One Gloucestershire
Transforming Care, Transforming Communities

NHS

Fit for the Future

Developing specialist hospital services in Gloucestershire

For Public Consultation

One Gloucestershire: who we are

The One Gloucestershire Integrated Care System (ICS) is a partnership between the county's NHS and care organisations. The NHS partners of One Gloucestershire are:

- NHS Gloucestershire Clinical Commissioning Group
- 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 and provide NHS services from General Practice (GP surgeries) and community services to the most specialist hospital services.

One Gloucestershire aims to:

- help keep people healthy
- support active communities
- ensure high quality joined up care when needed.

Contact us

For any enquiries about this consultation and for further copies of this document please email:

glccg.participation@nhs.net

or write to:
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Fit for the Future,
Sanger House,
5220 Valiant Court,
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Gloucester,
GL3 4FE

or call Freephone to leave a message on: 0800 0151 548.

Glossary

We have underlined a number of words throughout the pages that follow and these are explained in the Glossary at the end of this booklet.

This consultation closes at midday on 17 December 2020.

Contents

This consultation booklet has been produced in line with NHS design, accessibility standards and principles. This consultation booklet is available online at: www.onegloucestershire.net/yoursay 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 focussing on the medium and long term future of specialist hospital services at Cheltenham General Hospital and Gloucestershire Royal Hospital.

The NHS in Gloucestershire is ambitious for the people of the county. We want to provide world class, leading edge specialist hospital care for patients that is comparable to the best in England.

Thanks to the great work of NHS and care staff, we are well on the road to being rated as outstanding, but there is more to do and that's why we have been involving staff, patients, local people and the public in looking at a number of services and potential 'solutions'.

We want to:

- ✔ Improve health outcomes for you
- ✔ 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.

To achieve these things and to make the most of developing staff skills, precious resources and advances in medicine and technology, we need to look at how we provide some of our specialist hospital services at Gloucestershire Royal and Cheltenham General and make best use of our hospital sites.

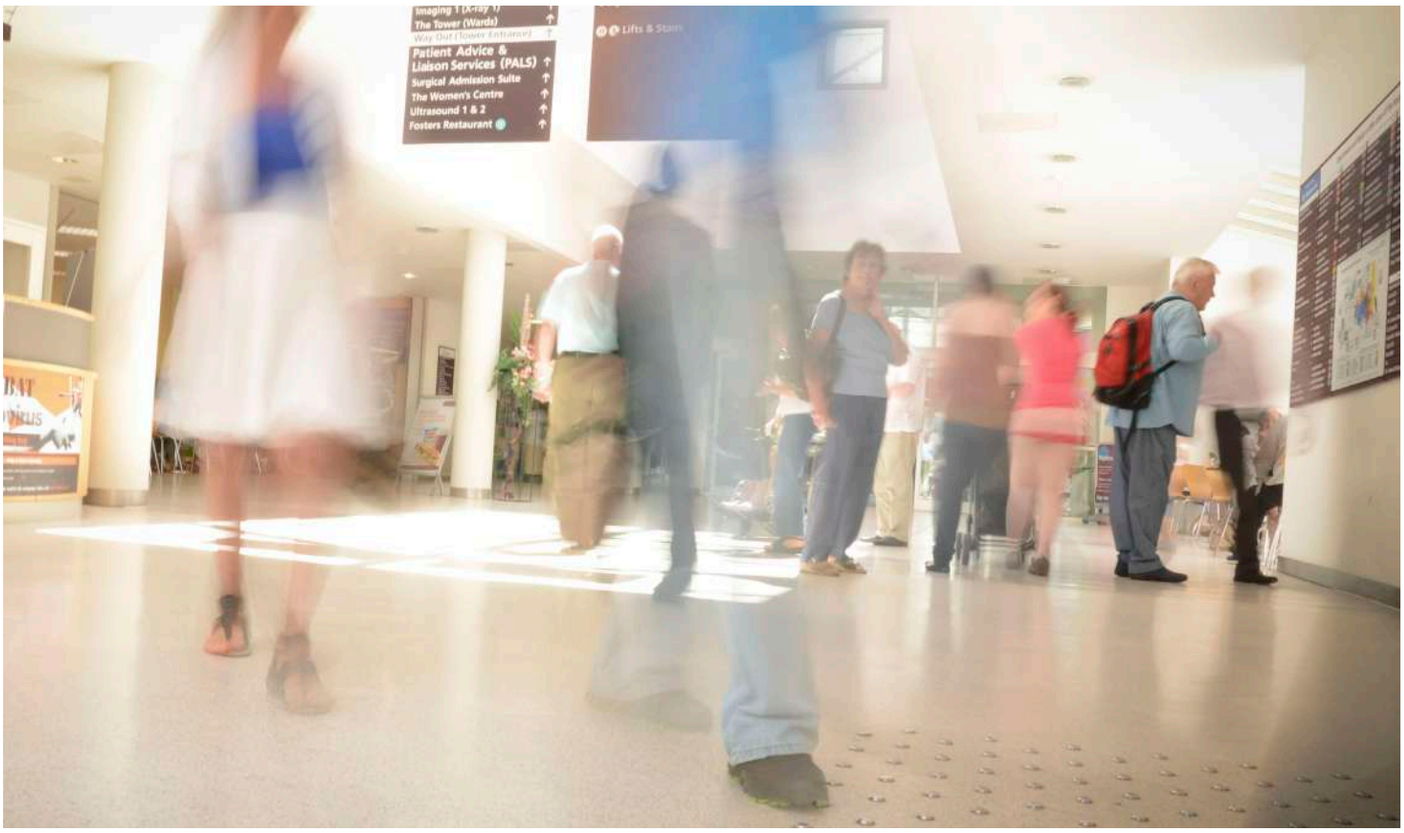
This move towards creating 'centres of excellence' at the two hospitals is not new and this approach reflects the way a number of other services are already provided. You can read more about this in 'The need for change' section of this consultation booklet.

The services covered in this consultation are described on page 6 and 9. We believe we have carefully evaluated and considered all the potential solutions and we think the proposed changes set out in this booklet improve patient care and would best suit the future needs of local people and staff.

The options for change are not about saving money, the priority is ensuring our services are truly fit for the future. For detailed economic and financial analysis of the proposals please read Section 11 of the Fit for the Future Pre-Consultation Business Case at www.onegloucestershire.net/yoursay.

Our proposals have been assessed and assured by the South West Clinical Senate (experienced health professionals who provide independent advice on how services should be designed to provide the best overall care, safety and outcomes), approved by NHS England & Improvement and supported by neighbouring NHS commissioners (groups that plan and buy services for their patients).

If alternatives come forward as part of this consultation, these will be considered and evaluated using the same criteria we developed during the earlier Engagement (see page 17).



What Fit for the Future is not about

We know how important Cheltenham General Hospital Accident & Emergency (A&E) Department is to the people who live in the east of the county; in particular Cheltenham.

We agree it is an important part of the future for local health services. We have publicly committed to the future of the Accident and Emergency (A&E) Department in Cheltenham. The service will remain consultant led and there will be no change to the opening hours.

COVID-19 Temporary Changes

NHS staff, and other carers across the country and locally, very quickly stepped up to the mark to provide care to patients and families affected by COVID-19. In order to do this, in line with national guidance and with the support of locally elected representatives, we have needed to make some temporary changes to the way services have been provided over the past few months. The current changes to Accident and Emergency, Minor Injuries and Illness Services and Emergency General Surgery are temporary.

Fit for the Future is not about the COVID-19 temporary changes we have had to make now.

However, you will see when you read the information in this booklet on pages 8 and 9 that some of the medium to long term changes we are proposing relate to the same services where temporary changes have had to be made recently.

Who are we consulting?

This consultation follows a long period of engagement with thousands of local people.

We are consulting NHS and care staff, local patients, carers, the public and our community and voluntary partners.

Our main focus is on Gloucestershire residents, but we also invite feedback from people in neighbouring areas who use services in Gloucestershire.

In the 'Engagement and Involvement' section of this booklet you can find out more about how we have involved people so far and the activities that took place, including developing ideas, testing those ideas with a Citizens' Jury, and finally evaluating and short-listing those potential solutions for change together.

What do we want to consult you about?

We want to consult you about how we could organise the following specialist hospital services across Cheltenham General and Gloucestershire Royal Hospitals in future (A-Z):

- Acute Medicine (specifically acute medical take)
- Gastroenterology inpatient services
- General Surgery (emergency general surgery, planned Lower Gastrointestinal [GI] / colorectal surgery and day case Upper and Lower GI surgery)
- Image Guided Interventional Surgery (IGIS) including Vascular Surgery
- Trauma and Orthopaedics (T&O) inpatient services.

There is a simple description of each of these services and what they do at the start of each service section.

How are services currently organised?

The information on pages 8–9 shows how these specialist services (Acute Medicine / Acute Medical Take; Gastroenterology inpatient services; General Surgery; Image Guided Interventional Surgery; and Trauma and Orthopaedic inpatient services) are currently organised across the two hospitals in Cheltenham and Gloucester.

We are not proposing any changes to urgent care services provided in our two Accident and Emergency Departments in Cheltenham and Gloucester or Outpatient Services.

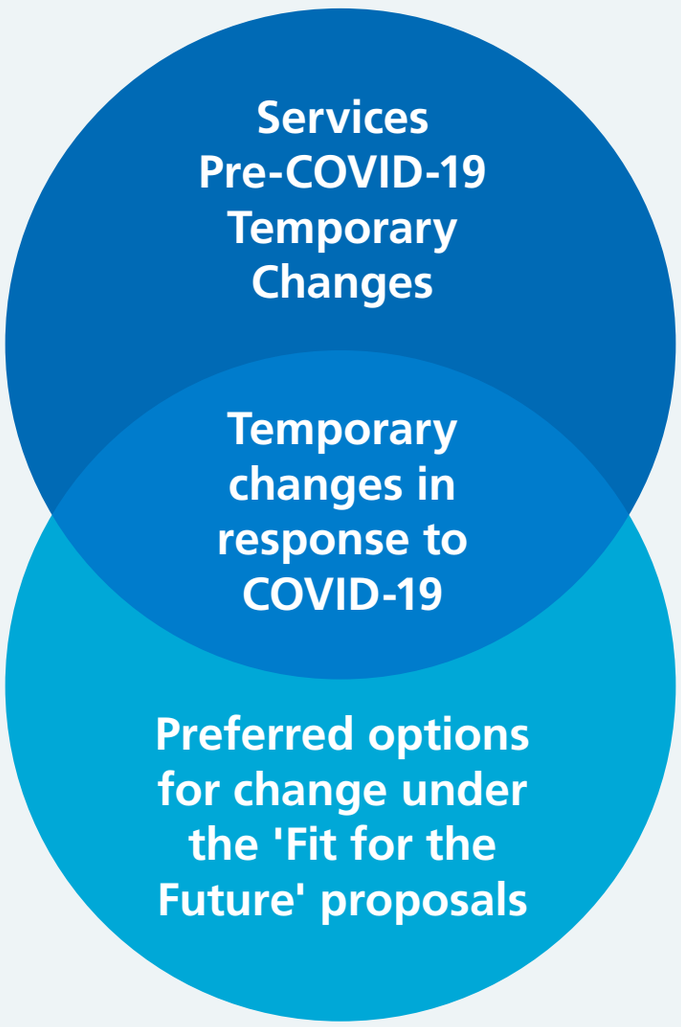
Do we have a preferred way to organise these specialist services in the future?

For Acute Medicine (Acute Medical Take), Emergency General Surgery, day case General Surgery, Gastroenterology, Image Guided Interventional Surgery and Trauma and Orthopaedics, yes we do. This booklet describes the process we have gone through to get to this point, which we believe benefits the population of Gloucestershire as a whole and our staff.

The work to date, including patient, public and staff engagement, has not led us to a preferred option for the location of planned Lower GI (colorectal) general surgery. Therefore, we are particularly keen to hear your views about these specialist services so that our decisions are informed by all the feedback from the public consultation.

How services are currently organised and how services could look in the future

The following two pages outline how the specialist services, which are part of this Fit for the Future consultation are currently organised; how services have been temporarily changed in response to COVID-19; and how services would be organised in future if our preferred options are agreed and implemented.



