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One Gloucestershire

Transforming Care, Transforming Communities

FIT FOR THE FUTURE:

Community Urgent Care Locality Workshops

Report

November 2019

Contents

Document Title:	Fit For The Future: Community Urgent Care Locality Workshops
Version:	V2
Date:	20 November 2019
Status:	FINAL

1 EXECUTIVE SUMMARY

Background and Context

1.1 Introduction

During September and October 2019 a series of workshops were held in the locality areas within Gloucestershire to discuss the challenges to delivery of Community Urgent Care in the county.

- Forest of Dean Locality Reference Group, Thursday 19 September (PM)
- Gloucester, Tuesday 8 October (AM)
- Cheltenham, Tuesday 8 October (PM)
- Gloucestershire Patient Participation Group (PPG)Network, Friday 11 October (AM)
- North Cotswolds, Tuesday 15 October (AM)
- South Cotswolds, Tuesday 15 October (PM)
- Forest of Dean, Wednesday 16 October (AM)
- Tewkesbury, Wednesday 16 October (PM)
- Stroud and Berkeley Vale, Thursday 17 October (AM)

The purpose of the events were to:

- Gain a common understanding of the issues related to Community Urgent 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.

In addition to this, the workshop in the Forest of Dean locality (16 October) was extended by one hour to allow for the specific discussion of inpatient beds.

In total two hundred and six (206) people attended the locality workshops, with an approximately 50/50 split between NHS professionals/clinicians involved in urgent and emergency care and laypeople, either members of the general public or from voluntary and community sector groups.

1.2 Summary of outcomes

From the discussions across all the groups it was apparent that:

- The issue of transport to/from urgent care centres, particularly as many urgent events are likely to take place out of hours is of crucial importance. In all workshops it was felt that the engagement discussions, documentation and presentation did not take account on the pressures this put on people when they are urgently unwell as well as their loved ones. This was felt to have a particular, but not exclusive, impact

on the elderly, people with disabilities, those with low incomes, families and minority ethnic communities where English is not the first language. The consistent message from all groups was that this needs significantly more consideration and engagement.

- There was a real sense of confusion over discussions around urgent care without considering emergency care a well. This was particularly felt at the triage point, with many stating *"…how do I know if I'm urgent or emergency?",* with many feeling this put too much onus on the patient to conduct a form of self-triage prior to entering the system they did not feel qualified to do. This was summed up by one participant as *"…patient blaming…",* essentially put the responsibility on the individual for failures in the system's ability to cope with public need.
- This sense of confusion was further amplified by a series of accounts of very poor experiences of using the 111 services. The upshot of this is, despite assurances from professionals in the room, that a number of those present had little or no faith in the service. This has clear implications for the future of community urgent care in Gloucestershire if it is to be based on the county-wide adoption of 111 as the first point of call for urgent care.
- All localities were in agreement that their priority when they needed urgent care was access to the right treatment at the right time. Access becomes a major issue as the consensus, even amongst professionals present, is that the system is confusing with multiple entry points, some more effective than others, and no one – layperson or professional - is 100% clear on where/how they should do this. There was also concern over getting care at the right time, again the picture is confused with inconsistencies in opening times of the same type of urgent care facility in different areas and the lack of 24 hour services. In North Cotswolds it is reported that, despite being very unwell, people will hold on until 8am before requesting care to avoid *"…being shipped off to Gloucester."*
- The groups also identified access to the right professional as being important to them. However, there was a general, not universal, expectation that this would be either a GP or an urgent care consultant. What the groups further discussions revealed was the really importance and lack of recognition of the highly skilled Advanced Nurse Practitioners and Pharmacists who, as well as being able to refer to other services, have underutilised and sometimes unrecognised professional competence that have a hugely important contribution to make. The recognised challenge is to make more of the wider public aware of and value these assets in the system.
- Continuing with the access theme, there was a widespread report of confusion/frustration over the availability of equipment in the current urgent care system. The most commonly cited issues was the availability of X-ray machines, with

participants reporting turning up at urgent care centres only to be told there were no radiologists available to operate the machine. Or, unpredictable availability of X-ray; seeing the machine in use on Monday one week and Thursday the following. The feeling was, along with seeing the right professional at the right time, a lot of the issues around 'right place' revolved around the availability and access to the right diagnostic and testing equipment: X-ray, blood tests, etc.

- There was some concern that neither the presentation, the documentation nor the associated data packs shared at the workshops, covered issues related to mental health. Both professionals and lay attendees at the locality workshops spoke in depth of the impact mental health crises have on the individual and the system, and the perceived lack of consideration of this in community urgent care was felt to be a major oversight. It must of course be stated that statements were made during the presentation that urgent mental health care was included in the considerations, and despite this the concerns were still raised.
- Equally, the rising number of dementia patients in the community and their urgent care needs was not felt to have been covered. This was also felt to require careful discharge and care plans, which in turns requires close liaison with Social Care, which does not appear to considered in the current thinking articulated in the engagement documentation. The groups felt this was a major oversight.
- The groups all provided comment on the engagement presentation, documentation and draft criteria. The consensus was that the language used was too focused on NHS jargon, talking to other professionals, and not at all layperson friendly. While participants recognised the complexity of the issues being discussed the feeling was the language used and heavy reliance of data made it very difficult for anyone but an expert or someone with a keen interest and experience to participate in the engagement process. The overall recommendation was to simplify the language, without patronising, rely less on data and more on storytelling to engage the non-technical reader. Of course, there is still the need to provide the detail and data for those who require it, but this should be as an annexe or available on a website rather than being in the 'pubic facing' documents and presentations, including the very complex 'pathway' diagram.
- The groups were in agreement that community urgent care is not an island and:
  - The changes in community urgent care cannot be considered in isolation to all the other services in the county and, importantly, the other changes being considered in the Fit for the Future programme. To ignore this could result in the unintended consequence of results in urgent care at the expense of other services/partners in the system;
  - The community urgent care system will not be effective without robust linkages to social care;

- The neighbouring areas, including Wales have a significant impact on the planning and provision of community urgent care in Gloucestershire, which will require liaison.

