Department (A&E) to be seen
- People staying in hospital longer than they need. This is usually associated with patients being admitted to other wards, due to lack of beds on COTE wards. The average length of stay is between 9-11 days. Examples of best practice elsewhere shows average lengths of stay ranging from 3-5 days.

Over the next year it is proposed to further develop the Frailty/Care of the Elderly (COTE) service at GRH.

This development will mean that the Frailty Assessment Unit (FAU) and two of the COTE wards will be located together in the Gallery Wing (which will be upgraded as part of our investment in services at GRH).

The key change will be the introduction of a 'direct admission pathway' (between 8 am and 8pm). This means that GPs and other professionals can refer patients direct to the FAU. This is a best practice approach defined by the Getting It Right First Time national programme and the British Geriatric Society.

One of the wards will be used for short hospital stays, between 24 and 72 hours. The other ward will be used for admissions of longer than 72 hours. The FAU will be extended to provide additional facilities for assessment as well as 3 clinic rooms, a waiting area and reception to provide outpatient services.

We are also considering what additional frailty hospital services might be developed on the Cheltenham General Hospital (CGH) site.

What are the potential impacts?

Potential benefits

- Support people to stay well and independent at home for as long as possible
- Prevent unnecessary admissions to hospitals and residential care and speed up the treatment of people's urgent care needs
- Reduced A&E attendances and A&E and ambulance waiting times
- Patients assessed more quickly by the appropriate specialist and team
- Shorter lengths of stay in hospital - the aim is to achieve an average length of stay of 4 days
- Ensure people can return home safely and in a timely way after being in hospital. Where they need ongoing care and support in the community, the assessment should be done at the place they call home, including care homes.

Potential drawbacks

- The main negative impact is if we fail to improve the outcomes and experience for frail patients and their families and carers. There have been historical barriers to health and social care services integrating and providing joined up care and support. Our ambition as an integrated care system is to overcome these and ensure our services meet the needs of local people.


Cheltenham General Hospital
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Non-interventional Cardiology

What are the services?

Cardiology is the treatment of disorders of the heart and blood vessels.

It is a 'multidisciplinary specialty' which means that in addition to medical and nursing staff, many different professionals such as cardiac physiologists, pharmacists, radiologists and others are part of the service.

The cardiology services operate at both Gloucestershire Royal (GRH) and Cheltenham General Hospitals (CGH) with 21 inpatient beds at CGH and 25 at GRH.

The service runs outpatient clinics at CGH, GRH and several other community hospitals in the county.

Diagnosis and treatment includes the use of cardiac catheter labs where doctors perform tests and procedures to diagnose and treat cardiovascular disease using advanced imaging systems to visualise the arteries and chambers of the heart for treatment.

For some patients, the service also undertakes interventional cardiology using real time images of the inside of the body captured by X-ray, MRI, ultrasound scans and CT scans to diagnose or to perform surgery and avoid the need for more invasive, open surgery. Procedures are undertaken as day cases or inpatients (overnight hospital stays).

Before describing our ideas for FFTF2, it's helpful to summarise recent developments in cardiology services that were agreed as part of FFTF1.

These included the centralisation of interventional cardiology, the relocation of the two cardiac catheter labs to GRH and the creation of an Image Guided Interventional Surgery (IGIS) hub at GRH and a spoke service for planned care at CGH; due to be completed in 2023. As part of these changes 13 inpatient beds will move from CGH to GRH.

The centralisation of interventional cardiology and the relocation of the cardiac catheter labs to GRH does present an opportunity to explore how we could potentially reorganise the remaining cardiology eight inpatient beds at CGH.

Therefore, the patients that could be affected by these FFTF2 ideas are those not requiring cardiac intervention who would previously have been admitted or transferred to the eight cardiology beds at CGH.

What are our ideas?

The ideas we are considering only relate to potential changes to overnight inpatient services. There would continue to be a choice of outpatient appointments at both GRH and CGH, in the community and virtually when appropriate.

