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Insight | Change | Management

FIT FOR THE FUTURE: Emergency and Acute Care

Workshop Report

November 2019

Contents

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1 INTRODUCTION

Background and Context

1.1 Introduction

This report sets out the outcomes of an engagement workshop held on the 4th of October 2019, to discuss the current challenges faced delivering Emergency and Acute Care in Gloucestershire. This forms a part of the wider discussions being held with the public and staff, by the NHS in Gloucestershire, to explore ideas and potential solutions for how community urgent same day care and specialist hospital services could be provided in the future.

These engagement conversations are broadly described as *'Fit for the Future'*, where discussions will centre on:

- Ideas to support easier, faster and more convenient ways to get urgent same day advice and care wherever people live in Gloucestershire;
- What's important to local people in getting urgent (not life threatening) same day advice and care across our communities in Gloucestershire, including illness and injury services;
- Ideas for a *Centres of Excellence* approach to providing specialist services at the two large hospital sites in the county; and
- A range of potential solutions for the next few years, including A&E, General Surgery and image guided surgery.

The workshop was held at the Oxstalls Campus, University of Gloucestershire, and the purpose of the event was to:

- Gain a common understanding of the issues related to Emergency and Acute Care, in Gloucestershire.
- Explain the need for service change.
- Explore first impressions of the issues and any solutions.
- Discuss any missing information or areas that haven't been considered.
- Consider any challenges to understanding.
- Establish what is important to you as an individual and as a group.
- Gain an overall consensus on the issues and what's important.

The workshop was conducted around the following structure, which essentially looked at the issues and then allowed for two facilitated discussion sessions focused on Emergency and Acute Care:

1. Introductions and purpose of the day.
2. Introduction to Emergency and Acute Care, including questions and answers from the workshop participants.
3. First impression: group work and feedback.
4. Importance, and other considerations: group work and feedback.

1.2 Workshop participants

In total 23 people attended the workshop, with a 52/48 split between laypeople either members of the general public or from voluntary and community sector groups and NHS professionals/clinicians involved in Emergency and Acute Medicine.

	Laypeople		NHS Staff		Total
	No.	%	No.	%	
Acute/Emergency Medicine	12	52%	11	48%	23

The objective of this was to achieve discussions in a balanced room in which the opinions of neither professionals nor lay participants were allowed to dominate. To achieve this balance Inclusion Gloucestershire (a local user-led organisation whose aim is to reduce health inequalities) acted as the independent agency recruiting members of the public as experts in their own lives to provide the required balance of opinion in discussions with NHS clinicians and professionals.

Participants were provided with a feedback sheet to share their opinions of the workshop, which are detailed in Appendix One of this report. This sheet allowed the respondents to provide outline demographic information on a voluntary basis. In total eight people (8) provided their information, we cannot report the demographic details for those participants who did not complete the feedback sheet.

Summary details, where provided, are as follows.

Age	
35-44	3
45-54	4
55-64	1
Grand Total	**8**

Gender	
Female	6
Male	2
Grand Total	**8**

Does your gender identity match your sex as registered at birth	
Yes	8
Grand Total	**8**

Are you currently...?	
Divorced or civil partnership dissolved	1
Married	5
Single (never married or in a civil partnership)	2
Grand Total	**8**

Do you have any caring responsibilities?	
None	5
Primary carer of a child or children (between 2 and 18 years)	1
Primary carer or assistant for a disabled adult (18 years and over)	1
Secondary carer (another person carries out main caring role)	1
Grand Total	**8**

Which of the following terms best describes your sexual orientation?	
Heterosexual or straight	8
Grand Total	**8**

What do you consider your religion to be?	
Christianity	4
No religion	4
Grand Total	**8**

What is the first half of your postcode?	
BS49	1
GL1	3
GL14	1
GL2	1
GL7	1
Grand Total	**8**

1.3 Report structure

Following this brief introductory section the remainder of this report is set out as follows:

- **Section Two:** provides a recap of the discussions of the smaller group discussions related to their initial impressions of the current issues related to Emergency and Acute Care in Gloucestershire.
- **Section Three:** provides a summary of the group feedbacks related to the key points of importance and other considerations to be considered in developing Emergency and Acute Care that is fit for the future.
- **Section Four:** provides a summary and any broad conclusions drawn from the day.
- **Appendix One:** details the feedback from those workshop participants who provided it.