- The strong emotions associated with the perception that Cheltenham A&E will close or be significantly downgraded are the 'elephant in the room' in the engagement which while not directly linked to urgent care discussions, cannot be ignored.
- There is also a clear message that 'one size does not fit all', while the majority of issues are the same there are significant variations in need and culture in different parts of the county which will need to be taken account of.
- The specific conversations in the Forest of Dean related to inpatient beds prompted the following discussions.

  In response to the question *"are these the right things to consider?"* the following observation were made, or questions asked:
  - The considerations in the document appear to be based on professional/clinical judgement and not the needs of patients and their loved ones.
  - There are several other issues to be considered around social care and discharge into the community that do not appear to be covered by the assumptions in the document.
  - The assumptions around bed numbers and long stay need more detail before people can confirm they are the right things to consider.
  - It is unclear from the document that the assumptions enable provision of the right equipment at the right time in the new community hospital.

  In response to the question *"..what else should be taken into account?"* the following observation were made, or questions asked:
  - The assumptions are not explicit about the ways in which the real terms reductions in inpatient beds in the new community hospital will be addressed.
  - The need for additional specialist services in the community to support enable people to avoid admittance to inpatient beds at the new community hospital does not appear to have been considered.
  - The need for twenty-four-hour, seven day a week support to enable people to avoid admittance to inpatient beds at the new community hospital does not appear to have been considered.
  - Palliative and end of life care does not appear to have been considered:
  - Dementia care needs to be addressed explicitly.
  - Mental health needs to be addressed explicitly.
  - GPs are at the heart of the success of the plans for a new community hospital in the Forest of Dean, this is not reflected in the assumptions.
  - The assumptions in the document do not appear to recognise specific local issues, for both the Forest and other areas.

- Has data sharing and all alternative methods of providing access to patient records been considered?
- Are the needs of all age groups considered in planning for the new community hospital?
- Have complementary therapies been considered in the new community hospital?
- Have transport needs in the Forest of Dean for patients and visitors been considered in the new community hospital?
- Will all the right equipment be in place for the community hospital?

- Finally, it was agreed that the map of Gloucestershire showing community urgent care facilities overlooked many significant facilities forming the backbone of the system, specifically:
  - Community pharmacies;
  - GP surgeries;
  - Emergency dentists; and
  - Emergency ophthalmologist.

While these issues may be considered in depth in technical documents and thinking not shared at the workshops, they reflect the reality of participants perceptions and it is important that these, and the other points in the report, are addressed in preparation for any further engagement.

2 INTRODUCTION

Background and Context

2.1 Introduction

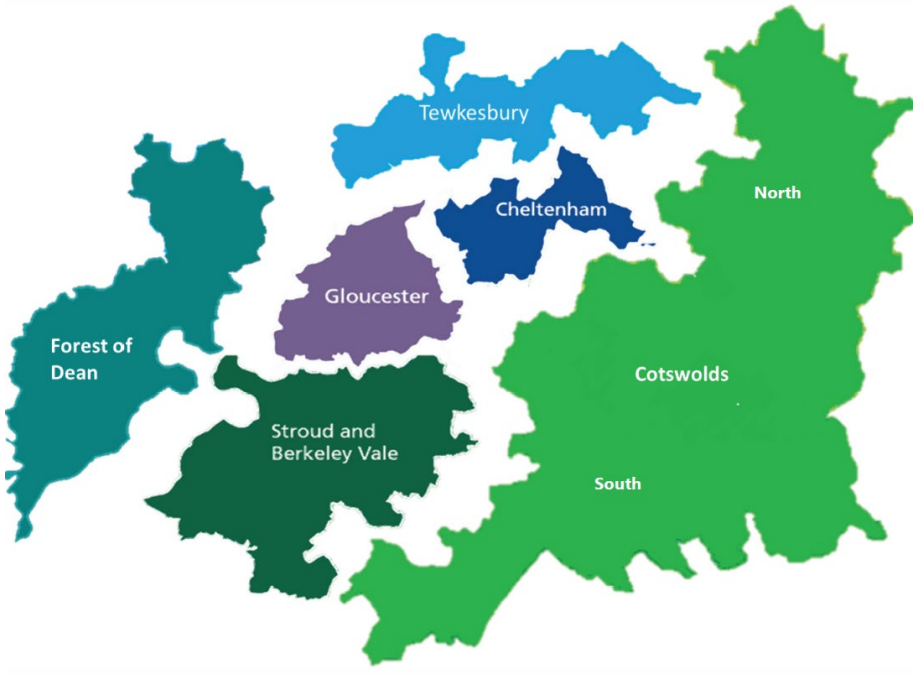
This report sets out the outcomes of a series of engagement workshop held during September and October 2019, to discuss the current challenges faced delivering Image Community Urgent Care in Gloucestershire.

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 centred 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.

Discussions were undertaken across the county in the localities as shown in the map below.



The workshops were held on the following times and dates throughout the county.