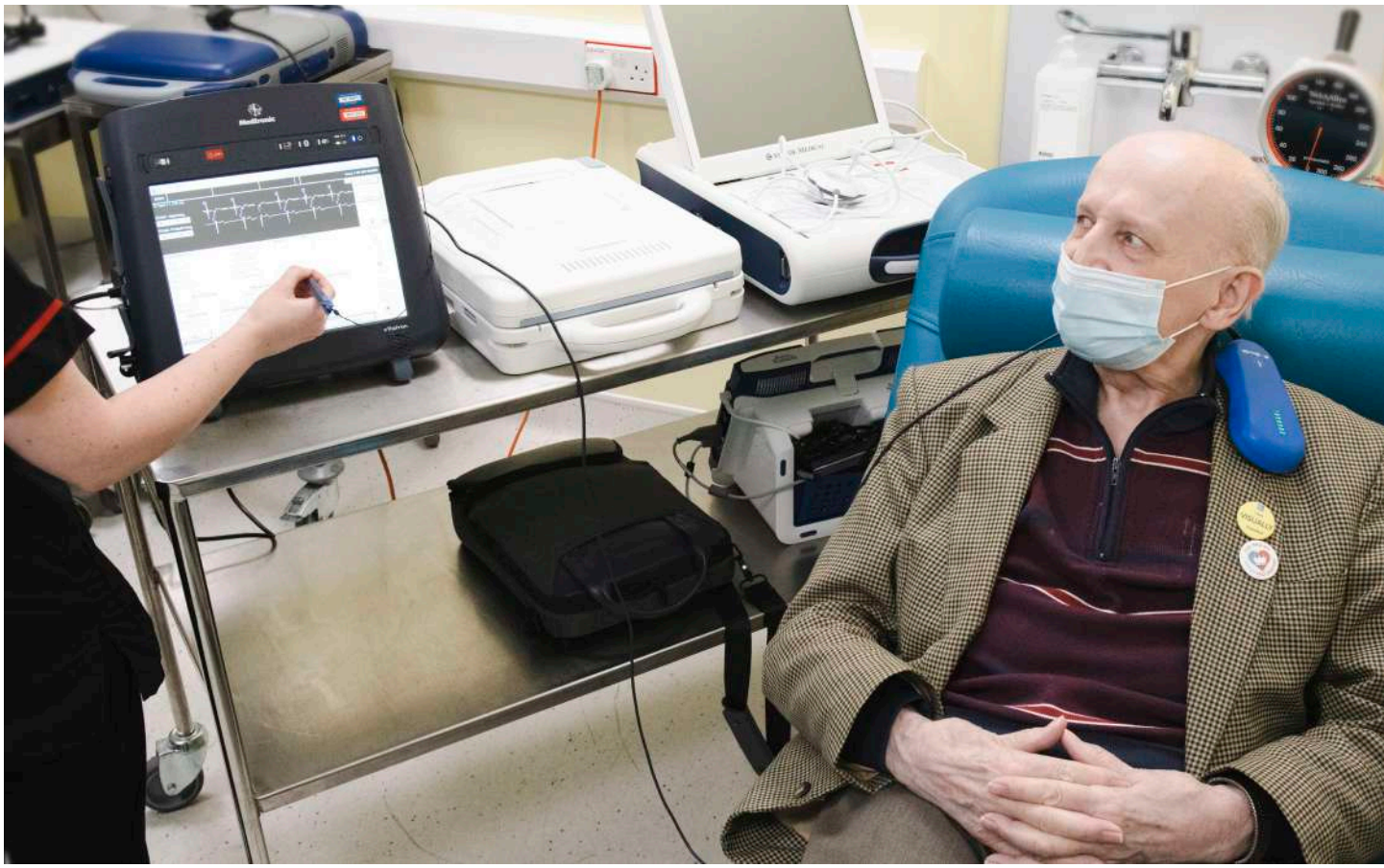
Our idea is to centralise all cardiology inpatient beds at GRH and therefore relocate the remaining eight inpatient beds from CGH to GRH.

Whilst there would be no cardiology inpatient beds on the CGH site, a consultant referral service would be provided to inpatients located at CGH in other specialty beds (other service areas) that require a review or input from a cardiology consultant. For example, heart-failure patients on Care of the Elderly wards.

Consultant job planning would allow for such 'visiting ward rounds' to happen alongside the outpatient clinics located at CGH.

Looking ahead to the implementation of the FFTF1 IGIS model and the centralisation of interventional cardiology at GRH, the cardiology service believes it can provide a more efficient, more responsive and safer service by consolidating inpatient beds at GRH and providing a fully centralised cardiology inpatient service.