Cheltenham General Hospital

Services at CGH pre COVID-19

- 24/7 A&E (nurse-led 8pm–8am)
- Acute Medical Take
- Orthopaedic inpatient services (Pilot)
- Gastroenterology inpatient services (Pilot)
- Planned General Surgery: Lower Gastrointestinal (colorectal) surgery
- Planned Day Case General Surgery
- Image Guided Interventional Surgery (IGIS), including Interventional Radiology and Interventional Cardiology
- Vascular Surgery
- Emergency General Surgery (EGS)

Temporary Changes at CGH in response to COVID-19

- CGH A&E changed to Minor Injuries and Illness Unit 8am – 8pm 7/7 at CGH
- Acute Medical Take centralised at GRH
- Acute Stroke Ward moved to CGH from GRH
- Emergency General Surgery centralised at GRH
- Vascular Surgery moved from CGH to GRH

Gloucestershire Royal Hospital

Services at GRH pre COVID-19

- 24/7 A&E
- Acute Medical Take
- Trauma inpatient services (Pilot)
- Emergency General Surgery
- Planned Day Case General Surgery
- Image Guided Interventional Surgery (IGIS), including Interventional Radiology
- Planned General Surgery: Upper Gastrointestinal
- Planned General Surgery: Lower Gastrointestinal (colorectal) surgery
- Hyper Acute Stroke Unit and Acute Stroke Ward

Temporary Changes at GRH in response to COVID-19

- Centralised Accident and Emergency A&E 24/7 at GRH
- Acute Medical Take centralised at GRH
- Emergency General Surgery centralised at GRH
- Vascular Surgery moved to GRH
- Acute Stroke Ward moved to CGH
- Urology Emergency Front Door centralised at GRH

Preferred Options for change under 'Fit for the Future' proposals Cheltenham General Hospital (CGH)	Preferred Options for change under 'Fit for the Future' proposals Gloucestershire Royal Hospital (GRH)
No Change: 24/7 A&E (nurse-led 8pm-8am)	No change: 24/7 A&E
Orthopaedic inpatient services	Centralised Acute Medical Take
Gastroenterology inpatient services	Trauma inpatient services
Image Guided Interventional Surgery 'Spoke'	24/7 Image Guided Interventional Surgery 'Hub'
	Vascular Surgery

There are two options for General Surgery

Centre of Excellence for Pelvic Resection		Centre of Excellence for General Surgery	
CGH	GRH	CGH	GRH
Planned Lower GI (colorectal) General Surgery (alongside gynae-oncology and urology)	Emergency General Surgery	Planned Day Case General Surgery	Emergency General Surgery
Planned Day Case General Surgery	Planned Upper GI General Surgery	Outpatients	Planned Lower GI (colorectal) General Surgery
Outpatients	Outpatients		Planned Upper GI General Surgery
			Outpatients

Why do we want to discuss this now?

We initially planned to consult with the public in March (2020). Due to the COVID-19 pandemic this process was paused. We've considered very carefully when to restart public consultation and believe this is now the right time to listen to the views of the public. There is an imperative to consult now because of the potential benefits for patients, families, carers and staff which could be realised.

We want your views on these potential changes and what impacts they could have on you. We want to know what you need us to consider to protect your interests if the changes are made and ensure there is not a detrimental effect on you, other service users or future service users. We want as many people as possible to benefit from the changes.

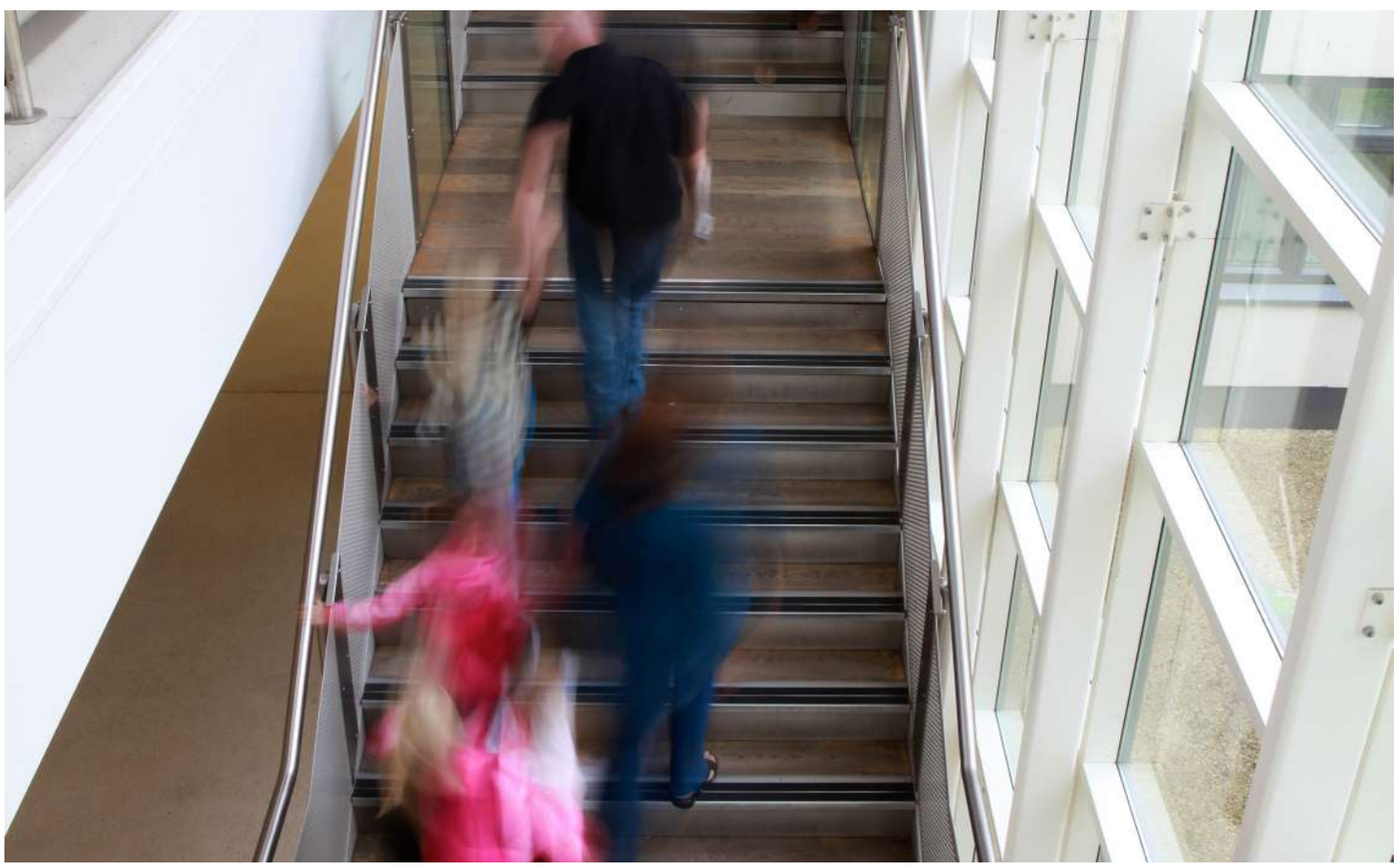
How are we consulting?

Because of the important safety requirements of COVID-19, we will be using many more 'virtual' methods of consultation, such as on-line discussion forums. We also plan to offer other forms of face-to-face consultation activity where we can.

We will adapt our consultation activities in line with any changes to national or local guidance regarding the COVID-19 pandemic situation during the consultation period.

We want to reach as wide a range of people as possible. We have a new online engagement portal called 'Get Involved in Gloucestershire'. You can find details about this below.

You can help us. If you are in contact with people who you think might not easily be able to access information online please do tell them about the Fit for the Future consultation and ask them to telephone us or write to us (see back cover for contact details).



There are lots of ways you can find out about Fit for the Future and tell us what you think, including:

- Consultation materials distributed to local outlets e.g. consultation booklet, Easy Read booklet, awareness flyer to local households
- Further detailed information about Fit for the Future available at www.onegloucestershire.net/yoursay
- Online consultation activities at https://getinvolved.glos.nhs.uk
  - A range of tools, information and communication resources e.g. service guides and video content
  - Discussion forums
- Complete an online survey at www.onegloucestershire.net/yoursay or complete the freepost survey at the end of this booklet
- Countywide Information Bus Tour (face-to-face in accordance with social distancing and infection control guidance)
- Face-to-face or virtual discussions with communities of interest, in particular the voluntary and community sector and groups of people who might be more affected by the proposed changes than others such as people with physical disabilities
- A programme of staff engagement activities ranging from team meetings to information stands and virtual online forums to regular communication updates.

How to use this booklet

Please read this booklet and then share your views using the survey – either by FREEPOST or by completing the survey at www.onegloucestershire.net/yoursay

If you are only interested in one particular service, you can just look at the section of the booklet that interests you and give us your feedback using the relevant sections of the feedback form.

This booklet summarises other longer documents, for example a Pre-Consultation Business Case, which is a detailed planning document the local NHS is required to produce when thinking about service changes. These supporting documents can all be found at www.onegloucestershire.net/yoursay or on request.

We would like to thank Healthwatch Gloucestershire and Inclusion Gloucestershire for their help in producing the Fit for the Future consultation materials.

What happens next?

We will be open to receiving feedback between 22 October and 17 December 2020. All feedback will be read and put into an 'Output of Consultation' Report.

A second Fit for the Future Citizens' Jury will be held in January 2021 to consider the feedback from this consultation, record their observations and make their recommendations to decision makers of the NHS bodies below.

There will then be a consultation review period, where Gloucestershire Hospitals NHS Foundation Trust and NHS Gloucestershire Clinical Commissioning Group (CCG) will carefully consider all of the feedback at meetings in public in March 2021. A final decision will be made at the CCG Governing Body meeting on 11 March 2021. This will be live streamed on the internet.

Process of implementation

If the proposals set out in this consultation are supported by the Governing Body of the Clinical Commissioning Group; then the Emergency General Surgery, Gastroenterology and Trauma & Orthopaedics inpatient services changes will be made permanent. The timescale for other changes will be determined by a number of factors such as estates, staff recruitment and training. The FFTF Programme structure will remain in place with programme and project managers working with clinical staff within the specialties to develop detailed implementation plans.

Providing feedback to you on the consultation and decisions

The feedback from the consultation, the recommendations and observations of the Citizens' Jury 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 https://getinvolved.glos.nhs.uk

The need for change

Why is change a possibility?

We have challenges to face and exciting opportunities waiting to be seized.

We don't have the workforce to stretch across two hospital sites and splitting specialist high tech equipment across both hospitals does not make best use of our resources. The expectations of healthcare, the demands on health services and the incredible progress made through science and technology have dramatically changed the environment that we are working in, this means healthcare services need to evolve and change too.

The advances in healthcare and staff skills mean that many more services can be provided in people's own home, in GP surgeries and in the community. There are also real opportunities to take advantage of advances in specialist hospital services. We want our local services to be 'centres of excellence.' To do this, we have been looking at how we could reorganise some services across the two hospital sites, considering the potential benefits as well the challenges and potential risks.

Fit for the Future vision

The Fit for the Future Engagement set out what we wanted to achieve:

What we want to achieve	Benefits
Improved health outcomes…	…ensuring you are treated by the right specialist team (doctors, nurses and other healthcare professionals) with timely access to treatment and care
Reduced waiting times and fewer cancelled operations…	…leading to a more reliable and positive experience for you and your family
Timely assessment and decision making from senior health professionals when you arrive at hospital…	…leading to prompt diagnosis, treatment and recovery
Right staff in the right place at the right time including senior doctors – 24 hours a day, 7 days a week…	…leading to better, safer care with shorter hospital stays while attracting and keeping the very best staff
Support for joint working between doctors, nurses and therapists, including links to related services and equipment…	…to avoid the need for more visits and hospital stays
Specialist staff seeing enough patients to maintain their specialist skills…	…so they can provide the very best care and outcomes for you
Create flagship centres for research, training and learning…	…attracting and keeping the best staff in Gloucestershire and ensuring you have access to ground breaking treatments
Make best use of scarce resources including staff and specialist equipment...	...staff are in the right place, right time, first time to care for patients.

For our services, the feedback from Engagement showed there is support to continue to develop a 'centre of excellence' approach, which reflects the way a number of inpatient services are already concentrated in one place – such as oncology (cancer care) in Cheltenham and children's services in Gloucester.