Locality	Venue	Date and time
Forest of Dean Locality Reference Group	Great Oaks Dean Forest Hospice	Thursday 19 September (14.00 – 17.00)
Gloucester	Churchdown Community Centre	Tuesday 8 October (9.00-12:00)
Cheltenham	Churchdown Community Centre	Tuesday 8 October (14.00-17.00)
Gloucestershire Patient Participation Group (PPG)Network	Churchdown Community Centre	Friday 11 October (09.30 – 12.30)
North Cotswolds	Cirencester Town Football Club	Tuesday 15 October (9.00–12.00)
South Cotswolds	Cirencester Town Football Club	Tuesday 15 October (14.00–17.00)
Forest of Dean	Forest Hills Golf Club, Coleford	Wednesday 16 October (9.00-13:00)
Tewkesbury	Gambier Hall, Highnam	Wednesday 16 October (14.00–17.00)
Stroud and Berkeley Vale	Nailsworth Town Hall	Thursday 17 October (9.00 - 12.00)

The purpose of the events were to:

- Gain a common understanding of the issues related to Community Urgent 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 urgent care:

1. Introductions and purpose of the day.
2. Introduction to community urgent 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.

In addition to this, the workshop in the Forest of Dean locality (16 October) was extended by one hour to allow for the specific discussion of inpatient beds.

2.2 Workshop participants

In total two hundred and six (206) people attended the locality workshops, with an approximately 50/50 split between NHS professionals/clinicians involved in urgent and emergency care and laypeople, either members of the general public or from voluntary and community sector groups. As can be seen in the table below the overall mix across all locality workshops was 50/50, with variations by locality.

Locality Group	Laypeople		NHS Staff		Total
	No.	%	No.	%	
Forest of Dean Reference Group	7	44%	9	56%	16
Gloucester	6	25%	18	75%	24
Cheltenham	20	59%	14	41%	34
PPG Network	19	100%	0	0%	19
Forest of Dean	14	38%	23	62%	37
North Cotswolds	7	44%	9	56%	16
South Cotswolds	9	56%	7	44%	16
Tewkesbury	5	38%	8	62%	13
Stroud and Berkley Vale	16	52%	15	48%	31
Total	**103**	**50%**	**103**	**50%**	**206**

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 balance of opinion in discussions with NHS clinicians and professionals. 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

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 eighty-five (85) people 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	
18-24	1
25-34	6
35-44	12
45-54	24
55-64	14
65-74	22
75 or older	6
Grand Total	**85**

Gender	
Female	57
Male	26
Other	1
Prefer not to say	1
Grand Total	**85**

Does your gender identity match your sex as registered at birth	
Yes	84
Prefer not to say	1
Grand Total	**85**

Are you currently...?	
Cohabiting	5
Divorced or civil partnership dissolved	3
Married	42
Separated (but still legally married or in a civil partnership)	6
Single (never married or in a civil partnership)	17
Widowed or a surviving partner from a civil partnership	6
Prefer not to say	4
Grand Total	**83**

Do you have any caring responsibilities?	
None	45
Primary carer of a child or children (between 2 and 18 years)	20
Primary carer of a child or children (under 2 years)	2
Primary carer or assistant for a disabled adult (18 years and over)	2
Primary carer or assistant for a disabled adult (18 years and over)	2
Primary carer or assistant for an older person or people (65 years and over)	3
Secondary carer (another person carries out main caring role)	2
Prefer not to say	4
Grand Total	**78**

Which of the following terms best describes your sexual orientation?	
Bisexual	2
Heterosexual or straight	75
Prefer not to say	7
Grand Total	**84**

What do you consider your religion to be?	
Christianity	7
No religion	4
Other religion	1
Prefer not to say	1
Grand Total	**14**

What is the first half of your postcode?					
GL1	4	GL12	2	GL36	1
GL2	5	GL13	2	GL50	4
GL3	1	GL14	4	GL51	2
GL4	1	GL15	4	GL52	9
GL5	4	GL16	4	GL53	2
GL6	4	GL17	2	GL53	1
GL7	6	GL18	1	GL53	1
GL8	2	GL20	3	GL54	5
GL10	1	GL34	1	GL56	2
GL11	3	GL37	1	WR10	1
			Grand Total		**83**

2.3 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 Community Urgent 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 Community Urgent 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.

3 FIRST IMPRESSIONS

Initial views from participants on the challenges faced by Community Urgent Care

3.1 Introduction

The workshop commenced with a presentation of:

- The wider context and vision for delivering urgent care;
- The current state of services; and
- The "drivers for change" leading to the current discussions asking for people's views on the way services could change in the future.

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 the audience. One of the early slides in the presentation provided a useful definition of the terms emergency and emergency care an area where there is some confusion.