We believe this would lead to reduced length of hospital stay for cardiology patients, reduce the need for transfers between GRH and CGH and improve access to the correct specialist at the right time.



What are the potential impacts?

Potential benefits

- Reduce the need and likelihood of patients transferring between sites
- Reduce length of hospital stays
- Patients more likely to receive improved care as their assessment would be with the correct specialist
- Improved staff cover and improved staff resilience for sickness and absence
- Improved cross specialty working i.e. how cardiology teams work with other acute specialties (service areas)
- Improved out of hours care. An out of hours consultant could more easily attend to all patients on a single site. Travelling between sites can result in delays
- Provide enhanced training for junior and middle grade doctors with regular access to the full clinical team
- Ensure that patients requiring regular Electrocardiogram (ECGs) receive this treatment in a timely way
- Moving 8 non-interventional beds from CGH would mean the patients are no longer in mixed wards and in isolation from the wider cardiology team thereby possibly reducing their risk of harm.

Potential drawbacks

- The ideas would increase travel times for some patients and relatives/carers in the east of the county who previously would have travelled to CGH for non-interventional cardiology inpatient care and now need to attend GRH.

Respiratory

What are the services?

Respiratory Services provide treatment for breathing problems including the lower airway (trachea), the lungs, the chest wall and the ventilatory control system.

Respiratory outpatient appointments take place at Gloucestershire Royal Hospital (GRH) and Cheltenham General hospital (CGH) as well as community hospitals across the county.

Further screening happens at GRH and CGH and can include an X-Ray, CT scan, a blood test, lung function tests, sleep study, allergy skin prick tests or a bronchoscopy.

In addition to scheduled outpatient appointments, respiratory services also provide an emergency service and inpatient care (overnight stays in hospital).

Prior to the temporary COVID-19 service changes, specialist respiratory inpatient beds were provided on both hospital sites. At CGH they were located on Knightsbridge Ward (12 beds) and on Avening Ward (21 beds). At GRH they were located on Ward 8b (33 beds). A total of 66 beds.

There were over 11,000 hospital admissions per year, with an average length of stay of 5.1 days; 77% of the admissions were to GRH and 23% to CGH (Feb 2019 to Jan 2020).

COVID 19 is primarily a respiratory disease so our respiratory service was at the frontline of care during the pandemic, as the most severe COVID-19 cases required advanced respiratory care in our facilities.

The significant increase in demand on these services meant we needed to make emergency temporary changes to the organisation of the respiratory service at our hospitals.

As a result:

- GRH became the site for emergency admissions for patients in acute respiratory failure
- a respiratory high care (RHC) unit was created on Ward 8 at GRH where patients receive advanced respiratory support via non-invasive ventilation (NIV) or nasal high flow oxygen with full cardio-respiratory monitoring.

These changes enabled the Trust to create a dedicated respiratory inpatient ward at GRH for patients with COVID-19 and increased the ability to treat COVID-19 patients requiring non-invasive ventilation (systems to support patients to breathe), to be cared for by the specialist respiratory team in a dedicated ward. This relieved the demand on the intensive care unit.

These changes also allowed CGH to be established as a planned care site to enable cancer, planned care operations and diagnostic tests to continue throughout the pandemic.

Under the temporary service changes, the improvements in length of hospital stays means that the respiratory specialty inpatient beds, including High Care, can be located on Ward 8a and 8B (58 beds) at GRH. Currently, approximately 92% of patients are admitted to GRH and 8% admitted to CGH.

What are our ideas?

As a result of the temporary service changes in response to COVID-19, the Hospital Trust's inpatient respiratory services are currently centralised at GRH and include a respiratory high care service.

The idea is to maintain specialist respiratory beds at GRH, as well as the newly developed respiratory high care service, to improve the quality of service for the population of Gloucestershire and enable the team to quickly respond to high acuity (very unwell) patients, including those with COVID-19, who need this level of specialist care.