2 FIRST IMPRESSIONS

Initial views from participants on the challenges face by Emergency and Acute Care in Gloucestershire

2.1 Introduction

The workshop commenced with a presentation of:

- Background and subject introduction;
- An explanation of why change is needed; and
- A discussion of sustainability and possible solutions.

This session was based on a presentation from the 'topic lead' from the NHS who spoke as the system expert, with the opportunity for questions to be asked by members of the public present as experts by experience.

2.2 Group Feedback

After the presentation the workshop was 'broken out' into four smaller working groups, made up of a mix of NHS professional and members of the public and asked to consider three questions:

1. What are your first impressions of the issues?
2. Is there anything that is missing or hasn't been considered?
3. In your opinion, what else do you think will work well?
4. Was there anything in the presentation that prevented your understanding of the issues?

The smaller discussion groups were run as self-organising groups, with one participant volunteering as chair, and one as reporter.

Following their discussions the feedback from each group is set out below.

It is also important to recognise that as feedback from each group was delivered it covered many of the points raised by others, therefore, the volume of discussion presented reduces, not because the groups spoke less, rather to avoid repetition.

2.3 First Impressions

In response to the question *"…what are your first impressions of the issues?"* the groups provided the following feedback:

Group 1

- It is clear that the system can't throw money at it, there are limits to the finances available to the NHS to address this issues.
- What can we do with the staff we have? The service is good already but there is lots of pressure, can innovative solutions be found?
- The language used is confusing, even departmental titles are not clear and interchangeable in some cases.

- Access to information; access to services; equality and equity

Group 2

- The current situation is confusing for patients
- No more money: no possibility of finding new staff to fill roles: need to make the best of what we have bearing in mind the increase in volume of patients
- Local access is important to patients
- The issue of patients going out of county wasn't commonly understood.

Group 3

- This is an extremely complex issue. It is easy to become overwhelmed with the information presented. Simple messages are hard to formulate for a complex issue.
- There was a large amount of information presented – possibly too much attempted to be communicated. The language used is important if this is to be understood by a wider audience.

Group 4

- Not sustainable as it is, and the system is going to have to change.
- There is more to it than workforce: it's how good the system can be. Meeting system targets 90% of the time, but how could we achieve 95%?
- It is important to maintain a critical mass of type/volume of patients. Failure to do so impacts on the skill mix.

2.4 Missing or hasn't been considered

In response to the question *"…is there anything that is missing or hasn't been considered?"* the groups provided the following feedback:

Group 1

- Consideration/recognition of the skills and commitment of the existing team;
- A clear presentation;
- Consideration of co-located services: one option could provision of a "one door" approach to access ED/AMIA/GP;
- Same site gives good triage;
- Consistency of message re MIIU;
- Improving mental health responses; and
- Promotion of the self-care message.

Group 2

- Non-local ambulances e.g. from Bristol are not necessarily aware of where to go.
- Concern of the accuracy/ability to use the Manchester Triage system particularly around mental health emergencies. In Gloucester Royal Hospital and Cheltenham General Hospital there is a modified triage system for mental health patients, but this is not used by South West Ambulance Service Trust.
- Data is needed around the impact on ambulance service versus patient outcomes.

- An understanding of the impact on the discharge service, for instance when patients come in by ambulance and are subsequently discharged forty miles away from their home.
- Understanding of the number/impact of inter hospital transfers
- Transparency about finance to establish the aim of providing the best resource in one central location. not trying to disadvantage one half of the county.
- Locating mental health provision on both sites.

Group 3

- Emphasis should be on getting the care provided properly
- Get it right first time in the right place
- How much should the public be involved?
- How well is the message getting across with regard to the difference between urgent and emergency care?
- Too many acronyms.
- There needs to be more of a celebration of what is provided.