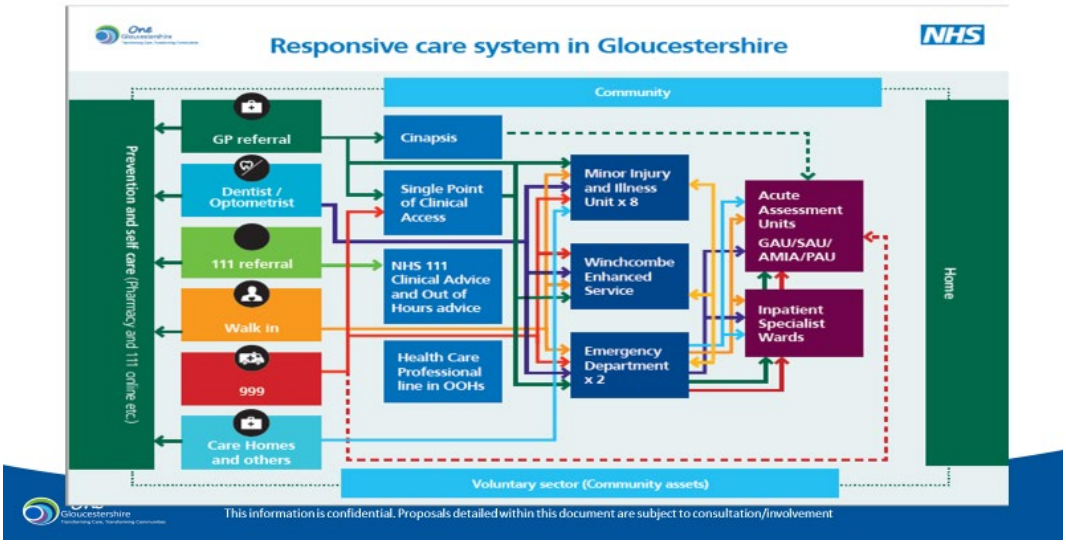
- **Emergency Care** – is when you have a life or limb threatening illness or injury which requires immediate and intensive treatment
- **Urgent Care** – an illness or injury that needs to be assessed and dealt with on the day, but it not a life or limb threatening situation.

In short:

1. Emergency Care is delivered through the Emergency Department (A&E); and
2. Urgent care is delivered through a network of healthcare services including: Minor Illness and Injury Units (MIIUs), GPs. 111.

For the purposes of the discussions in the workshops the focus was upon the delivery of Urgent Care, there was a workshop, arranged through the same mechanism as these locality workshops, that considered Emergency Care reported separately. The slide showing the current Urgent Care system in Gloucestershire (below), demonstrates the complexity faced by patients and staff.

Current state services



3.1.1 Questions in advance

A short online survey was circulated to participants in advance of the Community Urgent Care locality workshops. These questions were considered in the workshops; however, they are provided here to ensure full consideration is given to all in any decision making resulting from this engagement.

Q *What are the main questions that you think the community urgent care services development workshop should consider?*

- Education and support so the public can make the most appropriate decision regarding the correct service to access.
- Ensuring the hours the service is available widely known and what the service can provide. (Not everybody has access to the internet)
- Difficulty in getting to a centre if you don't drive.
- Not everybody has transport and bus services from many areas are poor
- What can be afforded that is mapped against what is available
- Role of minor injury unit
- Health care within the locality
- Provision of multiple A&E services in the county - i.e. 24/7 at CGH & GRH
- How best to access urgent care which is relevant to and appropriate to the urgent care need and within a reasonable time frame.
- Easy access for both normally fit people with a need, and those with long term conditions and disabilities. Clarity so people aren't confused about where to go when they have an urgent need and want to talk to/see an expert out of GP surgery hours. Transport services - how do people, especially those living on their own, and without many social contacts, get to centres, or even those who can drive not being fit to drive themselves because of the illness/injury.
- Capacity planning for present and future population over the whole of the Forest of Dean not covered by Gloucester and Cheltenham
- What services should it have, what should be treated, bed modelling
- What services should be provided at the Community Hospital in order to meet the health and care needs of the people of the Forest of Dean, now and in the future.
- Provision of X ray department.
- New hospital is fully accessible to all regardless of physical ability. The hospital should meet the needs of the local community.
- Bed numbers at the hospital, what difference if any are the urgent treatment centres going to provide compared to current MIU
- Shape of services, access for local populations, quality of service vs location of service
- Accessibility for patients
- Extending and expanding the use of North Cotswolds Hospital

- Are services in the right place, consistent offer and public / primary care aware?
- How to provide healthcare suitable for local requirements
- Directing patients/people to the most cost effective readily available service
- How do we ensure people access the right care in the best location and how do we make sure service users understand where to go for help? How do we use our resources (staff and buildings) in an efficient, safe and transparent way? People do not like change - how do we makes changes (for staff and service users) positive rather than negative?
- Patients are not always aware that their medical problem is life threatening. Sepsis is a silent killer. How will urgent care manage this?
- Provision of A&E services 24/7 at multiple locations
- Whether there are enough staff, in the right places, to provide a timely response especially overnight.
- How are we planning to work together system wide to provide seamless journey for patients with excellent care? How can we share data across services most efficiently? How can we provide support for frail individuals who become unwell but need non-medical support i.e. How can we support them to remain at home whilst recovering from acute illness? How can we increase levels of advance care planning including ensuring that information is shared in a timely manner?

Q *Do you have any personal experience of community urgent care services that you'd like to share?*

- Yes, very positive. I broke my wrist some years ago and was able to have an x-ray at the Vale. They were able to get the orthopaedic doctors to look at it via a link who advised that I should go to GRH straight away. When I arrived there they were expecting me and my broken wrist enabling continuity of care.
- Not personally but been involved with others
- Yes; from an operational perspective - managing demand against resource
- I work for Out of Hours, but I have not had to use urgent care recently
- Without the services of CGH A&E I would be dead as they provided critical cardiac care in a timely manner
- I've found the walk-in service at Gloucester Eastgate useful in the past when I had a chest infection & asthma just as I was about to go abroad
- I have used urgent care at my GP surgery and had an excellent service
- Yes - both urgent care and hospital beds
- Utilise NHS111 as a first port of call
- No
- My experiences are with A&E as urgent care could not address my needs, but happy to share. It is essential that Cheltenham also has A&E.
- Without the services of CGH A&E I would be dead as they provided critical cardiac care in a timely manner

- My urgent care needs have mostly been overnight. It can be an anxious time waiting for paramedics to attend, but so far they have reached me in time. A further concern is the time it takes to transfer me to Gloucester A&E when Cheltenham is closed, because the paramedic is then unavailable for other patients whilst driving there and waiting to hand over to A&E staff.
- I find there is a great desire to provide excellent care which can be hampered by lack of communication and joined up IT. There is also a lack of urgent non-medical support e.g. Ability to provide night sitting or short-term immediate package of care to acutely unwell individual. There are also multiple different services and it is hard to keep on top of what is available.