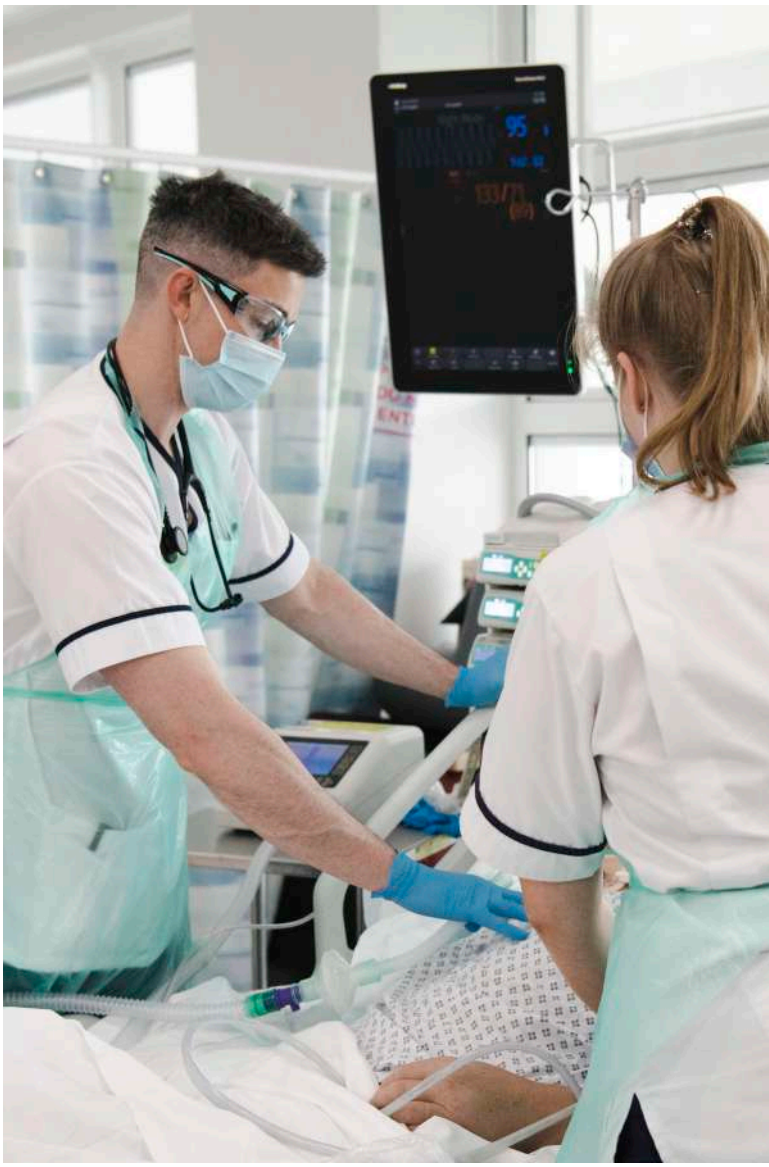
We believe this improves patient outcomes, continuity of care, patient experience and reduces mortality.

There would continue to be a choice of outpatient appointments at both acute hospital sites, in the community and virtually when appropriate.

What are the potential impacts?

Potential benefits

- Whilst the risk of COVID-19 remains, the current service model provides the flexibility to, at short notice, establish a COVID-19 (or other highly contagious respiratory disease) controlled respiratory ward
- The current model also enables the service to continue to provide respiratory high care within one of the wards. The British Thoracic Society and Intensive Care Society recommend that Trusts provide respiratory high care services, as it improves the quality of care and patient outcomes. It also means that patients requiring non-invasive ventilation can be cared for on the respiratory ward, avoiding the need for patients to be transferred to intensive care
- Having the specialty respiratory beds in one place makes it easier to staff the wards and makes more efficient use of the specialist team. With the specialist staff in one place, it is also easier to co-ordinate care and provide training
- Improved cross specialty working i.e. how respiratory teams work with other acute specialties (service areas)
- The respiratory team would continue to provide a consultation service to other specialties (service areas) at CGH for patients who may require a specialist respiratory assessment or treatment.



Potential drawbacks

- The ideas would increase travel times for some patients and relatives/carers in the east of the county who previously would have travelled to CGH for inpatient care and now need to attend GRH
- Additional investment will be required to deliver the new high care service on a permanent basis, but evidence shows that this service improves the quality of care and patient outcomes, including reducing mortality and reducing the number of respiratory admissions to intensive care.