For our hospitals, we want to see two thriving, vibrant sites with strong identities and both providing world class treatment.

As we continue to look at how we organise services, we need to consider whether one hospital should focus more on emergency care and one hospital should focus on planned care and oncology. Planned care is care that can be scheduled in advance, for example cancer treatment or hip replacement.

This concentration in one place, or 'centre of excellence', could help to ensure that the right facilities and specialist staff are always available to give people the best treatment and care.

It could reduce the number of planned operations cancelled when beds or operating theatres are needed for the most urgently unwell patients.

We want to strike the right, but often difficult, balance between having two world class 'centres of excellence' in Gloucestershire and providing local access to services.

What we think would happen if we don't change

If we don't continue to develop our hospital services, we think:

- There would continue to be disruption to planned care services at times of high demand e.g. cancelled appointments and operations
- Patients would have to travel further (out of county) for specialist care
- It would become more difficult for patients to see the right specialist staff 24/7
- We would fall behind other hospitals
- We would lose services (if we can't deliver viable, vibrant services)
- We would lose our training status for some specialities
- We would lose the next generation of doctors working in these specialities
- We would become less desirable as a place to live and work for senior doctors
- We would jeopardise national funding, for example, in research and development
- We would jeopardise our ability to become a University Hospital.

Engagement and involvement

How we have involved our staff and local people in developing potential solutions for change

In August 2019, we started a comprehensive programme of engagement with the public, patients, carers, our community partners and NHS and care staff.

Together, we

- explored the opportunities and challenges of developing specialist hospital services
- developed ideas and potential solutions for change
- have designed the criteria used to assess those potential solutions.

The engagement covered the following services:

- Accident, Emergency and Assessment Services (including Acute Medicine)
- General Surgery
- Image Guided Interventional Surgery including Vascular Surgery.

We used a number of innovative methods to share ideas and involve people. This included:

- Specific service workshops with healthcare professionals and patient and public representatives to look at the need for change and ideas for the future
- An independent Engagement Hearing (which was live-streamed), which explored issues in more detail and recorded new ideas
- A Citizens' Jury – which heard from 'expert witnesses' – healthcare professionals and community representatives. Jurors considered the evidence for a 'centres of excellence' approach to providing hospital services and made recommendations on priorities for development of specific services
- A Solutions Appraisal Exercise held in public – completed by clinicians, other health professionals, patient and public representatives.

The themes from the feedback to the Engagement, an explanation of how we considered the feedback received and our response to the feedback is detailed in Section 6.1 of the Pre-Consultation Business Case, which can be found at www.onegloucestershire.net/yoursay

Pilots: Trauma and Orthopaedics (T&O) and Gastroenterology inpatient services

In order to test our 'centres of excellence' approach and provide the best possible care to patients, we have piloted changes in two specialty areas: Trauma and Orthopaedics and Gastroenterology inpatient services.

We believe these changes have been successful and we now want to consult with you about making these changes permanent.

You can find out more about this in the Gastroenterology inpatient services and Trauma and Orthopaedic inpatient services sections of this booklet from page 51.

How the potential solutions for developing new 'centres of excellence' were developed and considered

These are the steps we followed:

Step 1

A 'long list' of potential solutions for 'centres of excellence' for Image Guided Interventional Surgery; General Surgery and Emergency and Acute Medicine was put together by local NHS staff and clinicians. The long list included 1,297 possible variations for how the specialist services could be organised across the two hospitals in Cheltenham and Gloucester.

Emergency Medicine was included in this work as so many comments about Cheltenham General Accident and Emergency Department were included in the Engagement Feedback. We wanted to test the suggestions received even though we have said there would be no changes to the Emergency Department at Cheltenham General Hospital.

During the process we made clear our intention to consult on the long-term arrangements for Trauma and Orthopaedics and Gastroenterology inpatient services, which have been 'piloting' (testing) for some time. There are two possible solutions for these specialist services – continue with the pilot changes or stop and go back to the way the services were originally organised.

Step 2

The long list was reduced to a 'medium list' of 29 variations by testing all the potential solutions against a number of key factors called 'hurdle criteria' and also by testing how well the potential solutions could work together. Simply put, each potential solution had to get over the first few hurdles for it to pass the test to carry on to the next stage.

The hurdle criteria asked the following questions: Is the potential solution:

- addressing the issues identified in the need for change?
- supporting the delivery of high quality care across Gloucestershire, ensuring provision of a clinically safe service?
- achievable and able to be delivered in a timely and sustainable way?
- affordable and offering good value for money, making the most of the Gloucestershire pound?
- supporting sustainable ways of working and efforts to recruit and keep staff?

For those options that cleared these hurdle criteria, the next stage was to consider whether they made sense in combination as 'clinically viable' models. This stage was carried out by a wide range of hospital staff who work across the services day-to-day.

Each potential solution which passed this stage was then considered in more detail using a set of 'evaluation criteria' developed using feedback received during the Fit for the Future Engagement and tested at the first Fit for the Future Citizens' Jury.

The remaining 29 potential solutions were grouped into 8 combinations of services (clinical models). The purpose of doing this was to present a range of service combinations that represented the different ways services could be delivered. This enabled them to be more easily compared and evaluated against each other, but did not remove any potentially viable solutions from consideration.

Step 3

A series of solutions appraisal workshops took place in public. Members of the public, including some Jury Members and Healthwatch Gloucestershire representatives, joined clinicians and other NHS and care staff to look in detail at the medium list of potential solutions.

Using the evaluation criteria (see below), the workshops reduced the medium list to a short list and it is these shortlisted options we are asking you to consider. These have undergone rigorous testing and now form the basis of this consultation on our preferred way to organise these specialist services.

If you want to find out more about how the clinical models were developed, considered and evaluated please read Section 7 of the Fit for the Future Pre-Consultation Business Case at www.onegloucestershire.net/yoursay

What are the Fit for the Future Evaluation Criteria?

There were 5 criteria used to test the potential solutions. Each of the criteria has a series of questions.

- Quality of care
- Access to care
- Deliverability
- Workforce
- Acceptability: this was a test of whether the potential solution satisfactorily takes into account, and responds to, the Fit for the Future Output of Engagement Report.

If you want to see a full list of all the evaluation questions, please read Appendix 10 of the Fit for the Future Pre-Consultation Business Case at www.onegloucestershire.net/yoursay

The summary of the main areas considered is on pages 18 and 19:

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

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Deliverability

- Expected time to implement the changes, meeting relevant national regional or local timescales
- Regional or local timescales
- Access to the required staffing: numbers and skills, support services, premises and technology to support successful implementation

Workforce

- Impact on staff numbers and resilience 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
- Maintaining or improving the availability of trainers
- Staff development
- Impact on travel for staff and clinical supervision

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Acceptability

- Taking into account and responding to the Fit for the Future Outcome of Engagement Report

The impact of potential changes

We have worked with independent analysts from Mid and South Essex University Hospitals to complete an Integrated Impact Assessment (which covers Health Inequalities and Equality) of the proposed development of 'centres of excellence' for the specialist services described in the Fit for the Future consultation.

This can be found at www.onegloucestershire.net/yoursay and is available on request.

The analysis considered a wide range of information, including feedback from the Engagement, to describe how different groups of people who are likely to access and experience health services, could be impacted by the proposed changes for each of the combinations of specialist services. Impact analysis, as part of the evaluation of the two pilot changes (Gastroenterology and Trauma & Orthopaedic inpatient services) has been undertaken locally with the support of the Local Authority Public Health Department.

Integrated Impact Assessment (IIA)

An independent Integrated Impact Assessment (IIA) of the potential solutions identified some groups who could be expected to be affected disproportionately by the proposed changes. We will seek out the views of people from these groups, set out below, during the consultation to gain a better understanding of the potential impact on them and to identify ways to lessen any potential negative impacts:

- Black, Asian and Minority Ethnic (BAME) communities, in particular people aged over 65
- People with mental health conditions
- Over 65s who are more likely to have long term conditions such as cardiovascular disease, obesity or diabetes
- Frail older people who are more likely to experience falls
- People from BAME communities who are living with a long term condition
- People living with a disability (includes physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions)
- Adult Carers and Young Carers
- Homeless people
- Gypsy/Traveller communities
- LGBTQ+ people
- People living in low income areas.

Our aim with this consultation is to reach a good representation of the local population, whilst making sure we hear from those groups who might be most affected by the proposed changes.

Key points from the IIA

- Patients over 65 may need further support to access services in the new location if their journey becomes longer and they are less familiar with the centralised location
- The key concerns identified through public engagement are around access to specialist care regardless of where people live, time to assessment and overall waiting times and the availability of services locally so there is not an inequality in service provision
- BAME communities are disproportionately impacted by the proposed changes to vascular, GI [Gastrointestinal] day cases, Emergency general surgery and Interventional cardiology as 5%-8% of patients (depending on speciality) [are from] BAME [communities] but in the overall population of Gloucestershire 4.6% [are from] BAME [communities]
- Overall, centralised services could provide shorter lengths of stay, faster diagnostics and minimise waiting times, which would help patients, visitors and carers who are more likely to attend hospital regularly with the person they are caring for

- If centralisation results in extended travel time or a more complex journey, this could lead to journeys being more challenging for patients, carers and relatives
- A centralised Image Guided Interventional Surgery (IGIS) hub would provide the capacity and capability to treat more patients in the county who are currently travelling out of Gloucestershire for their specialist care. This would make specialist care more accessible to patients, particularly benefiting those aged over 65 who can remain closer to home and are a cohort (group of patients) who may find travel more complicated.

The full Integrated Impact Assessment can be read in Section 10 of the Fit for the Future Pre-Consultation Business Case at www.onegloucestershire.net/yoursay

Where the IIA makes specific comments about one of the preferred options for change, it is summarised in the relevant service section of this booklet.

The consultation survey (online and at the end of this booklet) invites to you tell us about any impact either positive or adverse that you think any of our proposals could have on you or your family and how we should try to limit any negative impacts.

Key points from the Pilots' evaluation

Gastroenterology inpatient services

- There are a number of patients with identified needs for whom it is important to ensure access to the service is equitable, for example 25% of the Gloucester city population living in deprived areas and the rates of homelessness being slightly greater in Gloucester
- Some patients who attend Gloucestershire Royal Hospital may require a longer stay and therefore need to transfer to Cheltenham General Hospital for admission
- Some patients with long term conditions may need multiple admissions and some of these people will live in the west of the county requiring a longer journey.

Trauma & Orthopaedic inpatient services

- 25% of the Gloucester city population are living in deprived areas, approximately 32,000 people. Therefore, centralising trauma (emergency orthopaedics) to Gloucestershire Royal Hospital provides improved access to the right specialists to manage the care of this higher risk community
- Rates of homelessness are slightly higher in Gloucester than surrounding areas; this group have a significant requirement for trauma services
- Despite some patients from the west of the county having to travel further for elective (planned) orthopaedic surgery the move of planned care to Cheltenham General Hospital has enabled the provision of ring-fenced wards with 80% lower chance of cancellation due to emergency trauma patients requiring the attention of specialist staff
- The way the inpatient beds are organised now (in the pilot) includes 17 single rooms at Cheltenham General Hospital and 18 at Gloucestershire Royal Hospital which gives flexibility to maintain privacy and dignity
- There are some patients who attend A&E at Cheltenham General Hospital who may need to transfer to Gloucestershire Royal Hospital for admission.

Fit for the Future: focus on options for change

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

Acute Medicine
(Acute Medical Take)
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General Surgery
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Acute Medicine
(Acute Medical Take)

What are we asking you to consider?

We want you to tell us what you think about our preferred option to develop:

- A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.

What are the services and how are they currently organised?

The Emergency Departments (A&E) in Cheltenham and Gloucester will continue to provide emergency care services and this includes resuscitating, stabilising and treating patients if necessary. However, most of the patients seen in an Emergency Department return home the same day.

We also have Acute Medicine services that work alongside, but are separate from, the Emergency Departments.

The primary role of these services is to provide assessment, investigations and treatment for patients with particular medical (i.e. not surgical) conditions such as severe headache, chest pain, pneumonia or asthma, who are referred by their GP or come via the Emergency Departments. The care is provided by a multi-disciplinary team of doctors, nurses, therapists and support staff.