Q *What would you like to get out of the development workshop session to discuss community urgent care?*

- I would like to join in the discussion and put forward any points that I feel relevant for my community.
- An understanding of the provision at our local hospitals and surgeries.
- Understand what the general public feel they need as a minimum against what is the wish list
- Understanding of the level of need locally
- Any shared improvements that could be made to local healthcare
- A CLEAR view of the future of A&E services
- Have an opportunity to help create a responsive and fit for purpose urgent care service.
- The acknowledgement that most people don't use urgent care so aren't experts at what to do when a need arises and want an easy access to care. For example, a foot injury or a foreign object in the eye when opticians/pharmacies aren't open
- If there is a new hospital in Dilke with a MIIU how will the current services provided from Lydney give proper coverage for those in the South Forest?
- Need to be clear for patients who is doing what, what is MIU model looking like
- What skills will be needed in the workforce to provide the care needed? What supporting infrastructure will be required to deliver the services, e.g., diagnostics, IT? How can the services be set up in a way that ensures integration with primary care, social care, etc?
- Number of beds provided
- How to provide evidence-based health care in a community setting
- Bed numbers, and services in urgent treatment centre
- Feedback and proposals to move the system forward
- I would like to be able to reassure the residents of North Cotswolds that they haven’t been forgotten & that resources will not all be directed to Gloucester & Cheltenham

- Some clear answers as to the plan to avoid visits to Gloucester A and E out of hours
- Greater knowledge of local services
- Integrated consensus
- To feel all aspects of both problems and solutions have been considered. To feel listened to. To understand why the solutions some may want may not be possible nor best practice.
- I understand urgent care can put pressure off A&E, but people still need A&E in Cheltenham.
- An understanding of proposals to at least maintain current services and hopefully improve them.
- A joint vision for a county wide service that we can then start to breakdown into small achievable steps towards the end goal

3.2 Group Feedback

After the presentation at each of the workshop participants were 'broken out' into smaller discussion groups, made up of a mix of NHS professional and lay people and asked to consider the following 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 view, what are the most important things to consider in developing services to ensure that everyone can access consistent urgent advice, assessment and treatment?
4. In your opinion, what else do you think will work well?
5. 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.

A summary written note of the discussions was made by the nominated scribe for each group, who also provided a verbal feedback to the wider group, which was digitally recorded with participants permission. The written notes, verbal feedback and transcribed recordings have been analysed and themed around common areas of discussion. This thematic analysis is presented in the following sections.

3.3 First Impressions

In response to the question *"…what are your first impressions of the issues?"* the collective feedback from the groups can be presented thematically as follows:

- **The current community urgent care is very confusing for patients and staff to navigate**
  - Clarity of where I should go.

- Confusing for people.
- People knowing where to go first – importance of carers knowing where to go first i.e. GP first before A&E – process for accessing emergency and urgent care.
- Confusing for people accessing – people don't always understand which service to use at the right time. Multiple issues around language use/culture.
- Confusing What services to access. Night services at night-time. Timeliness of services (impact on waiting/anxiety)
- Clear definition of where to go for urgent care in Gloucester.
- Challenging
- People don't know what to do – including staff.
- Still not an efficient/effective Emergency Department front door experience for patients (long-standing issue)
- Lack of understanding of right route in? ('ASAP', which is an App, many people had never heard of it)
- Lack of knowledge what is out there?
- Ok – some found confusing.
- Access: not a single point-where should I go?
- Confusing system for accessing services
- Right service/right time/ right place.
- Public arrive at one door and need to be referred onwards appropriately

- **Patients only want to explain their condition once, but they have to repeat it again and again, every time someone new comes into the room.**
  - Multiple handoffs - have to repeat symptoms every time.
  - Access to records is still an issue no one knows the full story; the patient is expected to repeat

- **The presentation and documentation is a good start in explaining community urgent care, but more work is needed to make it accessible and understandable to all.**
  - Recognise the issues related to current situation.
  - This is a useful extra opportunity
  - 'Fit for the Future' is not easy to understand. You would have to be really keen to understand the questions at the back-will people really read it.
    - Who is actually going to read it?
  - No jargon – simple language/ no acronyms/patient friendly language.
  - NHS jargon confusing.
  - Tip of iceberg – terms of information.
  - The complex diagram shown in the presentation was too complicated-look like a map of the underground. Complex service-confusing

- We have been talking about all this for 15 years, when is anything going to happen
- Simple messaging.
- Need to understand problems (first impressions)
- Acknowledged a lot of information to present and difficulty pitching a right level for all.
- Could be simpler.