Stroke

What are the services?

A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off.

Gloucestershire Hospitals NHS Foundation Trust (GHFT) stroke services provide patient centred care for people of all ages with symptoms of a stroke and transient ischaemic attacks (related condition where the blood supply to the brain is temporarily interrupted).

The service consists of:

- A hyper acute inpatient stroke unit (HASU) - see below for description
- An acute inpatient stroke unit (ASU) - see below for description
- Outpatient services - new and follow up outpatient clinics, a transient ischaemic attack clinic and a Botox clinic.

National standards require stroke patients to have initial stroke imaging, assessment and be admitted to a stroke unit within 4 hours.

The majority of patients arriving at hospital, and requiring very specialist care after a stroke, are admitted directly to the HASU and usually remain on this unit for up to 72 hours.

Depending on their condition, patients are either transferred to the ASU to continue their inpatient treatment and care, transferred to another service provider or able to return home with on-going community support where needed.

In Gloucestershire, community stroke rehabilitation (the treatment to support recovery of lost function) services are provided by Gloucestershire Health and Care NHS Foundation Trust (GHC). These services include:

- A Specialist Community Rehabilitation Centre, at the Vale Hospital, Dursley which provides therapy to patients who no longer need intensive medical care, but still need hospital based rehabilitation
- Early Supported Discharge (ESD) - discharge of a stroke patient from hospital co-ordinated by a team of therapists and nurses where specialist stroke rehabilitation is provided in the patient's own home.

This engagement only relates to the location of the Hyper Acute Service Unit (HASU) and the Acute Stroke Unit (ASU) provided by the Hospitals Trust.

Currently both these inpatient units are temporarily located (part of a temporary service change to support the COVID-19 response) at Cheltenham General Hospital (CGH).

HASU has 10 beds on the Acute Care Unit and the ASU is located on Woodmancote Ward with 32 beds. On average, 950 stroke patients a year are treated at the Trust of which 50% require a stay on the Acute Stroke Unit.

Patients arriving by ambulance are taken directly to the Imaging Department at CGH, where they are met by members of the stroke and imaging teams and assessed and, if appropriate, admitted.

If patients with stroke symptoms 'walk in' at the CGH Emergency Department, the stroke team are alerted, the patient is assessed and if appropriate, they are admitted.

If a patient with stroke symptoms 'walks in' at GRH Emergency Department, they receive a priority assessment and there is immediate communication with the stroke team. If appropriate the patient is transferred to CGH for rapid stroke assessment.

There is a consult model in place for GRH, which means that stroke staff will provide advice and support to other specialties (service areas) on the GRH site.

What are our ideas?

Our idea is that both the HASU and ASU remain permanently at CGH and the way that patients currently access the service remains the same.

The learning over the past two years is that it's easier to manage and deliver a quality service if both units are on the same site (CGH).

When compared to the original pre-COVID-19 arrangement (where HASU and ASU beds were on the same ward at GRH), it is also more beneficial to patient care if the ASU beds are separated from HASU beds.

The benefits of locating ASU on Woodmancote Ward is that it provides a better environment for patients who are receiving acute and rehabilitation care.

The option of locating the HASU and ASU on the GRH site would be very difficult to deliver due to the limited availability of beds.

It is also not possible to provide the same specialist ward environment (similar to Woodmancote) on the GRH site.

What are the potential impacts?

Potential benefits

- Both inpatient units are on the same site - which supports a seamless service and means that patients can access the right specialist staff at the right time
- The co-location of HASU and ASU provides improved staff cover and improved staff resilience for sickness and absence
- The ASU would continue to use the specialist Woodmancote Ward and would not need to share space with HASU. This environment is more spacious, it has hoists and provides an area for therapy services. It is also a better and quieter environment for patients receiving rehabilitation care. The quality of this environment is better than the original space available at GRH
- It reduces the need to transfer patients receiving inpatient stroke care*
- There would not be the same challenges on bed availability as there would be on the GRH site.