The Acute Medicine team is responsible for coordinating initial medical care for all these patients whether they need a hospital stay (also referred to as 'Acute Medical Take') or are able to return home after assessment and treatment in one of the walk-in (ambulatory) units.

If patients do need a hospital stay they will either be admitted to an acute medical assessment bed (currently this is the Acute Care Unit at CGH and the Acute Medical Unit at GRH) or transferred to another specialist ward or department. This can sometimes involve patients being transferred between hospital sites to ensure they get to the team that can provide the right care and treatment.

Current services at the two hospitals:

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
A&E: 24/7 Consultant Led	A&E: 8am–8pm Consultant led 8pm–8am nurse led
Same Day Emergency Care 8am–9pm, 7 days a week	Same Day Emergency Care 8am–6pm Monday to Friday
Acute Medical Unit (AMU): › Unit – 49 beds (including frailty)	Acute Care Unit (ACU): › 24 beds

What are the challenges and opportunities for Acute Medicine (Acute Medical Take)?

This section sets out the challenges and opportunities for Acute Medicine (Acute Medical Take) and what we hope to achieve by making changes.

Challenges

- There is rising demand and more patients have complex needs
- Many patients will need to be seen by different specialists when attending the hospital. It is becoming increasingly difficult to meet these needs across the two hospitals
- National standards recommend all acute medicine patients are seen by a consultant (senior doctor) within 14 hours of arrival
  - A recent self-assessment by our service for NHS England showed that 67% of patients were seen by a consultant within 14 hours during weekdays, whilst at the weekend this dropped to 48%
  - Sometimes patients have to wait for the right specialist to be available to see them leading to delays in receiving the right diagnosis and starting the right care or treatment
  - If a senior doctor is not available, patients may be sent to a ward to wait in a bed until they are available
- Staff: we struggle to recruit enough medical and nursing staff which makes it difficult to fully staff both hospitals.

Opportunities

By making changes, we could ensure:

- Patients are more likely to receive timely assessment, diagnosis and treatment when they arrive at hospital
- Patients are more likely to see the right specialist, first time, 24/7 and receive the best possible care
- There is more robust staff cover for the service and better supervision and learning opportunities for junior doctors 24/7
- We attract more staff
- Health outcomes and the overall patient experience are improved.

The feedback from Engagement about Acute Medicine

The Fit for the Future Engagement asked people about both Emergency Services and Acute Medicine. We received a significant amount of feedback about how important Cheltenham General Hospital Accident and Emergency Department is to local people.

There are no plans to change the A&E Department in Cheltenham. The service will remain consultant led and there will be no change to the opening hours.

Other themes:

- Concern about the amount of space at Gloucestershire Royal Hospital to accommodate Acute Medicine
- Equal access to services across the county if the service was centralised in one hospital and a focus on mental health as part of all health services were strong themes
- Other comments focused on the importance of attracting, recruiting and retaining the best staff.

Using feedback from Engagement

Taking into account and responding to feedback from Engagement was one of the five evaluation criteria (Acceptability) used during the solutions appraisal process (see pages 16 -19).

Potential Solutions for Acute Medicine (Acute Medical Take)

The table on page 31 shows the potential solutions for Acute Medicine (Acute Medical Take) and provides a high level summary for how each solution scored as part of the Solutions Appraisal Workshop.

What is our preferred option?

Our preferred option is to establish a single Acute Medical Take for Gloucestershire and for this to be centralised on the Gloucestershire Royal Hospital site.

We believe this would achieve the best care and outcomes for patients. This includes making best use of the specialist staff, equipment and facilities we have and also links to other specialist services on site.

It is expected that the changes would affect between 20 to 30 patients a day.

Integrated Impact Analysis (IIA)

The independent IIA considered the impact of the preferred option for Acute Medical Take making the following specific observations:

Potential positive impacts

1. Centralising acute medicine enhances patient safety, improves outcomes and reduces length of stay as it allows for more patients to be seen by a senior reviewer [e.g. doctor] within the national standard of 14 hours of arrival, associated with increased patient discharges [more patients able to return home after being assessed/ initial treatment] and improved clinical outcomes
2. 67% of admissions to acute medicine last year were for over 65s, meaning this cohort [group of patients] is significantly impacted by this change and its benefits
3. 25% of Gloucester city's population are living in deprived areas, approx. 32,000 people. Therefore centralising... Acute Medicine [Acute Medical Take]... to the Gloucestershire Royal Hospital provides improved access to the right specialists to manage the care of this higher risk community.

Potential adverse impacts

1. The largest negatively impacted cohort [groups of patients] are those travelling to Gloucestershire Royal Hospital for the service [who under the current model would be treated at CGH].

The full Integrated Impact Assessment can be read in Section 10 of the Fit for the Future Pre-Consultation Business Case at www.onegloucestershire.net/yoursay

What we think the proposed changes would mean for local people and staff

Cheltenham General Hospital (CGH) is a consultant-led A&E open 8am – 8pm and a nurse-led service from 8pm – 8am, 7 days a week providing a wide range of emergency services and able to resuscitate, stabilise and treat patients as required. Walk-in patients would be able to access the service as before (pre COVID-19 Temporary Changes).

Many patients attending the A&E departments can be diagnosed and treated the same day and return home. Sometimes this involves coming back to hospital for a follow up appointment at either CGH or GRH.

Patients assessed by the clinical team at CGH A&E or GRH A&E that need a hospital stay and can safely go straight to a specialist ward (a ward where staff specialise in that patient's condition) at either Cheltenham or Gloucester would continue to do so.

Patients presenting to CGH with an uncertain diagnosis, for example where further specialist investigation is required to determine which specialty team they need to be referred to, or those patients that need to stay in hospital under the care of the Acute Medicine team, would be transferred to the GRH Acute Medical Unit (AMU).

Patients calling an ambulance whose condition required specialist support from the Acute Medicine team at GRH would be taken there.

We believe this change would enable:

- Quicker access for patients to the right specialist (senior doctor) 24/7
- Shorter waiting times for hospital admissions
- Improved treatment outcomes e.g. by centralising acute medicine on the same site as other specialities such as paediatrics (children's services) and trauma
- More timely access to mental health support teams
- Improved safety: bringing the acute medicine staff rota into one place improves safety as junior doctors can be more easily supervised by senior doctors, which also helps with keeping and recruiting staff.

More information on the reasons for change and how the preferred option could address this can be found in Section 8 of the Fit for the Future Pre-Consultation Business Case at www.onegloucestershire.net/yoursay

Acute Medicine (Acute Medical Take)

Some of the boxes show more than one 'score'. This highlights the range of views in response to the assessment criteria questions.

Potential solutions	Quality of care	Access to care	Workforce	Deliverability	Acceptability
A1: Acute Medical Take at CGH and GRH (no change)	■	■	■	■	■
A3: Centralise Acute Medical Take to GRH PREFERRED OPTION	➕➕	➕	➕➕	➕	➕
	■	■	➕	■	■
		➖			

Key to symbols				
➕➕ Significantly better than the status quo	➕ Slightly better than the status quo	■ Similar to the status quo	➖ Slightly worse than the status quo	➖➖ Significantly worse than the status quo

Detail of all potential solutions considered can be found in Section 7 (process for developing clinical models), Section 8 (detailed description of each service proposal) and Section 9 (proposed models and their impact) of the Fit for the Future Pre Consultation Business Case at www.onegloucestershire.net/yoursay

General Surgery

What are we asking you to consider?

We want to know what you think about the following proposals.

We could either:

- Create a General Surgery centre of excellence at Gloucestershire Royal Hospital (GRH) comprising a centralised Emergency General Surgery service alongside the already centralised planned Upper Gastrointestinal (GI) service and a newly centralised planned Lower GI (colorectal) service. Planned day case Upper and Lower GI (colorectal) surgery would be centralised at CGH

Or

- Centralise Emergency General Surgery at GRH alongside the already centralised planned Upper GI service and create a centre of excellence for Pelvic Resection at Cheltenham General Hospital (CGH) comprising a newly centralised planned Lower GI (colorectal) service alongside Gynae-oncology and Urology. Planned day case Upper and Lower GI (colorectal) surgery would be centralised at CGH.

In these two proposals the configuration for three service areas is the same: Emergency General Surgery at GRH, planned Upper GI at GRH and daycase Upper and Lower GI at CGH.

The proposals differ in the configuration of planned Lower GI (coloretal) surgery - centralise to CGH (C5) or centralise to GRH (C6).

What are the services and how are they currently organised?

Although the words 'general surgery' might suggest this is a catch-all for all types of surgery performed in a hospital, general surgery is a specialty that relates to conditions of the abdomen, specifically the digestive system or gastrointestinal (GI) system.

The general surgery service is made up of four service areas:

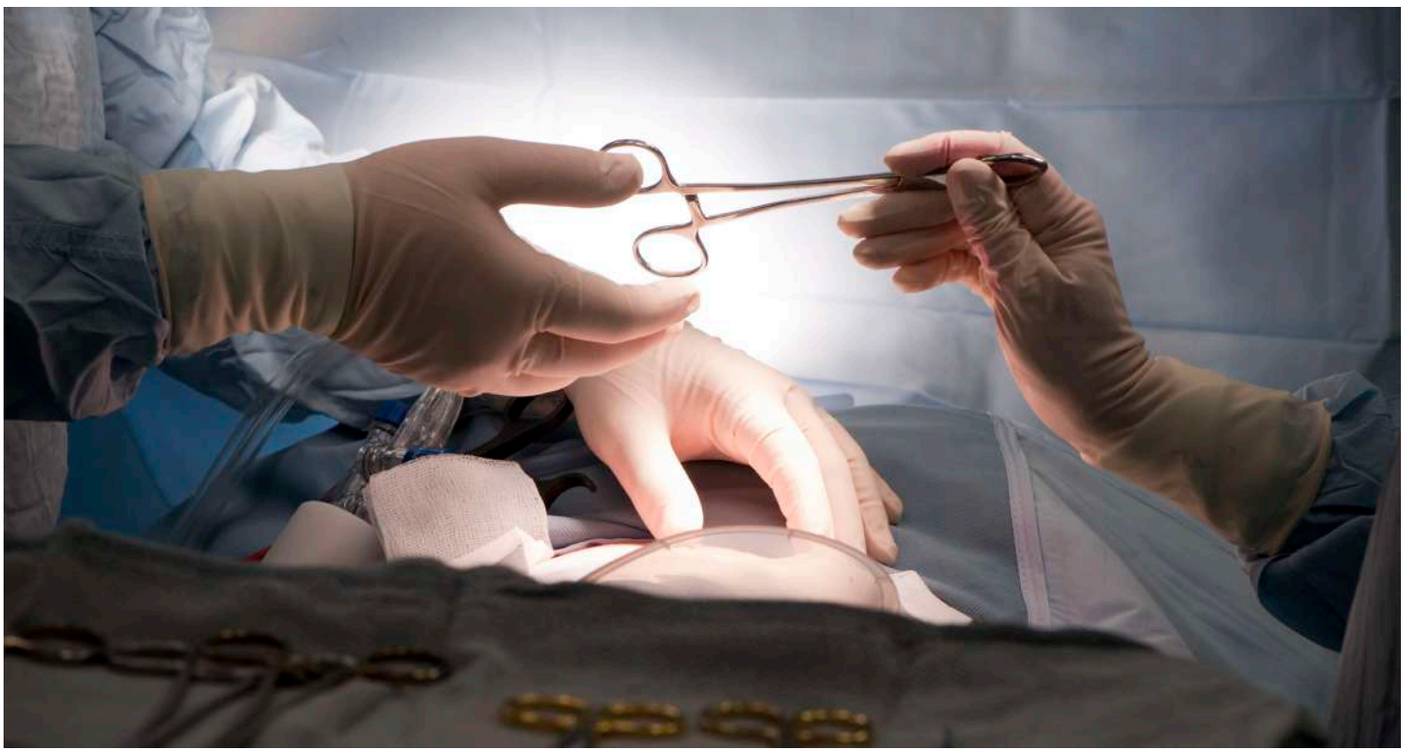
1. Emergency General Surgery
   e.g. suspected burst appendicitis
2. Planned Upper Gastrointestinal (GI) inpatient Surgery
   e.g. removal of gall bladder
3. Planned Lower Gastrointestinal (colorectal) inpatient Surgery
   e.g. surgical bowel cancer
4. Day case Upper and Lower GI Surgery.