- **The role of self-care and prevention do not appear to be considered effectively in the presentation or documentation.**
  - Pro-active/self – care requirement for support services from partners.
- **People are not clear on the difference between urgent and emergency care**
  - People understanding of urgent and emergency care. (problem with people attending ED but not the one they need – can be caused by not having access to right people.)
  - Pathway planning – what's urgent? Urgency is subjective – system needs to simple. Phrases - surge capacity
- **The issues are widespread and complex**
  - Capacity of routine care to urgent care.
  - Lack of awareness of multiple services.
  - Complexity of the system for lay people and staff
  - Lack of co-ordination is worrying.
  - Misunderstanding of healthcare language
  - Didn't realise there were issues with MIIU locality.
  - Keep people away from A&E.
  - Complicated.
  - Not joined up. Different systems not talking to each other.
  - Wide range of problems
  - No one size fits all
- **There are inequalities in the current community urgent care system in terms of geography and demographics across Gloucestershire**
  - Demographics – need to make services more accessible to everyone. This isn't just about elderly, can affect the very young.
  - CGH & GHT are covering South of County. However, the North i.e.. North Cots/Northleach are not covered
  - Inequity across the county – need to communicate.
  - Multiple health and care offers- not obvious in a rural area
  - Distribution of services need to be equal across county.
  - Younger people need to take more responsibility – lack of school nurses.

- **There is a very real concern over the future of the Emergency Department in Cheltenham**
  - Fear in Cheltenham about ED being downgraded. Why are we not focused on urgent and emergency care together? Will there be an emergency care workshop? (avoiding elephant in the room)
  - It's about closing Cheltenham; about closing MIIU
- **Failure to address language and cultural issue is increasing inequity of access to community urgent care for groups in Gloucestershire**
  - The assumption is that everyone understands the appropriate ways to access community urgent care but for many who have recently come to live in the UK the Emergency Department is the first point of call.
  - Confusing for people accessing – people don't always understand which service to use at the right time. Multiple issues around language use/culture.
  - Accessibility language barriers.
  - Language barriers to 53 different communities.
  - Language/times for appt/bus passes.
- **Lack of confidence in the 111 service based on previous poor experiences limiting the effectiveness of the services as the first point of call for community urgent care**
  - Is 111 service open 24 hours?
  - 111- Poor experiences change behaviour – less likely to use again.
  - How can you feedback your experience?
  - Is 111 national with local service? – Yes. Could we change our local 111?
  - Public not aware of NHS 111 service, people would then be directed to the right place/service..
  - 111 triage puts the onus on the patient to know if they are urgent or emergency.
  - The script for NHS 111 needs changing, they need to 'think outside the box' – perhaps script needs amending. Still a major issue with 111: a lot still direct to Emergency Department; no clear advice
  - Trust in 111 has deteriorated
- **The system is under unsustainable pressure and change is needed in community urgent care:**
  - From a health provider perspective – creaky system. There is a feeling of 'breaking point'. There is no 'flex' in capacity as the system is so stretched – lack of staffing.
  - High numbers for urgent appts for GPs.
  - Inconsistent availability of staff at different times – urgent care.
  - Concerns over long waits in A&E.
  - There is a huge need for on the day demand:

- Increasing the current level, how can it be delivered. Gloucestershire hospitals and GPs have decreasing staff

- **The system puts too much emphasis on the patient to know where to go. There appears to be 'patient blaming' for system failings:**
  - Triage puts the onus on the patient to know if they are urgent or emergency, but 111 is known to be overly risk averse resulting in too many referrals to the Emergency Department
  - Confusion: what services are where? What do they mean? What do they offer? Where should I go? (Requires 'self-triage')
  - What about using the 'Online' triage system?

- **Mental health, particularly crisis, doesn't seem to be included in the thinking on community urgent care.**
  - Urgent care, MH crisis.
  - Mental health
  - Addressing public perceptions of urgent mental health problems
  - Mental health Urgent care.
  - Mental health appears to have been excluded.
  - If acutely unwell with mental health issues will attend A&E,

- **To some extent the NHS and the Emergency Department is the victim of its own success**
  - Need to change public culture 'acute is not the best place for everything'
  - 50% of A&E attendance go home/discharged with no treatment. Patient needs reassurance.
  - Lots of probs occurred because NHS is so successful/expectation
  - Expectations of public sometimes unrealistic

- **There is a need for a clear and concise communication/education approach to support people in making the right choices for community urgent care**
  - Communicating the issues to the public – making them aware. Make aware of the model of care – what procedure need to follow.
  - Clear on what can and can't be treated for. Public don't know where to go.
  - More local care/better care by people that you may know.
  - Getting the message out to people i.e. targeted message to different groups of people.
  - The public and patients need educating on the journey they need to take
  - Good communications for all, especially those with difficulties e.g. hearing loss, learning difficulties, mental health, lifestyle, communications difficulties, children's mental health, and rural areas with difficulty in access
  - Marketing services correctly for local people and those out of area.

- Complicated care system. Who to get in touch with? There needs to be more information with signposting to match expectations

- **Inconsistency in the times of service delivery, in some areas it's 24/7 in others not**
  - More uncertain outside of "normal hours" – A simple system for 24hours would help.
  - Stroud not 24 hours; not sure when can access

- **Workforce issues are complicated and impact on national staffing levels not just in Gloucestershire**
  - Staffing levels – competent and trained. Appropriate resourced services with professionals.

- **Transport issues are not considered, which have a major impact on the ability of many people in Gloucestershire to access community urgent care services**
  - Transport to urgent care centres.
  - Issues with transportation – good services are ok if you can get to them!
  - Transport.
  - Transport – getting to and from where.