**There would still be occasions where a patient may 'walk in' at the GRH Emergency Department and would need to be transferred to CGH or an inpatient at GRH has a stroke, while under the care of another service area (specialty) and, based on their clinical needs, it is decided to transfer them to CGH.*

Potential drawbacks

- The permanent re-location of acute stroke inpatient services from GRH to CGH would impact on some patient and carer travel times for people in the west of the county
- There are a number of non-stroke conditions that can present with similar clinical features to stroke and TIA (sometimes known as stroke mimics). These may be taken to CGH and then, once identified, may be required to be transferred to GRH
- Whilst the clinical evidence for consolidating stroke services onto a single site (now CGH) shows improved patient outcomes, clinical protocols would need to be in place for any suspected stroke patient presenting at GRH, including advice and support and safe transfer from GRH to CGH.

Survey

We are asking people who live and work in Gloucestershire, as well as others who have an interest in the future provision of services here, to tell us what they think of the ideas in this booklet. We want to ensure that these services can meet the needs of people now and for the future.

The feedback you give us will be treated in the strictest confidence. It is anonymous, unless you choose to share your contact details with us. It will be stored securely and only used to inform this engagement.

What you need to do:

You can complete the survey online at: getinvolved.glos.nhs.uk

or if you prefer you can complete the FREEPOST survey below.

1. Please read the information contained within this engagement booklet
2. Complete the **Fit for the Future 2** survey questions below. You do not need to answer all the questions; it is OK to focus only on the services you are interested in
3. Complete the **About You** questions; this is optional, but it helps us to know whether we have heard from a wide range of people
4. Send the survey back to us **FREEPOST** to the address shown at the end of the survey.

If you would like help to complete the survey please:

- email: glccg.gig@nhs.net
- write to: FREEPOST RRYY-KSGT-AGBR, Fit for the Future 2, Sanger House, 5220 Valiant Court, Gloucester Business Park, Gloucester, GL3 4FE
- call Freephone to leave a message on: 0800 0151 548.

Please complete this survey by: 12 noon on 31 July 2022

Fit for the Future 2 - Ideas for change

Benign Gynaecology

Please tell us what you think about the ideas for Benign Gynaecology:

Strongly support	Support	Oppose	Strongly oppose	No opinion
☐	☐	☐	☐	☐

Please tell us why you think this, e.g. the information you would like us to consider:

Diabetes and Endocrinology

Please tell us what you think about the ideas for Diabetes and Endocrinology:

Strongly support	Support	Oppose	Strongly oppose	No opinion
☐	☐	☐	☐	☐

Please tell us why you think this, e.g. the information you would like us to consider:

Frailty/Care of The Elderly

What do you think are the most important things to be considered in improving Frailty services?

Non-interventional Cardiology

Please tell us what you think about the ideas for Non-interventional Cardiology:

Strongly support	Support	Oppose	Strongly oppose	No opinion
☐	☐	☐	☐	☐

Please tell us why you think this, e.g. the information you would like us to consider:

Respiratory

Please tell us what you think about the ideas for Respiratory care:

Strongly support	Support	Oppose	Strongly oppose	No opinion
☐	☐	☐	☐	☐

Please tell us why you think this, e.g. the information you would like us to consider:

Stroke

Please tell us what you think about the ideas for Stroke care:

Strongly support	Support	Oppose	Strongly oppose	No opinion
☐	☐	☐	☐	☐

Please tell us why you think this, e.g. the information you would like us to consider:

Impact of the ideas on you and your family

Please tell us about any impact, either positive or negative, that you think any of these ideas for services could have on you and your family (please tell us which service your feedback relates to e.g. Stroke care)?

If you think any of the ideas for services could have a negative impact on you and your family, how should we try to limit this (please tell us which service your feedback relates to e.g. Stroke care)?

Do you have any alternative suggestions for how any of the services covered in the engagement could be organised (please tell us which service your feedback relates to e.g. Stroke care)?

When describing your suggestions where possible please refer to the assessment criteria on page 9.

Anything else you would like to say - including any views or ideas on the assessment criteria? (please do continue on separate sheets of paper if necessary).

About You

Completing the "About You" section is optional, but the information you give helps to show that people with a wide range of experiences and circumstances have been involved. Your support with this is really appreciated.

What is the first part of your postcode? e.g. GL16, GL3

Which age group are you?