Group 4

- The interlink with Minor Illness and Injury Units (MIIUs). The performance of these is supporting achievement of the system target and would be helpful to see the breakdown by site.
- System challenges, such as no GP appointments.
- Physical facilities are limiting to best patient flow.
- Legal requirement for reasonable adjustment.
- Minor Illness and Injury Unit in Cheltenham General Hospital and Emergency Department in Gloucester Royal Hospital. Has this been considered?
- Data showing the volume of patients Cheltenham General Hospital currently see. We get the message Cheltenham General Hospital is not closed overnight, but it would be useful to see what the Emergency Nurse Practitioners do between 8pm-8am.
- A clear description of pathways and protocols.
- Consideration of the impact of travel / transport.

2.5 What else would work well?

In response to the question *"…in your opinion, what else do you think will work well?"* the groups provided the following feedback:

Group 1

Group 1 did not have anything to add.

Group 2

- More patient transport, emergency ambulances.
- Ideally, we would build a brand-new hospital: however, this would not facilitate the separation of Emergency and Acute from elective services

Group 3

- Streamlining mental health services
- Is social care and mental health factored in, and will they be improved?
- Concern for visiting relatives, have transport links been considered?
- Will there be an effect on the ambulance service if emergency services focused on one site?

Group 4

- Links with mental health teams: how can these patients be managed better (Core 24)
- Protecting staff (retention)
- Site rotations for staff (busy vs less busy department)

2.6 Preventing understanding?

In response to the question *"…was there anything in the presentation that prevented your understanding of the issues?* the groups provided the following feedback:

Group 1

- The lack of case studies to make the presentation and descriptions related to real life experience.

Group 2

- Need to know about the availability of public transport between Gloucester Royal Hospital and Cheltenham General Hospital

Group 3

- Next workshop resilience

Group 4

- The use of abbreviations and medical language:
    - Definitions of the differences between AEC/AMIA (different functions) and ACUC/AMU (same function, different names.)
- Details of any travel impact assessments

- Heart attack example: Gloucester Royal Hospital was cited but not mentioned that patients can go to Cheltenham General Hospital as well.
- The slides in the presentation were very densely populated which made it hard to follow/understand.

3 IMPORTANCE AND OTHER CONSIDERATIONS

Views of participants on the importance of issues related to Emergency and Acute Care

3.1 Introduction

The smaller groups were asked to discuss, as an initial guide, the following questions:

1. What is important to you?
2. What is your first impression of the draft criteria?
3. What else should be considered?
4. Which of the additional criteria you have generated as a group is most important to you?

These questions were designed to gain the views of the groups on the factors, or outline criteria, that would be important for any decision-maker to consider in future considerations on Emergency and Acute Care in Gloucestershire. However, the groups made no comments on questions three and four.

3.1.1 Draft Criteria

The group were also introduced to the current draft criteria developed by the One Gloucestershire partners for their consideration and comment. These draft criteria are shown on the following page; however, it is important to note that these are a very early version and will be subject to further development.

Criteria	What do we mean?
1 Quality of Outcomes	The solution should be tested against the following quality domains: • Safety – model reflects best practices and is assessed as being safe. • Effectiveness – the proposal is evidence-based and/or supported by good quality data. • Patient experience - contributes to improved patient experience, e.g. reduced hand-offs in pathway, higher confidence in urgent care services and reduced waits and cancellations for hospital care.
2 Supports sustainable ways of working.	Is aligned to National and local strategies and supports new ways of working as outlined within the NHS Long Term Plan (2019). The plan encourages partnership working between staff, organisations and services to support workforce considerations and recognising the constraints on resources that we face. Sustainability will be supported by the focus on encouraging healthier lifestyles and supporting ways to strengthen local communities and support ways that patients can self-care..
3 Acceptability	Will be acceptable to the public and partners now and into the future. Will have significant clinical support within the speciality team. Important factors will be consistency and clarity of the offer.
4 Accessibility	For different services meets criteria that are important to service users relating to accessibility. Takes into account health inequalities to ensure the services are equitable. Takes into account protected characteristics/inequalities and seeks to mitigate where possible.
5 Aligns and complements with other “Fit for the Future” solutions /enablers	Solutions evidence contribution to integrated pathways across our system that will support consistency and clarity of offer to patients.
6 Underpins the ambitions of the Integrated Care System (ICS) transformation programme.	Maintains the principles outlined within the ICS transformation programme. These include constraints on resources, quality of outcomes and the need to encourage healthier lifestyles. (i.e. the three gaps outlined in the NHS FYFV Care and Quality, Health and Wellbeing, Finance and Efficiency)
7 Value for money	Affordable and sustainable in the money available, recognising constraints on resources and ensuring the solution makes best use of resources available to us (resources means people, money and places).
8 Achievability	Can be completed and delivered in a timescale commensurate with the level of risk the change will address.