- **There are issues with the availability and location of equipment to support the delivery of community urgent care**
  - Equipment working.
  - Portability of diagnostics systems across borders.

- **Do GP practices have the capacity to play the major role that is required of them in the future community urgent care system?**
  - Responsibility of GP practice to ensure all people have good access and care, should meet need not demand
  - Cannot get GP appointments
  - Demand exceeds resources

- **There seems to be little consideration of the impact of the changes in community urgent care in Gloucestershire on surrounding areas and vice versa**
  - Differences across boundaries (geographical) – "Gloucestershire is not an island"
  - Where is the information on patients going out/coming into the county?

- **There seems to be little consideration of integration with other services, particularly social services, to ensure community urgent care is more effective.**
  - Integration, particularly with social care.

- Different providers and private providers results in confusion/conflict
- Would like more services sat alongside A&E clinicians i.e.. Dentistry, mental health, optometry, social care 24/7.

- **There is no discussion of the financial implications of the current situation, any future proposals and the budget available to address community urgent care for the future**
  - Could we have a full-service if we had more money? Or would there still not be enough staff?
  - Discussions about money are missing. Inequitable funding

- **There are specific issues related to the Forest of Dean and the provision of MIIUs**
  - Two MIIUs in the Forest of Dean was a good system
  - Little faith in the MIIU in the Forest of Dean, prefer to go to Gloucester, feel the same about 111

3.4 Missing or hasn't been considered

In response to the question *"…is there anything that is missing or hasn't been considered?"* the collective feedback from the groups can be presented thematically as follows:

- **Providing mechanisms to support patients and staff to deal with the complexity of the community urgent care system allowing easy navigation of the system. Simplifying the message around access to and use of community urgent care:**
  - Following 'routes' to services can be difficult
  - Complexity of the system for lay people and staff
  - Where to go?
  - Who to see?
  - Delivering the message. Who/where/when to see?
  - Maybe simplify the website – translation services may be re-considered.
  - Not clear positioning of urgent care services in comparison to MIIUS.
  - 24/7 – Clear and defined guidance of the process to follow when accessing services.
  - Level of complexity understated - lots of services/offers not included on diagram or in data packs
  - How do we understand what services are were? Citizen responsibility versus clarity of advertising
  - Raise awareness using different forms of communication e.g. TV adverts
  - Accessibility - make it public what open. Online information on service provision in real-time.

- Communication for how to get self-care: does 111 triage work - pharmacy, GP, etc
- Understanding what services are available
- Point to central information point.
- Missing the opportunity of e.g. annual birthday review letters or flu clinics, adding other information in as part of regular communications such as urgent care. GP surgeries cannot bear the cost of producing this or devised the content.
- Need consistent messages.
- Need simple messages.
- Pamphlet based information for those less technically equipped.
- Multiple routes to information needed.
- How to work out which point of access/service to approach/use

- **Transport is a big issue in a county the size of Gloucestershire, particularly for people on low incomes, without a car, who do not necessarily speak English as their first language or are vulnerable. No consideration is given to this or the provision of robust alternatives to public transport.**
  - Transport is an issue: how to get to a Service?
  - Availability of access-distance to travel-people do not have cars and often no buses provided e.g. Sharpness
  - Problems with E-zec are just the same as when we had Arriva. Patient in his 80s in Berkley Vale waited seven hours to be collected following his appointment.
  - Transport – rurality of South Cots. Not everyone has access to car and public transport twice a day. No taxi's Transport: how to travel round Forest of Dean for urgent care
  - We should be looking at public transport for accessibility
  - Need more robust nonemergency transport - especially for rural areas
- **The majority opinion of the groups is that urgent mental health care is not considered in the presentation or documentation. It may be an implied commitment to service, but this is too an important issue not to have explicit discussion.**
  - Mental health issues seem to be missing and learning disability: lots of things in the diagram aren't available out of hours
  - Mental health?? Alternative access points needed. Urgent Care system not designed to provide care services
- **There is no consideration of the support required or to be provided for people with additional needs**
  - Continuity of care is important. Seeing the same person throughout care
  - 111 call has to be a good conversation. Also capable of dealing with issues with hearing/confusion/mental health, et cetera.

- Patient ‘journeys’: recording follow through the system to illustrate the process and help people understand.
- Addressing issues around support/help for people with additional needs at weekends
- How to find someone who can take the time to understand the condition especially, perhaps, mental health. Help me to decide to attend and/or who to contact
- For LD patients the information isn’t easy to understand.
- How people feel: safety/anxiety/confidence can impact on the use of services. Seek reassurance

- **Measures to explore, understand and support the issues of frequent attendance by a small number of patients**
  - ‘Frequent flyers’ – support about what to do, charge/change?
  - Explore the situation of being a ‘frequent flyer’.
- **There is a lack of specific data in the presentation and documentation, and when it is provided it is unclear or incomplete.**
  - Understanding of people attending A&E – behaviours – why attending? Did they try 111 first – driving attending A&E??
  - Out of County residents attending MIUs.
  - A Data is very confusing – could it be more accessible? Possibly use website. Where is information on P3 for urgent care complete picture (should have P1 – P5)
  - Missing people in the data with GP’s out of area.
  - Figures for pharmacy: ‘20 to 30 GP appointments per Day’
  - Information about flow in and out of the County. – How does this link to prevention?
  - Figures on ‘visitors’ who are taken ill.
  - Details about other issues around access to services. E.g. Public Transport.
  - More insights into data… e.g. why increase figures at weekends at MIIU
  - Future needs = how can you assess what needs will be in the future
- **Using ‘people’ friendly language to support the triage process, including technology solutions such as Apps or virtual/augmented reality:**
  - ‘Language’ can be an issue for people accessing clinical triage 111, GP triage etc on phone.
  - Discussion around the use of Apps for health issues - Virtual reality tools