All our general surgeons provide care for emergency patients. However, in planned care there are surgeons who specialise in looking after the 'upper' part of the gut, Upper Gastrointestinal (GI) and those who specialise in looking after the 'lower' part of the gut, Lower Gastrointestinal (colorectal).

- Emergency General Surgery is provided on both sites
- Planned Lower GI (colorectal) inpatient Surgery is provided on both sites
- Day case Upper GI and Lower GI (colorectal) Surgery is provided on both sites
- Planned Upper GI Surgery is only provided at Gloucestershire Royal Hospital. Upper GI cancer services from Herefordshire, Worcestershire and Gloucestershire were also centralised to GRH site to comply with 2001 NHS England direction (Improving Outcomes in Upper GI Cancer).

Current services at the two hospitals:

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
Emergency General Surgery	Emergency General Surgery
Planned Lower GI (colorectal) general surgery	Planned Lower GI (colorectal) general surgery
Planned Upper GI general surgery	
Day cases	Day cases
Outpatients	Outpatients



What are the challenges and opportunities for General Surgery?

This section sets out the challenges and opportunities for General Surgery and what we hope to achieve by making changes.

The current service is dependent on the goodwill of our general surgery consultants (extra hours, flexibility to cover different rotas across both sites), which is not sustainable. Nevertheless, there are a number of positives for patients in Gloucestershire:

In terms of planned care:

- Patients in Gloucestershire have access to consultant (senior doctor) led specialist care
- Pre assessment clinics are available – so surgeons can ensure the best possible outcome and you can prepare for your operation
- Highly specialist teams treat patients from outside the county too.

In terms of emergency general surgery:

- If you live in Gloucestershire, the consultant led team is able to treat you in Gloucestershire
- There are better survival rates than the national average for emergency laparotomy – a major operation which involves opening the abdomen (tummy).

Challenges

- There are not enough trainee ('junior') doctors to cover rotas on both sites and there is negative feedback from trainees about their workload
- There is pressure on senior doctor (consultant) time and pressure on rotas:
  - The frequency and intensity of the consultant emergency rota differs between CGH and GRH
  - In a 7 month period in 2019, 15% of shifts (390) for emergency general surgery were not covered. Gaps in rotas have increased by 46% in three years
  - Some consultants from other specialties used to take part in the emergency general surgery rota, but due to changes in their training, they no longer do
  - If there is a trainee gap on the rota, which cannot be filled, the consultant has to cover both workloads and be on site
  - At times senior doctors (decision makers) are in theatre and unavailable to review you if you are waiting for specialist assessment in the Emergency Department or Surgical Assessment Unit. This leads to delays
- The general surgeons involved in emergency care have different sub-specialty interests:
  - These Upper GI and Lower GI (colorectal) specialists take it in turns to do the Emergency General Surgery on call rota, sometimes you will see an Upper GI surgeon and sometimes a Lower GI (colorectal) surgeon
  - If you come in with suspected gallstones (3 in 10 of patients), there is currently less than a 50% chance you will see an Upper GI specialist resulting in delays to the definitive treatment of your gallstones and potential re-admission as an emergency patient
- Although patients undergoing major operations for cancer seldom get cancelled, less complex planned operations requiring a short hospital stay or day case surgery can be cancelled when the hospitals are experiencing a higher number of emergency cases that put pressure on operating theatre space and beds
  - Cancelling or delaying operations means a poor experience for you, longer waiting times and wasted resources.

We want to address these problems to provide better, safer care and a sustainable service for the future.

Opportunities

By making changes, we could ensure:

- Patients are more likely to see the right specialist, first time, 24/7 and have the best possible outcome and experience of care
- There is more robust staff cover (and rotas) for the service (consultants and junior doctors) and better supervision of junior doctors 24/7
- There are fewer cancelled or delayed operations.

The feedback from Engagement about General Surgery

The main engagement themes about General Surgery included the following:

- Some people proposed that General Surgery services should be provided at both Cheltenham General and Gloucestershire Royal Hospitals
- Some people identified the benefit of centralising emergency general surgery in one place to enable the running of daily emergency surgical clinics
- Other people asked whether one hospital would have space for all the emergency general surgery beds needed
- Some concerns were raised about having a hospital without general surgery beds
- It was noted that it was important to attract the next generation of sub-specialist surgeons to Gloucestershire and that creating a 'centre of excellence' at one hospital would help with this objective.

Using feedback from Engagement

Taking into account and responding to feedback from Engagement was one of the five evaluation criteria (Acceptability) used during the solutions appraisal process (see pages 16 -19).

Potential Solutions for General Surgery

The table opposite shows the potential solutions for General Surgery services and provides a high level summary for how each solution scored as part of the Solutions Appraisal Workshop.

A more detailed summary of the Solutions Appraisal can be found in Section 8 of the Pre-Consultation Business case at www.onegloucestershire.net/yoursay

General Surgery

Some of the boxes below show more than one 'score'. This highlights the range of views in response to the assessment criteria questions

Potential solutions	Quality of care	Access to care	Workforce	Deliverability	Acceptability
C1: Emergency General Surgery (EGS) at CGH and GRH (no change)	■	■	■	■	■
C3: Emergency General Surgery at GRH only PREFERRED OPTION	++ ++ ■	+ ■ −	++ ++ +	+ ■	+ ■
C4: Planned Lower GI (colorectal) general surgery at CGH and GRH (no change)	■	■	■	■	■
C5: Planned Lower GI (colorectal) general surgery at CGH NO PREFERRED OPTION	+ ■ −	■ −	+ ■	■ −	No consensus
C6: Planned Lower GI (colorectal) general surgery at GRH NO PREFERRED OPTION	■ +	■ −	++ ++ +	+ ■	■
C8: Planned Upper GI general surgery at CGH	■ +	■	■	−−	−−
C9: Planned Upper GI general surgery at GRH (no change) PREFERRED OPTION	■	■	■	■	■
C10: GI day case surgery at CGH and GRH (no change)	■	■	■	■	■
C11: GI day case surgery at CGH only PREFERRED OPTION	++ ++ ■	+ ■ −	++ ++ ■	+ ■	+ ■

Key to symbols				
++ Significantly better than the status quo	+ Slightly better than the status quo	■ Similar to the status quo	− Slightly worse than the status quo	−− Significantly worse than the status quo

Detail of all potential solutions considered can be found in Section 7 (process for developing clinical models), Section 8 (detailed description of each service proposal) and Section 9 (proposed models and their impact) of the Fit for the Future Pre Consultation Business Case at www.onegloucestershire.net/yoursay

What are our preferred options?

In this consultation, for General Surgery we are asking you to consider two options:

- Create a General Surgery centre of excellence at Gloucestershire Royal Hospital (GRH) comprising a centralised Emergency General Surgery service alongside the already centralised planned Upper Gastrointestinal (GI) service and a newly centralised planned Lower GI (colorectal) service. Planned day case Upper and Lower GI (colorectal) surgery would be centralised at CGH

Or

- Centralise Emergency General Surgery at GRH alongside the already centralised planned Upper GI service and create a centre of excellence for Pelvic Resection at Cheltenham General Hospital (CGH) comprising a newly centralised planned Lower GI (colorectal) service alongside Gynae-oncology and Urology. Planned day case Upper and Lower GI (colorectal) surgery would be centralised at CGH.

In these two options the configuration for three of the four General Surgery service areas are the same:

- Emergency General Surgery at GRH
- Planned Upper GI at GRH
- Daycase Upper and Lower GI at CGH.

The options differ in the location of planned Lower GI (coloretal) surgery:

- Centralise to CGH (C5) or,
- Centralise to GRH (C6).

Integrated Impact Analysis (IIA)

The independent IIA considered the impact of the preferred options for General Surgery making the following specific observations:

Potential positive impacts

1. 25% of Gloucester city's population are living in deprived areas, approx. 32,000 people. Therefore centralising emergency general surgery…to Gloucestershire Royal Hospital provides improved access to the right specialists to manage the care of this higher risk community
2. Given rates of homelessness are slightly higher in Gloucester than surrounding areas; centralising emergency general surgery to Gloucestershire Royal Hospital provides improved access to the right specialists to manage the care of homeless people who present with multiple conditions
3. Some changes will bring teams together and as teams become bigger there will be more opportunity for flexibility of staff.

Potential adverse impacts

1. If emergency general surgery is centralised to Gloucestershire Royal Hospital, people attending A&E at Cheltenham General Hospital or inpatients on wards may need to be transferred to Gloucestershire Royal Hospital
2. Patients over 65 are most vulnerable to deterioration and currently 40% of general surgery patients are over 65, meaning they are disproportionately impacted by this. Currently, only 8 per day in total would be impacted by the new arrangements, with significantly less than 1 patient per day needing transfer in an emergency as a result of inpatient deterioration. This means the impact is relatively small and outweighed by

the positive clinical outcomes. The full Integrated Impact Assessment can be read in Section 10 of the Fit for the Future Pre-Consultation Business Case at www.onegloucestershire.net/yoursay

What we think the proposed changes to Emergency General Surgery would mean for local people and staff (C3)

We believe this change would:

- Reduce waiting times for surgery
- Improve the clinical outcomes of treatment because we would have both kinds of sub-specialists, Upper GI and Lower GI (colorectal) surgeons, available at all times and all emergency patients would have access to the Surgical Assessment Unit
- Ensure 24/7 access to an emergency theatre, which also reduces waiting times for emergency surgery and improves outcomes
- Benefit staffing: the experience for junior doctor trainees would be enhanced and recruitment and retention of staff would be improved.

What we think the proposed changes to planned Lower GI (colorectal) general surgery at CGH or GRH would mean for local people and staff (C5) or (C6)

Centralising planned Lower GI (colorectal) services on a single site would:

- Improve quality of care, because we could establish a centralised specialist team made up of colorectal surgeons, specialist nurses and other specialist staff. We know it is best practice for patient care to be provided by a dedicated team
- Reduce the risk of operations being cancelled because there would be dedicated 'ring-fenced' facilities available for use by the specialty.

C5 Cheltenham General Hospital

We believe this change would:

- Offer benefits to patients through colocation with Gastroenterology inpatient services to support delivery of excellence in digestive disease care
- Offer benefits to patients through colocation of planned Lower GI (colorectal) surgery with Gynaecological oncology and Urology to deliver a centre of exellence for Pelvic Resection (cancer treatment and other conditions)
- Further reduce the risk of operations being cancelled because the inpatient unit would be physically separate from the pressures of the Emergency General Surgery service at Gloucestershire Royal Hospital.

C6 Gloucestershire Royal Hospital

We believe this change would:

- Bring quality improvements through the establishment of a centralised specialist team
- Offer additional benefits to patients by the service being colocated with Planned Upper GI surgery to provide excellence in Gastrointestinal Surgery and on the same site as Emergency General Surgery to deliver on site specialist support for all General Surgery patients 24/7
- Reduce the risk of operations being cancelled because there would be dedicated 'ring-fenced' planned Upper GI and Lower GI (colorectal) general surgery facilities available for use by this specialty at the GRH site.

What we think the proposed changes to General Surgery Day Cases would mean for local people and staff (C11)

We believe:

- A day surgery unit for general surgery (Upper GI and Lower GI/colorectal) with dedicated staff and facilities designed to meet the needs of the service would improve the quality of treatment and patient experience because:
  - There would be increased capacity for operations
  - Fewer operations would be cancelled because beds on the day surgery unit would not be used for emergency patients
  - Care would be provided in a modern, new and dedicated facility at Cheltenham General Hospital
  - There would be more time for staff to provide self-care advice to patients.

More information on the reasons for change and how the options could address this can be found in Section 8 of the Fit for the Future Pre-Consultation Business Case at www.onegloucestershire.net/yoursay


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Image Guided Interventional Surgery

What are we asking you to consider?

We want to know what you think about our preferred option to create:

- An Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital
- A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.

What are the services and how are they currently organised?

By Image Guided Interventional Surgery (IGIS) we mean procedures where the surgeon uses instruments with live images to guide the procedure. IGIS comprises interventional radiology, interventional cardiology and vascular surgery.

One of the benefits of image guided surgery is that when you need an operation the surgeon does not need to make a large cut and instead can perform your surgery via a small 'keyhole', which means you can heal and recover more quickly.