The feedback from each of the groups is shown below.

3.2 What is important?

Group 1

- Criteria for helping in raising awareness, easy to read and understand and accessible to all. Need to identify the key messages to the public
- Preferred criteria:
  - Service has to be 'safe'
  - Signposting to service: can be confusing so needs to be the same on both sites
  - Staff well trained and do their jobs well.
  - Sustainability
  - Needs to help attract and retain staff
  - An environment appropriate to the level of care

Group 2

- Experts are needed
- Good quality and accessible treatment
- Travel and transport links for patients and carers
- The time taken to be seen
- Clear communication when you get there, i.e. where to go
- Seen by right specialist at the right time
- Connections to other services
- Providing an excellent service where patients don't mind travel times.
- Transport issues are considered. Choices are limited for the most vulnerable and those who live rurally.

Group 3

- Financial implications and affordability
- Resilience – if one site only is offered
- Staff feedback
- Safe service – patient safety and personal safety
- Quality of service
- Is / has the problem been identified
- Measurability of success – indicators established and new
- Consideration of the risk level in any possible solution:
  - Is it equal to the existing service (better or worse?)
  - How do we measure this?
  - How have acceptable levels of risk been set?
  - Impact on others – engagement with other providers e.g. transport
  - Firefighting now – stops the ability to look to the future and innovative ideas
  - Retention / job satisfaction

Group 4

- Patient safety
    - Right care, but this needs to be defined
    - Best quality, again needs defining
    - Access
    - Easily manageable
- Feasibility / affordability in terms of:
    - Workforce
    - Sustainability
    - Acceptability / retention, recruitment
    - Work/life balance
- Innovation / future proofing / quality
- Equity. Ensuring all in Gloucestershire have equal:
    - Health outcomes
    - Access
- Consideration is given to the risks of doing nothing:
    - Expensive?
    - Care may not be best care; way delivered, who delivers?
    - Ability to recruit will not change.
    - Does not address rising demand?
    - Compromise to patient safety?

3.3 First impression of the draft criteria

Group 1

Comments on draft criteria:

- Overall the language used is poor.
- Simplicity is important, the criteria need to be easy to understand and navigate. For instance, in Criteria 4 how will protected characteristics / equalities be taken into account?
- Criteria 8: setting a realistic timescale is important.

Group 2

Our first impressions was the criteria are very general and need to be weighted to be useful. Our specific comments were:

- Criteria 3: Isn't acceptability across the whole of engagement. So it shouldn't be part of the criteria it's so subjective and political. We recommend taking out this criteria from consideration.
- Criteria 6: do we need it at all?
- Criteria 2 Supports sustainable ways of working and Criteria 7 should be merged together.
    - Criteria 2: what does 'sustainable' mean? Is it referring to a financial, environmental or some other definition?

- In terms of sustainability activity is only going to increase
- Criteria 8: there needs to be consideration of timing/timescales and what's reasonable.
- Of the draft criteria the group felt 1 and 4 are two of the most important:
  - Quality of outcomes; and
  - Accessibility

Group 3

- No comments

Group 4

Comments on draft criteria

- In our opinion criteria 1, 3, 4, and 8 are 'ticked' as being fit for purpose.
- Criteria 2 should focus on workforce issues.
- In our opinion criteria 5 and 6 should be merged as there is a strategic fit between them
- For Criteria 7, our key question is "how will this be measured?"