- ☐ Under 18
- ☐ 18–25
- ☐ 26–35
- ☐ 36–45
- ☐ 46–55
- ☐ 56–65
- ☐ 66–75
- ☐ Over 75
- ☐ Prefer not to say

Are you:

- ☐ An employee working in health or social care
- ☐ A community partner
- ☐ A member of the public
- ☐ Prefer not to say

Have you accessed any of the following services or support in the last 12 months (please tick all that apply)?

- ☐ Primary Care (GP)
- ☐ NHS Community Service (e.g. Community Nursing)
- ☐ Outpatient Hospital Service
- ☐ Specialist Inpatient Hospital Service
- ☐ Voluntary or community support related to your health and wellbeing
- ☐ Urgent care (e.g. 111, Minor Injury and Illness Unit, A&E)

Please tell us which hospital, community or voluntary service(s) you have accessed (e.g respiratory, community nursing, support group):

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

- ☐ No
- ☐ Mental health problem
- ☐ Visual Impairment
- ☐ Learning difficulties
- ☐ Hearing impairment
- ☐ Long term condition
- ☐ Physical disability
- ☐ Prefer not to say

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.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Which best describes your ethnicity?

- ☐ White British
- ☐ White Other
- ☐ Asian or Asian British
- ☐ Black or Black British
- ☐ Chinese
- ☐ Mixed
- ☐ Other (please specify) _____
- ☐ Prefer not to say

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

- ☐ No religion
- ☐ Buddhist
- ☐ Christian
  (including Church of England, Catholic, Methodist and other denominations)
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other (please specify) _____
- ☐ Prefer not to say

Are you:

- [ ] Male
- [ ] Female
- [ ] Transgender
- [ ] Non-binary
- [ ] Prefer to self-describe
- [ ] Prefer not to say

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

- [ ] Heterosexual or straight
- [ ] Gay or lesbian
- [ ] Bisexual
- [ ] Other
- [ ] Prefer not to say

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

- [ ] Yes
- [ ] No
- [ ] Prefer not to say
- [ ] Not applicable

Thank you for completing this survey, please return to:

FREEPOST RRYY-KSGT-AGBR, Fit for the Future 2,
Sanger House, 5220 Valiant Court, Gloucester Business Park,
Gloucester, GL3 4FE

Participating in a discussion

If you are interested in participating in a discussion (face to face or virtual) about any of the FFTF2 services, please provide details below (To protect your anonymity, we will separate your contact information from the feedback you have provided in this survey).

Name:

Contact details (email,telephone):

First part of your postcode (e.g. GL20):

Service/s you are interested in (please tick all that apply):

- ☐ Benign Gynaecology
- ☐ Diabetes and Endocrinology
- ☐ Frailty/Care of The Elderly
- ☐ Non-interventional Cardiology
- ☐ Respiratory
- ☐ Stroke

Getting Involved in Gloucestershire

If you are interested in exploring the range of ways that you can get involved in health and care in Gloucestershire, including volunteering, please drop us a line at glccg.gig@nhs.net

Glossary

- **Acute Medicine (Acute Medical Take)**: the Acute Medicine team coordinates initial medical care for patients referred to them by a GP or the Emergency Departments and decides on whether they need a hospital stay (also referred to as 'the acute medical take').
- **Active Gloucestershire**: is a charity whose vision is that 'everyone in Gloucestershire is active every day.'
- **Admission (to hospital)**: a hospital stay.
- **Benign Gynaecology**: the medical speciality (area) dealing with the health of the female reproductive system and benign means non-cancerous.
- **British Geriatric Society**: the professional body of specialists in the healthcare of older people in the United Kingdom.
- **British Thoracic Society**: the society aims to improve standards of care for people who have respiratory diseases and to support and develop those who provide that care.
- **Bronchoscopy**: a procedure that lets doctors look at your lungs and air passages.
- **Cardiovascular Disease**: a general term for conditions affecting the heart or blood vessels.
- **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.
- **Clinical benefits**: benefits of providing medical care in a certain way for patients, healthcare professionals or both.
- **Clinical outcomes**: the impact of the medical advice, care or treatment patients receive on their health.
- **Consultation:** a consultation is designed to involve people in decision making. If there could be a significant change to the way NHS services are provided, we are required to carry out a consultation with the public and community partners. This helps us to understand how people may be affected by the proposed changes before we make decisions.
- **COVID-19:** a highly contagious respiratory disease caused by the SARS-CoV-2 virus.
- **Diabetes and Endocrinology:** Diabetes is a condition where a person's blood glucose (sugar) levels are too high as a result of their body being unable to produce enough insulin or being unable to produce any insulin at all. Endocrine conditions are where a person's endocrine system (that produces the body's hormones) does not work correctly, causing hormonal imbalances in the body.
- **Diagnosis**: the identification of the nature of an illness or other problem by examining the symptoms. This can include carrying out tests.
- **Direct admission pathway**: an agreed route for a patient to go straight to a hospital ward to get the care they need from doctors, nurses and other staff who specialise in that patient's illness or condition.
- **Discharge (from hospital)**: supporting a patient to leave hospital when they are fit to do so and receive onward care at home or in another health or care facility.
- **Elective Care**: care that can be planned in advance. Also known as planned care.
- **Electrocardiogram**: a simple test that can be used to check your heart's rhythm and electrical activity.
- **Engagement**: an open dialogue (conversation). An opportunity to discuss ideas and involve people in developing potential solutions to meet future health and care needs. Sharing information and exchanging views.
- **Frailty**: where the ability to cope with physical trauma or illness and psychological stress is reduced, impacting on the ability to bounce back after illness.