This avoids the need for more invasive, open surgery. It reduces the risk to the patient, the amount of time the person needs to stay in hospital and their recovery time.

Planned treatments:

- Treating furred-up arteries in the leg
- PCI (Percutaneous Coronary Intervention): unblocking arteries in the heart
- Cancer diagnosis and treatment
- Electrophysiology: treating disorders of the heart's electrical systems.

Emergency treatments:

- Treating bleeding blood vessels in the gut
- Primary PCI (unblocking the heart's arteries in an emergency).

Interventional radiology means using real time images of the inside of your body, captured by X-ray, MRI, ultrasound scans and CT scans to diagnose or treat problems with blood vessels.

Interventional Cardiology (heart medicine and surgery), vascular surgery (diagnosis and management of arteries) and interventional radiology use similar equipment, similarly trained support staff and have similar processes for caring for you following a procedure. These services also regularly need specialist input from each other. In many cases these services are treating the same group of patients.

At the moment, interventional radiology is split across both hospital sites, whilst vascular surgery and interventional cardiology are centralised on the Cheltenham General Hospital site.

Our idea is to bring together the staff and resources we have and establish a 24/7 hub for image guided interventional surgery, comprising interventional radiology, vascular surgery and interventional cardiology at GRH alongside trauma, hyper-acute stroke, emergency general surgery and acute medicine (Acute Medical Take) (if a decision is made to locate EGS and Acute Medical Take at GRH) as well as an IGIS spoke at CGH to support oncology, urology and other surgical specialties.

Current services at the two hospitals:

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
Interventional Radiology › Interventional Room x 1 › CT scanner x 1	Interventional Radiology › Interventional Room x 1 › CT scanner x 1
	Interventional Cardiology › Catheter Lab x 2
	Vascular Surgery › Hybrid Theatre x 1 (shared)

What are the challenges and opportunities for Image Guided Interventional Surgery?

This section sets out the challenges and opportunities for Image guided interventional surgery and what we hope to achieve by making changes.

Although change is needed to provide greater benefits to patients, the service is in a strong position to do this:

- There is a highly skilled workforce (with opportunities and skills to expand local IGIS services)
- There is state of the art CT scanning machine at GRH (only 5 of these new CT scanners in the country)
- Although there are vacancies in the service, we are in a comparatively strong position in recruitment terms when compared to similar NHS trusts although these changes would make us more appealing to new recruits in the future
- We have a group of interventionalists, surgeons and radiologists who support the option to centralise services and the advantages this could bring.

Challenges

- The services described above are split across sites, this does not allow us to treat as many patients using image guided surgery as we would like resulting in patients having more traditional / open surgery which could be avoided
- Around 120 patients a year travel outside of the county for image guided surgery procedures that could be provided locally as a result of our proposed changes
- We do not provide emergency heart procedures after 8pm or at weekends
- We cannot provide a robust on-call consultant radiologist service 24/7
- We do not have a local Electro Physiology (EP) ablation (a test to measure the electrical activity of the heart and to diagnose arrhythmia or abnormal heart rhythms) service
- We are not able to offer the most up to date treatments with our resources
  - Our interventional radiology and catheter lab equipment is ageing and needs replacing and we want to agree the long term configuration of this service before we invest in new equipment
  - We need to make the most of the staffing we have and attract people to work here
- Services are spread across multiple locations:
  - This drives up the cost of equipment and storage
  - It increases staff costs covering multiple sites
  - Links and joint working could be stronger across similar services.

Opportunities

There are opportunities to:

- Increase the range of image-guided interventional procedures we offer – ensuring you are able to access the most effective and up-to-date procedures for both emergency and planned operations
- Reduce the likelihood of you needing to be transferred between hospital sites, or to a hospital outside of the county
- Attract and keep some of the very best staff in the country
- improve efficiencies in staff deployment and develop innovative new roles by co-locating these services at one location. Cardiology, interventional radiology and endovascular surgery use similar equipment, similarly trained support staff, and similar recovery processes post-operations

- Reduce the duplication of equipment and support investment in new cutting edge technology in an image guided interventional radiology hub.

The feedback from Engagement about Image Guided Interventional Surgery

The main themes from the feedback collected during the earlier Engagement were that:

- There was a mixed view on the location of the 24/7 IGIS hub, but agreement there should be one hub for Gloucestershire
- What was more important was that there was a comprehensive IGIS service in Gloucestershire so that local people do not need to travel out of the county anymore.

Using feedback from Engagement

Taking into account and responding to feedback from Engagement was one of the five evaluation criteria (Acceptability) used during the solutions appraisal process (see pages 16 -19).

Potential Solutions for Image Guided Interventional Surgery

The table opposite shows the potential solutions for Image guided interventional surgery and provides a high level summary for how each solution scored as part of the Solutions Appraisal Workshop.

What are our preferred options?

The preference is to bring together the staff and resources we have and establish a 24/7 hub for image guided interventional surgery.

This would comprise interventional radiology, interventional cardiology and vascular surgery at GRH alongside trauma, hyper-acute stroke, emergency general surgery and acute medicine (Acute Medical Take) (if a decision is made to locate EGS and Acute Medical Take at GRH), as well as an IGIS spoke at CGH to support oncology, urology and other surgical specialties.

Vascular surgery

NHS England and Improvement and the Vascular Society of Great Britain and Ireland have recommended single-site locations within the national specifications for vascular services, including the need to be collocated with trauma units, which aims to improve patient care.

As part of the shortlisting process, the proposals underwent an independent external review by the NHS South West Clinical Senate, who supported the preferred option.

The preferred option for vascular surgery is to locate the service at GRH. A single specialist centre co-located with other 24/7 emergency specialties would enable high quality patient care to be delivered by a highly skilled multi-disciplinary clinical team.

The GRH option would mean that vascular patients and clinical teams have access to other acute specialty services when needed, including 24/7 surgical services, 24/7 acute medical services and 24/7 interventional radiology.

If this option was supported, the service would be delivered from a dedicated vascular ward and hybrid operating theatre to manage emergency admissions. This would reduce the need for very sick patients to be transferred between CGH and GRH for emergency admissions or dialysis.

Image Guided Interventional Surgery

Some of the boxes show more than one 'score'. This highlights the range of views in response to the assessment criteria questions.

Potential solutions	Quality of care	Access to care	Workforce	Deliverability	Acceptability
B1: Interventional Radiology ay GRH, Interventional Radiology, Interventional Cardiology and Vascular Surgery at CGH (No change)	■	■	■	■	■
B2: 24/7 IGIS hub & vascular surgery at GRH, IGIS spoke at CGH	➕➕	➕	➕➕	➕	➕
	➕	■	➕		

Key to symbols				
➕➕ Significantly better than the status quo	➕ Slightly better than the status quo	■ Similar to the status quo	➖ Slightly worse than the status quo	➖➖ Significantly worse than the status quo

Detail of all potential solutions considered can be found in Section 7 (process for developing clinical models), Section 8 (detailed description of each service proposal) and Section 9 (proposed models and their impact) of the Fit for the Future Pre Consultation Business Case at www.onegloucestershire.net/yoursay

This innovative approach would make Gloucestershire amongst the best NHS services in the country for providing a full range of image-guided interventional surgery.

Integrated Impact Analysis (IIA)

The independent IIA considered the impact of the options for Image Guided Interventional Surgery making the following specific observations:

Potential positive impacts

1. By centralising the IGIS hub patients would now have a 24/7 service available to them
2. By co-locating [IGIS] with the county's Trauma hub [see Trauma and Orthopaedics page 57] patients are more likely to receive emergency intervention [care] faster. By co-locating [IGIS] with vascular the Trust is creating a multi-disciplinary approach to management of primary angioplasty which can improve patient outcomes
3. 68% of interventional cardiology patients and 66% of vascular patients last year were over 65, meaning this cohort (group of patients) is significantly impacted by this change and its benefits
4. 25% of Gloucester city's population are living in deprived areas, approx. 32,000 people. Therefore centralising …IGIS to the Gloucestershire Royal Hospital provides improved access to the right specialists to manage the care of this higher risk community
5. There are currently patients travelling out of county for IGIS procedures. By centralising IGIS it improves the ability for this provision to expand, increasing the potential for more patients to be treated in the county, overall reducing travel for some patients. Within the scope of the IGIS service proposals are the current 115 patients who undergo various Interventional Radiology interventions mostly delivered from Birmingham and Oxford, a few from Bristol, and some travel as far as Leeds
6. By creating an IGIS hub, this creates new opportunities for staff to train and develop new specialist skills as well as to attract and retain more staff.

Potential adverse impacts

1. A centralised hub for IGIS would provide the capacity and capability to provide specialist centralised care for these patients. It is important to consider patients having interventional surgery are often more complex and can be higher risk, often with other co-morbidities and long term conditions such as cardiovascular conditions. Engagement with staff identified some concerns that patient safety may be compromised by having IGIS and vascular separate [not the preferred option] as this could result in some complex and emergency vascular patients needing to transfer, identified vulnerable groups are patients who have had a mini stroke or patients with carotid artery disease.

The full Integrated Impact Assessment can be read in Section 10 of the Fit for the Future Pre-Consultation Business Case at www.onegloucestershire.net/yoursay

What we think the proposed changes would mean for local people and staff

We believe this change would:

- Reduce travel for Gloucestershire patients (who currently access certain procedures out of county)
- Increase access locally to less invasive techniques, which are also associated with improved outcomes
- Help us to go a long way towards resolving recruitment challenges by creating a centralised IGIS hub and designing a specialist cross-cover nursing rota
- Ensure state-of-the-art equipment is centralised and better utilised.

More information on the reasons for change and how the preferred option could address this can be found in Section 8 of the Fit for the Future Pre-Consultation Business Case at www.onegloucestershire.net/yoursay

Gastroenterology inpatient services

What are we asking you to consider?

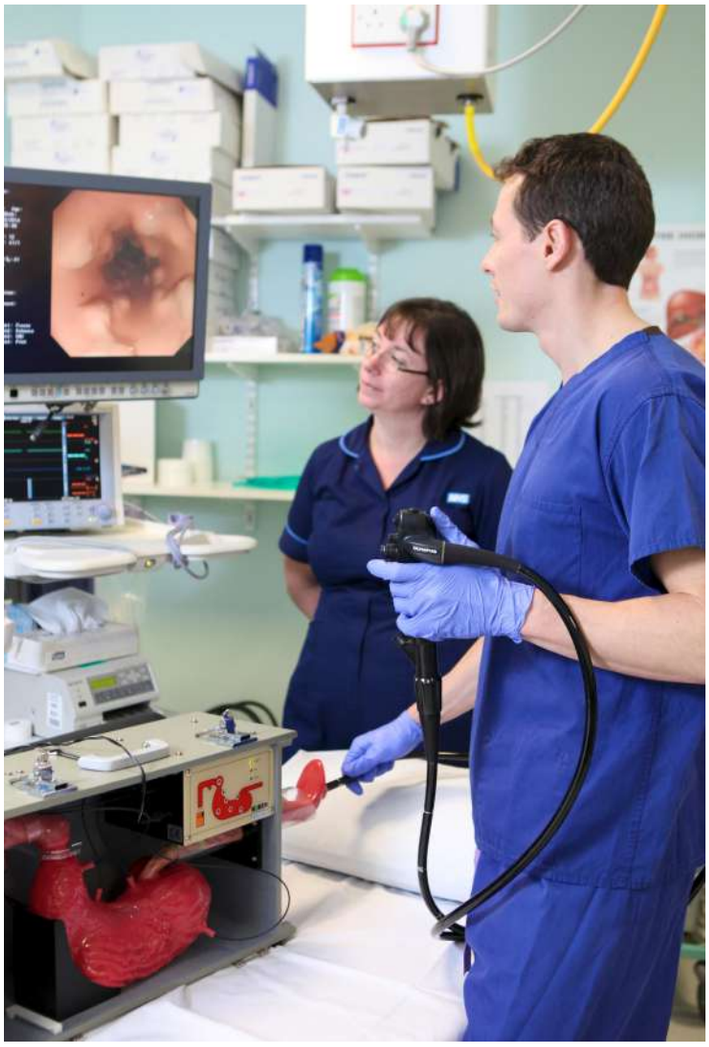
We want to know what you think about our preferred option to maintain:

- A 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.