4 SUMMARY AND CONCLUSIONS

Overview of findings

4.1 Introduction

This section provides an overview and summary of the workshop findings as well as emerging conclusions from the discussions.

The individual group feedback detailed in section two, identified areas of commonality which are summarised below.

4.2 Summary of First Impressions

4.2.1 First impressions

In response to the guide question *"…what are your first impressions of the issues?"* the groups identified the following themes:

Confusion

- This is an extremely complex issue. It is easy to become overwhelmed with the information presented. Simple messages are hard to formulate for a complex issue.
- There was a large amount of information presented – possibly too much attempted to be communicated. The language used is important if this is to be understood by a wider audience
- The current situation is confusing for patients
- The issue of patients going out of county wasn't commonly understood.
- The language used is confusing, even departmental titles are not clear and interchangeable in some cases.

Sustainability

- It is clear that the system can't throw money at it, there are limits to the finances available to the NHS to address this issues.
- Not sustainable as it is, and the system is going to have to change.
- No more money: no possibility of finding new staff to fill roles: need to make the best of what we have bearing in mind the increase in volume of patients

Workforce Issues

- What can we do with the staff we have? The service is good already but there is lots of pressure, can innovative solutions be found?
- There is more to it than workforce: it's how good the system can be. Meeting system targets 90% of the time, but how could we achieve 95%?
- It is important to maintain a critical mass of type/volume of patients. Failure to do so impacts on the skill mix.

Access

- Access to information; access to services; equality and equity
- Local access is important to patients

4.2.2 Missing or hasn't been considered

In response to the guide question *"…is there anything that is missing or hasn't been considered?"* the groups identified the following themes:

Data required to support detailed understanding

- Data is needed around the impact on ambulance service versus patient outcomes.
- Data showing the volume of patients Cheltenham General Hospital currently see. We get the message Cheltenham General Hospital is not closed overnight, but it would be useful to see what the Emergency Nurse Practitioners do between 8pm-8am.
- An understanding of the impact on the discharge service, for instance when patients come in by ambulance and are subsequently discharged forty miles away from their home.
- Understanding of the number/impact of inter hospital transfers
- Transparency about finance to establish the aim of providing the best resource in one central location. not trying to disadvantage one half of the county.
- The interlink with Minor Illness and Injury Units. The performance of these is supporting achievement of the system target and would be helpful to see the breakdown by site.
- Legal requirement for reasonable adjustment.
- A clear description of pathways and protocols.
- Consideration of the impact of travel / transport.
- System challenges, such as no GP appointments.

Ensuring mental health is considered and built into the system

- Improving mental health responses
- Locating mental health provision on both sites.

A focus on what works now, not just the challenges

- Consideration/recognition of the skills and commitment of the existing team;
- There needs to be more of a celebration of what is provided
- Same site gives good triage;

More work needed to set out the issues

- A clear presentation
- Too many acronyms.

Creating/Sending the Right Message

- Promotion of the self-care message.
- How well is the message getting across with regard to the difference between urgent and emergency care?
- Consistency of message re Minor Illness and Injury Units;

Potential Solutions

- Consideration of co-located services: one option could provision of a “one door” approach to access ED/AMIA/GP;
- Minor Illness and Injury Units in Cheltenham General Hospital and Emergency Department in Gloucester Royal Hospital, has this been considered?

Designing new solutions

- Emphasis should be on getting the care provided properly
- Get it right first time in the right place
- How much should the public be involved?
- Physical facilities are limiting to best patient flow.

Supporting the Ambulance Service

- Non-local ambulances e.g. from Bristol are not necessarily aware of where to go.
- Concern of the accuracy/ability to use the Manchester Triage system particularly around mental health emergencies. In Gloucester Royal Hospital and Cheltenham General Hospital there is a modified triage system for mental health patients, but this is not used by South West Ambulance Service Trust.