- **Frailty Assessment Unit:** works with community services to provide specialist assessment and support for older people who attend the Emergency Department with signs of frailty.
- **Gastroenterology:** medical care (not surgery) for stomach, pancreas, bowel or liver problems.
- **General Surgery**: relates to conditions of the abdomen, specifically the digestive system or gastrointestinal (GI) system (gut). There are specialists who look after either the 'upper' part of the gut or the 'lower' part of the gut: also known as Upper GI and Lower GI (colorectal).
- **Geriatric assessment (CGA)**: a multidisciplinary assessment designed to evaluate an older person's functional ability, physical health, cognition and mental health, and socioenvironmental circumstances.
- **Getting It Right First Time**: a national programme designed to improve the treatment and care of patients through in-depth review of services.
- **Health outcomes:** the result of the advice, care or treatment a person receives on their health.
- **Health inequalities**: the unjust and avoidable differences in people's health across the population and between specific population groups.
- **Hyper acute stroke unit (HASU):** provides the initial investigation, treatment and care immediately following a stroke.
- **Image guided interventional surgery (IGIS):** procedures where the surgeon uses instruments with live images to guide the surgery.
- **Inpatient**: a person who stays one or more nights in a hospital in order to receive medical care or treatment.
- **Integrated Care System**: partnership between health (including NHS), and care organisations to help keep people active, support active communities and ensure high quality, joined up care when needed.
- **Interventional cardiology:** involves treating heart disease without using open surgery (large cuts or incisions to the body). The procedures are called 'minimally invasive', because they involve small cuts to gain access to the inside of the body and often use catheters (thin, hollow, flexible tubes).
- **Invasive (and less invasive) surgery:** invasive surgery involves a significant or large cut or entry into the body using medical instruments. Less invasive indicates the avoidance of a large cut or impact on the body e.g. performing surgery using instruments that only create a small 'key hole', which means people can heal and recover more quickly.
- **Length of stay:** the amount of time someone has to stay in hospital for care, treatment and recovery.
- **Multi-disciplinary Team**: a group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients.
- **Outcome of Engagement Report**: a report that includes a description of the engagement activities and the themes of the feedback received.
- **Trauma and orthopaedics (T&O)**: diagnosis and treatment of conditions relating to the bones and joints and their associated structures that enable movement - ligaments, tendons, muscles and nerves. Trauma surgery is urgent surgery e.g. if a person has been involved in an accident and orthopaedic surgery is planned surgery e.g. hip and knee replacements.
- **Stroke**: a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off.
- **Wearables**: technology sensors that people wear to monitor their condition and support their care.

One Gloucestershire
Transforming Care, Transforming Communities

NHS

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To discuss receiving this information in other formats please contact:

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如需以其他格式接收此信息，请联系

V případě, že potřebujete obdržet tuto informaci v jiném formátu, kontaktujte prosím

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Aby uzyskać te informacje w innych formatach, prosimy o kontakt

По вопросам получения информации в других форматах просим обращаться

Ak si želáte získat túto informáciu v inom formáte, kontaktujte prosím

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