What are the services and how are they currently organised?

The Gastroenterology service provides:

- Medical care (non-surgical) for you if you have stomach, pancreas, bowel or liver problems
- Endoscopy tests (diagnostic camera tests of either the upper or lower gut to diagnose a range of conditions including stomach and bowel cancer)
- Care for patients with illnesses like cirrhosis, coeliac disease, ulcerative colitis and Crohn's disease, Irritable Bowel Syndrome, stomach ulcers and digestive problems.



Before the pilot in Winter 2018 services were organised as follows:

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
Gastroenterology inpatient services	Gastroenterology inpatient services
Acute Medical Initial Assessment (AMIA) unit and high acuity gastroenterology beds	Endoscopy and outpatient services
Endoscopy and outpatient services	

Before the pilot service change in Winter 2018, the Gastroenterology team looked after two wards, one at Cheltenham General Hospital (CGH) and one at Gloucestershire Royal Hospital (GRH).

Only 30% of patients under the care of Gastroenterology at that time needed the skills and experience of the Gastroenterology team.

The Gastroenterology team spent most of their time on wards caring for non-Gastroenterology patients and less of their time delivering endoscopy sessions and outpatient clinics. This had an impact on waiting times.

After the pilot changes were introduced in winter 2018:

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
Acute Medical Initial Assessment (AMIA) unit high acuity gastroenterology beds	Gastroenterology inpatient services
Endoscopy and outpatient services	Endoscopy and outpatient services

The pilot service change, introduced in 2018, involved the concentration of inpatient gastroenterology services (the consultant and nursing team) on one ward (Snowshill) at CGH.

This has resulted in improved specialist care for inpatients in the most appropriate setting.

If you need a planned hospital stay you can be admitted directly to CGH where you receive rapid consultant led review and treatment.

The Consultant Gastroenterology time released from the ward round cover at GRH has been used to enhance outpatient and endoscopy services on both sites, including a 7 day a week endoscopy service at both CGH and GRH and consultant outreach services at Stroud and Cirencester hospitals.

Although the majority of gastroenterology beds are now based at Cheltenham, the gastroenterology team continue to support you if you need emergency care at both sites.

The Acute Medical Initial Assessment (AMIA) Unit at GRH provides specialist care for you if you have a gastrointestinal condition, ensuring you are reviewed each day by a Consultant Gastroenterologist. There are two 'high acuity' beds for patients who are very unwell.

What are the challenges and opportunities for Gastroenterology inpatient services?

This section sets out the challenges and opportunities for Gastroenterology inpatient services and what we hope to achieve by making changes.

Challenges (pre pilot)

- Providing the right number of specialist Gastroenterology staff across both sites
- Recruiting and keeping enough specialist staff
- Providing the best environment for training junior doctors – high workload was compromising the training experience risking removal of training status
- Waiting times for endoscopy procedures and outpatient clinics were longer than they needed to be.

Benefits and opportunities (post pilot)

- Doctors and nurses have been able to focus on their specialist area, which in turn aids recruitment and retention
- Patients are being seen and treated more quickly by the right specialists resulting in a reduced length of stay, a better patient experience and improved patient flow through the wards
- The Trust has been able to address junior doctor concerns and provide an improved training environment
- A reduction in waiting times for endoscopy and outpatients – it has freed up time for the team to deliver more endoscopy procedures (examination of the stomach or bowel) and outpatient clinics
- The change supports a centre of excellence approach to Gastroenterology inpatient care.

Evaluation of the pilot: Gastroenterology inpatient services:

- Time to be seen by a gastroenterologist from referral has reduced from 24–48hrs to 6–12hrs
- Capacity has been increased in endoscopy by 5.6 lists a week (providing treatment for an additional 237 patients a year). With the result that waiting times have reduced and costs spent on private providers reduced
- The number of patients transferring between the sites has decreased, indicating emergency patients are seeing the right specialist at the right time and admissions are reduced
- There has been much positive feedback from staff and patients
- Feedback from Trainee doctors is positive, now they are able to concentrate within the subspecialty and the opportunity for specialist experience and supervision is now reported as excellent.

Impact Analysis - Gastroenterology inpatient services pilot

During the period of the pilot the impact of the change has been monitored and where necessary mitigations have been put in place to address negative impacts identified.

Impacts

1. The majority of gastroenterology patients are in the 18 to 64 year age range. There are a number of patients with identified needs for whom it is important to ensure access to the service is equitable, for example 25% of the Gloucester city population living in deprived areas and the rates of homelessness being slightly greater in Gloucester. Although the inpatient ward is currently based at Cheltenham General Hospital there is access to gastroenterology services at GRH; with 7 day per week emergency endoscopy provision and a rostered gastrointestinal consultant and registrar at Gloucestershire Royal Hospital to assess patients who are referred either from ED or other specialist areas ensuring the same level of emergency care at both sites
2. There are some patients who will attend Gloucestershire Royal Hospital who may require a longer stay and therefore need to transfer to Cheltenham General Hospital for admission. There is a process in place to transport these patients
3. There are some patients with long term conditions that may need multiple admissions and some of these will live in the west of the county requiring a longer journey. However the dedicated environment and improved outcomes resulting from care provided by the specialist team mitigates the additional journey time.

Potential Solutions for Gastroenterology inpatient services

The table opposite shows the potential solutions for Gastroenterology inpatient services and provides a high level summary for how each solution scored as part of the Solutions Appraisal Workshop.

What is our preferred option?

The preferred option is for inpatient Gastroenterology to remain co-located on the CGH site.

Gastroenterology inpatient services

Some of the boxes show more than one 'score'. This highlights the range of views in response to the assessment criteria questions.

Potential solutions	Quality of care	Access to care	Workforce	Deliverability	Acceptability
1: Current pilot	■	■	■	■	■
Revert to pre-pilot configuration	⊟	⊞	⊟	■	⊟
		■	⊟⊟	⊟	
		⊟			

Key to symbols				
⊞⊞ Significantly better than the status quo	⊞ Slightly better than the status quo	■ Similar to the status quo	⊟ Slightly worse than the status quo	⊟⊟ Significantly worse than the status quo

Detail of all potential solutions considered can be found in Section 7 (process for developing clinical models), Section 8 (detailed description of each service proposal) and Section 9 (proposed models and their impact) of the Fit for the Future Pre Consultation Business Case at www.onegloucestershire.net/yoursay

Trauma and Orthopaedic inpatient services

What are we asking you to consider?

We want to know what you think about our preferred option to maintain:

- Two 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

What are the services and how are they currently organised?

The service relates to trauma surgery (if you have been injured in an accident) and planned orthopaedic surgery (e.g. hip and knee replacements).

Before the pilot in Autumn 2017:

Prior to the pilot service change, both trauma surgery and planned orthopaedic surgery was carried out at Gloucestershire Royal Hospital (GRH) and Cheltenham General Hospital (CGH):

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
Trauma surgery Spinal surgery	Trauma surgery
Planned orthopaedic surgery Paediatric orthopaedic surgery	Planned orthopaedic surgery

Under the pilot, all orthopaedic trauma surgery is now carried out at GRH and as much planned orthopaedic surgery as possible e.g. hip and knee replacements is carried out at CGH.

Approximately 30% of planned work remains at GRH. The paediatric (children's) wards are in GRH and therefore paediatric surgery must remain there. There are some sub-specialties where there are links with trauma surgery. The remainder were not transferred because there was insufficient theatre capacity at CGH.

However all arthroplasty (joint replacement) surgery is undertaken at CGH where the planned orthopaedic ward is ring-fenced to comply with infection control guidance.

After the pilot changes in Autumn 2017:

Gloucestershire Royal Hospital (GRH)	Cheltenham General Hospital (CGH)
Trauma surgery	60% planned orthopaedic surgery
Spinal surgery	All arthroplasty (joint replacement) surgery
Paediatric orthopaedic surgery	

What are the challenges and opportunities for Trauma and Orthopaedic inpatient services?

This section sets out the challenges and opportunities for Trauma and Orthopaedic inpatient services and what we hope to achieve by making changes.

Challenges (pre pilot)

- Waiting times for some trauma surgery were longer than they needed to be
- Trauma patients were not always being seen and reviewed by a senior doctor in a timely way
- There were more cancelled operations for planned orthopaedic surgery, to make way for trauma cases and due to winter bed pressures
- High workload for junior doctors was compromising the training experience risking removal of training status.

Benefits and opportunities (post pilot)

The change has supported a centre of excellence approach to care for both emergency care (trauma) and planned care (orthopaedics).

Trauma service:

- There has been a reduction in waiting times for trauma surgery
- All trauma patients are receiving a daily senior review by the on-call consultant 7 days a week, reducing the length of time people need to spend in hospital
- If you are referred by your GP or community minor injury service you are triaged (assessed) by a senior doctor through discussion and review of imaging and if you have an urgent need your care is prioritised, which may be an immediate admission to GRH, but is most likely to be an outpatient appointment at either CGH or GRH. If you do not need to attend the hospital again you will be contacted and receive advice over the telephone to avoid an unnecessary journey
- Doctors are working to a professional standard to provide a review within 30 minutes if you are referred by the Emergency Department
- There is enhanced junior doctor (trainee) support available, teaching experience has improved and there has been an increase in applicants for jobs.

Planned orthopaedic care:

- There has been an increase in the number of patients treated a month
- There have been fewer cancelled operations
- There has been a reduction in length of hospital stays for hip and knee surgery
- Centralisation has enabled rationalisation of prosthesis and theatre kit, which has meant fewer operations cancelled and financial savings.
- There has been better use of our operating theatres i.e. we were able to operate on more patients.

Evaluation of the pilot: Trauma and Orthopaedic inpatient services:

The pilot evaluation is based on data and evidence for the period November 2017 to April 2019.

It highlighted some key benefits:

Orthopaedic Trauma improvements

- All trauma patients now receive a daily senior review by the on-call consultant 7 days a week
- Doctors are working to a professional standard to provide a review within 30 minutes if you are referred by the Emergency Department. This is done face to face at GRH and remotely, but by the same team, at CGH
- Every GP and MIIU (community minor injury and illness unit) trauma referral is triaged (initially assessed) by a senior clinician. Patients are prioritised with urgent cases seen sooner and those that do not require further treatment are contacted by telephone with clinical advice to avoid them attending for an unnecessary appointment
- Enhanced junior doctor support and teaching experience has been recognised by the Severn Deanery, improving the skills of clinical team members
- Theatre rotas for trauma surgery have been altered to provide more timely surgery for those patients requiring very specialist surgery.

In addition, a trial of an acute assessment and treatment unit (TATU) in June 2019 included 648 patients, and supported 311 patients to return home rather than being admitted to a hospital.

Orthopaedic Planned Surgery improvements

- Average length of stay for planned primary hip replacement has reduced by 20% and the Trust as a whole is below the national average for length of hospital stay (hip and knee surgery)
- There was a 7% increase for planned hip and knee replacements during the pilot, but the average on the day cancellations each month fell by 55% and cancellations up to 5 days before fell by 29%.

Impact Analysis - Trauma and Orthopaedics inpatient services pilot

During the period of the pilot the impact of the change has been monitored and where necessary mitigations have been put in place to address negative impacts identified.