4.2.3 What else would work well?

In response to the guide question *“…in your opinion, what else do you think will work well?”* the groups identified the following themes:

Transport

- More patient transport, emergency ambulances.
- Concern for visiting relatives, have transport links been considered?

Mental health and social services linkages

- Streamlining mental health services
- Is social care and mental health factored in, and will they be improved?
- Links with mental health teams: how can these patients be managed better (Core 24)

Workforce issues

- Protecting staff (retention)
- Site rotations for staff (busy vs less busy department)

A fresh start

- Ideally, we would build a brand-new hospital: however, this would not facilitate the separation of Emergency and Acute from elective services

Supporting the Ambulance Service

- Will there be an effect on the ambulance service if emergency services focused on one site?

4.2.4 Preventing understanding

In response to the guide question *"…was there anything in the presentation that prevented your understanding of the issues?"* the groups identified the following themes:

Language and presentation

- The use of abbreviations and medical language:
    - Definitions of the differences between AEC/AMIA (different functions) and ACUC/AMU (same function, different names.)
- The slides in the presentation were very densely populated which made it hard to follow/understand.

Making it real

- The lack of case studies to make the presentation and descriptions related to real life experience.
- Heart attack example: Gloucester Royal Hospital was cited but not mentioned that patients can go to Cheltenham General Hospital as well.

Transport

- Need to know about the availability of public transport between Gloucester Royal Hospital and Cheltenham General Hospital
- Details of any travel impact assessments

4.3 Summary of Views on Relative Importance

The group exercise to explore the areas of relative and most importance provides an important step in developing selection criteria for use in any further decision-making processes following this initial engagement phase.

In summary the groups identified the following as important for the future of Emergency and Acute Care.

4.3.1 What is important

In response to the guide question *"…what is important to you?"* the groups identified the following themes in determining the criteria important to them:

Solutions must include actions to ensure the public is aware of any changes made and how it will affect them:

- Criteria for helping in raising awareness, easy to read and understand and accessible to all. Need to identify the key messages to the public

Solutions must provide a safe and appropriate environment:

- Service has to be safe.
- An environment appropriate to the level of care.
- Safe service – patient safety and personal safety.
- Patient safety:

- Right care, but this needs to be defined;
- Best quality, again needs defining;
- Access; and
- Easily manageable.

- Quality of service
- Providing an excellent service where patients don't mind travel times.

Solutions should be designed to signpost people to the appropriate service:

- Signposting to service: can be confusing so needs to be the same on both sites
- Clear communication when you get there, i.e. where to go
- Connections to other services

Workforce issues are fully considered in any potential solution:

- Needs to help attract and retain staff.
- Staff are well trained and do their jobs well.
- Experts are needed.
- Staff feedback.
- Retention / job satisfaction

Solutions are accessible to all:

- Good quality and accessible treatment.
- Seen by right specialist at the right time.
- The time taken to be seen.
- Equity - ensuring all in Gloucestershire have equal:
  - Health outcomes; and
  - Access.

Travel and transport issues must be fully considered in any solution:

- Travel and transport links for patients and carers
- Transport issues are considered. Choices are limited for the most vulnerable and those who live rurally.

Criteria for decision making and service delivery must be measurable:

- Measurability of success – indicators established and new

Financial sustainability is addressed in any solution:

- Feasibility / affordability in terms of:
  - Workforce
  - Sustainability
  - Acceptability / retention, recruitment
  - Work/life balance
- Financial implications and affordability
- Sustainability

The solution has given adequate consideration to the future demands:

- Innovation / future proofing / quality
- Is / has the problem been identified.

Solutions consider all the associated risks in any solution:

- Consideration is given to the risks of doing nothing
    - Expensive?
    - Care may not be best care; way delivered, who delivers?
    - Ability to recruit will not change.
    - Does not address rising demand?
    - Compromise to patient safety?
- Consideration of the risk level in any possible solution:
    - Is it equal to the existing service (better or worse?)
    - How do we measure this?
    - How have acceptable levels of risk been set?
    - Impact on others – engagement with other providers e.g. transport.
    - Firefighting now – stops the ability to look to the future and innovative ideas.
- Resilience – if one site only is offered.

4.3.2 First impression of the draft criteria

In response to the guide question *"…what is your first impression of the draft criteria?"* the groups identified the following themes:

The draft criteria are too complex:

- Overall the language used is poor.
- Simplicity is important, the criteria need to be easy to understand and navigate. For instance, in Criteria 4 how will protected characteristics / equalities be taken into account?

Merging criteria:

- Criteria 2 Supports sustainable ways of working and Criteria 7 should be merged together.
- In our opinion criteria 5 and 6 should be merged as there is a strategic fit between them.

Criteria 2:

- Criteria 2: what does 'sustainable' mean? Is it referring to a financial, environmental or some other definition?
    - In terms of sustainability activity is only going to increase
- Criteria 2 should focus on workforce issues.

Criteria 3:

- Criteria 3: Isn't acceptability across the whole of engagement. So it shouldn't be part of the criteria it's so subjective and political. We recommend taking out this criteria from consideration.

Criteria 6:

- Criteria 6: do we need it at all?

Criteria 7:

- For Criteria 7, our key question is "how will this be measured?"

Criteria 8:

- Criteria 8: setting a realistic timescale is important.
- Criteria 8: there needs to be consideration of timing/timescales and what's reasonable.

Acceptable draft criteria:

- In our opinion criteria 1, 3, 4, and 8 are 'ticked' as being fit for purpose.

Views on the relative importance of the draft criteria:

- Of the draft criteria the group felt 1 and 4 are two of the most important:
  - Quality of outcomes; and
  - Accessibility

4.4 Conclusions

The overarching theme of the feedback was that the presentation and discussions were a good start but there is still a lot of work to make the conversation accessible for all or the majority of residents in Gloucestershire who do not have a detailed understanding of the NHS and the specific language within it. In short, the language used needs to clear and avoid jargon.

Consistent themes for consideration with other workshops in the Fit for the Future engagement were:

- **The importance of considering transport in any future solutions:**
  Transport issues, including the potential to further isolate vulnerable and rural residents, should not be overlooked in any future proposals including consideration of:
  - 999 ambulances;
  - Transfer between hospitals;
  - Patients attending and returning home from a service;
  - Relatives, loved ones, and friends attending and returning home.
- **Communications:**
  Clear and consistent communications between patients and staff and between departments is crucial in any solution.

- **Providing sufficient information:**
  There is a need for further data and information to be available to inform decision making in developing future solutions in any further engagement.
- **Navigating the range of services needs to be clear and simple:**
  - What a service can provide needs to be clear; and
  - Navigating the range of services needs to be simple.

  This calls for liaison, close relationships, and 'ownership' of patient needs between departments.
- **Workforce issues need to recognised:**
  - Solutions need to make best use of current staff; and
  - Recognise that there are limited resources available.
- **Mental health care:**
  Mental health provision needs to be given appropriate priority.

The workshop ran on a Friday afternoon, which led to some participants ask if this had deterred people from attending the session.

The workshop also developed a series of outline criteria to assist decision makers in their consideration when developing and appraising potential service solutions.

5 APPENDIX ONE: WORKSHOP FEEDBACK

Feedback form: summary

5.1 Introduction

From the twenty-three (23) people attending the workshop, eight (8) completed feedback questionnaires were received.

The summary responses from those forms are covered in the following order:

- Views on the time available for discussion;
- Satisfaction with the discussions allowed on first impressions of the issues;
- Views on the extent to which the discussions allowed participants to share their views on the relative importance of the issues;
- Respondent's overall satisfaction with the workshop;
- Views on the accessibility and extent to which the workshop allowed participants to voice their opinions; and
- Any final comments on the workshop.

5.2 Time available for discussion

Respondents were asked to provide a score using scale of one to ten (where 10 was plenty of time) for the following question.