Impacts

1. 25% of Gloucestershire city population are living in deprived areas, approximately 32,000 people. Therefore, centralising trauma (emergency orthopaedics) to Gloucestershire Royal Hospital provides improved access to the right specialists to manage the care of this higher risk community
2. Rates of homelessness are slightly higher in Gloucester than surrounding areas; this group have a significant requirement for trauma services
3. As part of the initiative a trauma triage service was set up. This means that anyone who comes into the Emergency Department at Cheltenham General Hospital, Gloucestershire Royal Hospital or any of the Minor Injury Units will have an independent review of their case notes and X-rays by a senior orthopaedic surgeon, 7 days a week. This enables the service to prioritise those requiring immediate treatment. Those that do not need to attend the hospital again are contacted by advanced nurse practitioners to give advice by telephone. This prevents unnecessary journeys to hospital which is especially helpful for the elderly or those with physical disability or learning difficulty
4. Despite some patients from the west of the county having to travel further for elective (planned) orthopaedic surgery the move of elective care to Cheltenham General Hospital has enabled the provision of ring-fenced wards with 80% lower chance of cancellation due to emergency trauma patients requiring the attention of specialist staff
5. The way the inpatient beds are organised now (in the pilot) includes 17 single rooms at Cheltenham General Hospital and 18 at Gloucestershire Royal Hospital which gives flexibility to maintain privacy and dignity, allowing segregation of gender and availability of single rooms for those with learning disabilities etc
6. Outpatient clinics are unaffected and will be maintained at Cheltenham General, Gloucestershire Royal and Community Hospitals creating no impact on travel times
7. There are some patients who attend A&E at Cheltenham General Hospital who may need to transfer to Gloucestershire Royal Hospital for admission. This has been mitigated by working with the Ambulance Service to ensure that patients who are likely to require admission are taken directly to Gloucestershire Royal Hospital. Senior orthopaedic doctor input is available for patients in A&E at both Cheltenham General and Gloucestershire Royal Hospitals and there is a process in place to transfer patients who require admission
8. Not all elective (planned) surgery is undertaken at Cheltenham Hospital. This is due to insufficient theatre space at Cheltenham General Hospital. The planned services that remain at Gloucestershire Royal Hospital are those with the most clinical links with trauma e.g. spinal services. A ring-fenced separate ward area has been created at Gloucestershire Royal Hospital with a £200K renovation.

Potential Solutions for Trauma and Orthopaedic inpatient services

The table opposite shows the potential solutions for Trauma and Orthopaedic inpatient services and provides a high level summary for how each solution scored as part of the Solutions Appraisal Workshop.

What is our preferred option?

The preferred option is to retain trauma (emergency orthopaedics) at GRH and the majority of elective (planned) orthopaedics at CGH.

Trauma and Orthopaedic inpatient services

Some of the boxes show more than one 'score'. This highlights the range of views in response to the assessment criteria questions.

Potential solutions	Quality of care	Access to care	Workforce	Deliverability	Acceptability
1: Current pilot	■	■	■	■	■
Revert to pre-pilot configuration	−	+	−	■	−
		■	−−	−	
		−			

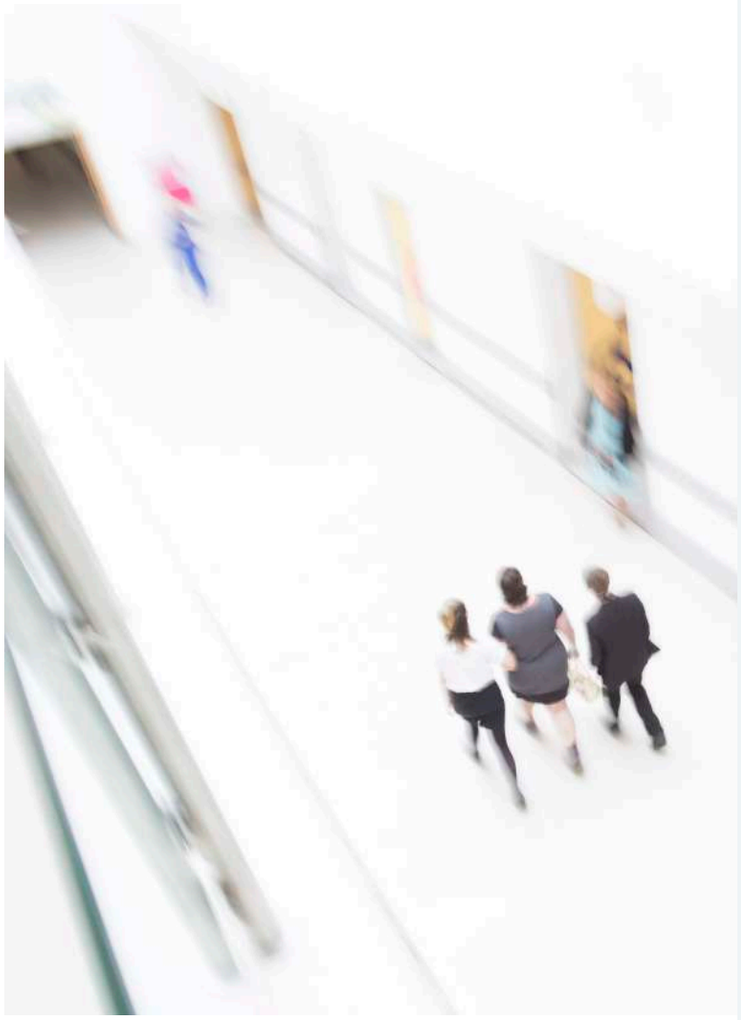
Key to symbols				
++	+	■	−	−−
Significantly better than the status quo	Slightly better than the status quo	Similar to the status quo	Slightly worse than the status quo	Significantly worse than the status quo

Detail of all potential solutions considered can be found in Section 7 (process for developing clinical models), Section 8 (detailed description of each service proposal) and Section 9 (proposed models and their impact) of the Fit for the Future Pre Consultation Business Case at www.onegloucestershire.net/yoursay

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 our proposal to create new 'centres of excellence' for a range of specialist hospital services. 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 consultation.



What you need to do:

You can complete the survey online at: www.onegloucestershire.net/yoursay

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

1. Please read the information contained within this consultation booklet
2. Complete the Fit for the Future 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.participation@nhs.net
- write to: FREEPOST RRYY-KSGT-AGBR, Fit for the Future, Sanger House, 5220 Valiant Court, Gloucester Business Park, Gloucester, GL3 4FE
- call Freephone to leave a message on: 0800 0151 548.

Having read the information about the proposed changes to local specialist hospital services, please complete and return this survey by 12 noon on 17 December 2020. If you prefer you can complete the survey online at: www.onegloucestershire.net/yoursay

Data protection: 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, will be stored securely and only used to inform this consultation.

Proposals for change

Acute Medicine (Acute Medical Take)

Please tell us what you think about our preferred option to develop:

A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.

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:

General Surgery

Please tell us what you think about our preferred option to develop:

A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.

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:

Please tell us what you think about our preferred option to develop:

A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).

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:

If you support our preferred option to create a single site 'centre of excellence', where do you think a 'centre of excellence' for Planned Lower GI (colorectal) general surgery should be developed?

- ☐ Cheltenham General Hospital (CGH)
- ☐ Gloucestershire Royal Hospital (GRH)
- ☐ No opinion

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

Please tell us what you think about our preferred option to develop:

A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at CGH.

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:

Image Guided Interventional Surgery (IGIS)

Please tell us what you think about our preferred option to develop:

A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.

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:

Please tell us what you think about our preferred option to develop:

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.

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:

Gastroenterology inpatient services

Please tell us what you think about our preferred option to maintain:

A permanent 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.

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:

Trauma and Orthopaedics (T&O) inpatient services

Please tell us what you think about our preferred option to maintain:

Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

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 our proposals on you and your family

Please tell us about any impact, either positive or adverse, that you think any of our proposals could have on you and your family (please tell us which service your feedback relates to e.g. IGIS)?

If you think any of our proposals 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. IGIS)?

Do you have any alternative suggestions for how any of the services covered in the consultation could be organised (please tell us which service your feedback relates to e.g. IGIS)? When describing your suggestions where possible please refer to the assessment criteria, developed in collaboration with local people during the Fit for the Future Engagement (see pages 17/19).

Anything else you would like to say?
(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:

- ☐ A health or social care professional
- ☐ A community partner
- ☐ A member of the public
- ☐ Prefer not to say

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
- [ ] Other
- [ ] 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
- ☐ 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
- ☐ Prefer not to say

Are you:

- [ ] Male
- [ ] Female
- [ ] Transgender
- [ ] Other
- [ ] Prefer not to say

Do you identify with your gender as registered at birth?

- [ ] Yes
- [ ] No
- [ ] 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,
Sanger House,
5220 Valiant Court,
Gloucester Business Park,
Gloucester,
GL3 4FE

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').
- **Admission (to hospital)**: a hospital stay.
- **Arthroplasty**: a surgical procedure to restore the function of a joint.
- **Assessment (or Evaluation) Criteria**: used to judge (assess) whether a way of organising services would work or not. Each criteria e.g. access to care - has a set of questions used to support the assessment. Used to compare different ways of organising services.
- **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.
- **Citizens' jury**: members of the public representing a cross section of the community are recruited and tackle a public policy question like 'how should we organise these health services?'

  The jury meets face to face or online and is provided with reliable, impartial information from expert witnesses. The jury members ask questions of the experts and work together to reach conclusions.

  The jury recommendations and observations are published and fed back to decision makers.
- **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.
- **Clinically viable models**: a way of providing services that works well to support high quality health care.
- **Coeliac disease**: a condition where a person's immune system attacks their own tissues when they eat gluten. This damages the lining of the gut so the person is unable to absorb nutrients from food properly.
- **Comorbidity**: is the state of having multiple health conditions at the same time. Morbidity is the state of being sick or having a disease.
- **Configuration**: how services are organised.
- **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.
- **Crohn's disease**: a lifelong condition where parts of the digestive system become inflamed.
- **Deliverability**: looking at whether a potential service change can be successfully implemented or run.
- **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.
- **Endoscopy:** a procedure where organs inside a person's body are looked at using an instrument called an endoscope. An endoscope is a long, thin, flexible tube that has a light and camera at one end. Images of the inside of the body are shown on a television screen.

  Endoscopy can be used to diagnose a condition.
- **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.
- **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).
- **Gynaecological oncology:** a specialised area of cancer care focusing on the diagnosis and treatment of cancers affecting women's reproductive organs.
- **Health outcomes:** the result of the advice, care or treatment a person receives on their health.
- **Hyper acute stroke unit:** 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.
- **Integrated Impact Assessment (IIA):** an assessment of potential changes to services that identifies groups who could be affected more than others by the changes.
- **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).
- **Interventional radiology:** means using real time images of the inside of the body, captured by X-ray, MRI, ultrasound scans and CT scans to diagnose or treat problems with blood vessels.
- **Interventionalist:** physician specifically trained to perform interventional or minimally invasive procedures (see also Interventional cardiology for a definition of 'minimally invasive').
- **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.
- **Mitigation:** measures/actions put in place to address negative impacts.
- **Multi-disciplinary Team**: a group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients.

- **Output of Consultation Report**: a report that includes a description of the consultation activities and the themes of the feedback received.
- **Patient flow**: the patient's care journey through a hospital to meet their care needs e.g. from initial assessment in a unit to surgery or care on a ward to leaving hospital. On occasions, it can involve transfer between hospital sites.
- **Pelvic resections**: are complex surgeries in a which a part of the pelvic ring is surgically removed, usually to treat a malignant tumour.
- **Potential solutions**: an idea for improving the way services are organised and improving outcomes for patients (see health outcomes).
- **Pre assessment clinic**: where health staff e.g. doctors and nurses can plan for a person's treatment or operation to ensure they get the best possible outcome (see health outcomes).
- **Pre Consultation Business Case**: a detailed planning document the local NHS needs to produce when thinking about service changes.
- **Preferred option**: a preferred way of organising a service or services that follows a process of engagement and appraisal (see engagement). There is not always a preferred option.
- **Prosthesis**: an artificial body part, such as a joint or limb.
- **Rota (medical)**: a shared work schedule for a group of healthcare professionals in the same field of work or profession e.g. junior doctors covering a particular service or consultants (senior doctors) working in the same department.
- **Specialist care**: care often carried out in hospitals for people with particular medical conditions provided by doctors, nurses and other staff with specific knowledge and skills.
- **Sub-specialty**: a narrow (specific) field of specialist professional knowledge and skills within a broader specialty e.g. Lower Gastrointestinal (colorectal) surgery is a sub specialty of General Surgery (see General Surgery).
- **Sustainable service**: a service that can be provided in a certain way for the long term. A service that will be able to meet the future needs of patients. A service that makes better use of resources e.g. medical equipment/facilities, people, money or environmental.
- **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.
- **Ulcerative colitis**: a long term condition where the colon (large intestine – bowel) and rectum become inflamed.
- **Urology**: also known as genitourinary surgery, is the branch of medicine that focuses on surgical and medical diseases of the male and female urinary-tract system and the male reproductive organs.
- **Vascular surgery**: area of specialist care dealing with the diagnosis and management of conditions affecting the circulation, including disease of the arteries, veins and lymphatic vessels.
- **Workforce**: staff e.g. doctors, nurses, therapists.

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