> *"Did you feel you had enough time to discuss and consider the outline vision and challenges for Emergency and Acute care at today's workshop?"*

The average score from respondents was eight, with a minimum score of four and a maximum score of ten.

When asked why they had given the workshop the score they had, those who answered stated:

- *Our group gave everyone the chance to have their say and there was enough time for that.*
- *There was enough time to discuss all the issues raised*
- *Our group tended to finish before the session ended*
- *Even though I was scribe, as it was a small group I was able to voice my views.*
- *There was enough time allowed for good group discussion*
- *An interesting workshop*
- *Well-paced workshop with clear direction*
- *Finished early*

5.3 Discussion of first impressions

Respondents were asked to provide a score using scale of one to ten (where 10 was very satisfied) for the following question.

How satisfied were you that the process to discuss your first impressions of the outline vision and challenges for Emergency and Acute care was clear and allowed you to have your say?

The average score from respondents was eight, with a minimum score of four and a maximum score of ten.

When asked why they had given the score they had, those who answered stated:

- *Felt very satisfactory*
- *Everyone within our group was given the opportunity to have our say*
- *Good opportunities*
- *As above*
- *The groups were small enough for everyone to have their say. Facilitator checked we all felt we had the time and space to have our say.*
- *All good*
- *All treated equally.*

5.4 Sharing views on importance

Respondents were asked to provide a score using scale of one to ten (where 10 was very satisfied) for the following question.

How satisfied were you that the process to understand your views on importance and other considerations was clear and allowed you to have your say?

The average score from respondents was eight, with a minimum score of seven and a maximum score of ten.

When asked why they had given the score they had, those who answered stated:

- *Everyone had their say*
- *All good*
- *As above*
- *Plenty of time - good discussions both in small and wider group*
- *Interesting and informative workshop*

5.5 Overall satisfaction with the workshop

Respondents were asked to provide a score using scale of one to ten (where 10 was very satisfied) for the following question.

How satisfied were you with the workshop overall?

The average score from respondents was seven, with a minimum score of three and a maximum score of ten.

When asked why they had given the score they had, those who answered stated:

- *I was satisfied yet surprised that one group felt the workshop was unnecessary and the decision should be left to the medical profs and just communicated to the public!*
- *The room was smaller than previous rooms so when everyone was talking it was a little harder to hear what people say*
- *Would have preferred it if we had more patient voices in the room.*
- *Good mix of lay/public reps and clinical staff*
- *Good, although more time to discuss these important decisions more effectively*
- *Management speech difficult for patients to understand (especially when looking at criteria)*

5.6 Accessibility and voicing opinion

In response to the question:

Do you feel this workshop was accessible to you?

Three people indicated they did not feel it was accessible, providing the following reasons for their response:

- *Timing. 2 pm - 6 pm on a Friday is not necessarily the best time to hold a workshop*
- *Shorter slides, less dense presentation of material.*
- *Was timing - a Friday afternoon - an issue, may not appeal to patients to attend* In

In response to the question:

Did you feel you had the opportunity to voice your opinions?

No respondents indicated they did not feel they had the opportunity to voice their opinion.

5.7 Final comments

When respondents were asked to provide a response to the 'wrap up' question:

Finally, do you have any other comments or observations on the workshop that you wish to share

Those who responded provided the following answers:

- *Thank you*
- *Good forum for discussion, thank you.*
- *Public engagement needs to spread beyond medical establishment*

5.8 Summary Scores

The summary scores of the satisfaction rating questions are shown below.

	Average	Minimum	Maximum
"Did you feel you had enough time to discuss and consider the outline vision and challenges for Emergency and Acute care at today's workshop?"	9	6	10
How satisfied were you that the process to discuss your first impressions of the outline vision and challenges for Emergency and Acute care was clear and allowed you to have your say?	9.2	7	10
How satisfied were you that the process to understand your views on importance and other considerations was clear and allowed you to have your say?	9	8	10
How satisfied were you with the workshop overall?	8.5	6	10

Thank You

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