- **A clear description of the 'patient journey' through the community urgent care system from the viewpoint of the wider community, including protected characteristic[1] groups**
  - What would make a "good" system and what is a "poor" system
    - Consumer view:
    - Provider view:

    } How different is this view?
  - Are we considering the wider community needs and actions that may impact accessing services?
  - What are the needs of the patient?
- **Workforce issues are not explored, including recognition of the national staff shortages and the issues faced by frontline staff (training and safety)**
  - Local/National staffing issues should have been mentioned.
  - Frontline staff exposed to increased danger, need better training
  - Staff/workforce issues
- **There are clearly missing groups from the community urgent care engagement conversation, including working people and those whit school age children, there is a need to ensure they are fully involved to hear their opinions.**
  - There is a need for different communities to be involved in workshops that would enable people to understand these issues
  - Does locality need more help on how to navigate the system in more deprived areas??
  - Raising awareness – engaging with different communities/cultures.
  - Understanding/engaging with people using urgent care in different ways
  - Groups failed by accessibility: IT for those not online, the homeless, poor economic circumstances, learning difficulties, mental health issues, elderly/age (holding onto perceptions of roles from the past), social isolation, ethnicity, English not first language, no transport
- **The consideration of the involvement of private providers, and the voluntary and community sectors in the discussions, Currently the feedback from the groups is that not enough have been involved in the engagement conversation on community urgent care.**
  - Doesn't involve private providers/voluntary in discussions: 111, Hospices, Macmillan
  - Community-based services e.g. inclusion/droppings/green square provide a source of advice and support. Help and input from support workers and staff

[1] It is against the law to discriminate against someone because of: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex, sexual orientation. These are called protected characteristics. https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

- Voluntary sector groups
- Social prescribing

- **Discussions of the mechanisms to ensure robust data service, not just within the NHS, but across all partners services to ensure all patient data is available and they only have to tell their story once:**
  - Greater use of technology for information services, which include things like the police and probation, as well as social services. There just isn't enough information sharing which actually can support people at home and can support people's whole health and wellbeing
  - IT infrastructure (universal one record – access to all patients records)
  - If using technology, ensure it is robust e.g. currently it can't observe body language or symptoms
  - Summary Care Records (SCR) should be more detailed
- **There is no discussion of the balance/compromise that may be required to allow timely triage and providing triage by a clinician every time.**
  - There is a tension – between all services being accessible as opposed to the need for clinical triage.
  - System needs enough time for safe triage and consultation.
  - Early triage via a clinician
- **A clear discussion of the variations in service patients receive in the current community urgent care system**
  - Variability in services received
  - There are different systems for triage/daily urgent appointment across GP surgeries
  - Reliability of service
  - Education of service providers of what's available to ensure consistent provision not shutting doors on the public. Give the public faith in service
  - Daytime versus night-time offer and behaviours and weekends
  - Consistency of services
- **Prevention of illness and crisis is not considered**
  - Public health/patient education needs to be considered
  - More emphasis on prevention support, to prevent crisis, especially in mental health
- **No clear discussion of the impact on the community urgent care system from known changes such as the developing Primary Care Networks:**
  - Primary Care Networks (PCNs) - As develop making people aware of the benefits of them for local area

- **Funding and finances are not clearly discussed, including the current budget limitations in the system. There is also a lack of recognition that the changes will take time to realise any benefits and the changes themselves will cause additional work.**
  - Ensure all services are adequately resourced and evidence-based
  - Capital funding crisis in health system e.g. £60m backlog
  - Financial resources
  - Finance constraints
  - This is a slow benefit to be realised.
  - Change creates extra work
- **The role of community pharmacies and any challenges they may face in supporting delivery of urgent care is not clearly discussed in the current documentation/presentation**
  - Pharmacies play a huge role yet summer closing
  - Pharmacies not consistent capacity across localities
- **No consideration of the integration with social services and the importance this has for community urgent care, especially for the vulnerable, frail and elderly**
  - Care should be joined up, integrated with social care
  - Missing backup social care response
  - Social care
  - Social care offer
- **Measures to address the lack of faith the public have in the 111 service conducting and 'receptionists' conducting effective triage or recognising appropriate advocacy on behalf of vulnerable patients**
  - 111 needs to stop directing to just Gloucester Royal Hospital to be
  - Receptionists (and staff in general) to be aware of reasonable adjustments such as permission for others to act on one's behalf e.g. bus pass for appointments
- **A clear description of what a centre of excellence for community urgent care, and a failure to address the issue of a lack of such facilities in Cheltenham and Gloucester.**
  - What does a Centre of Excellence with Urgent Care look like?
  - There is no MIIU in Cheltenham or Gloucester
- **It is not clear from the presentation/documentation how equity of access to community urgent care will be ensure across the entire county and for people of all abilities**
  - Equity of access for Lydney in the South Forest of Dean
  - Access: how to provide access for all levels of ability and condition

- **The impact of the rising number of dementia patients and the need for complex care at home is not considered in the presentation or documentation**
  - Dementia care not available
  - Complex care at home
- **Consideration of the different treatment needs of children and young people under 18.**
  - Good services, if needed, for children, there are different risks
  - More information needed on the offer for under 18s
- **Explanation of the ways in which community urgent care will ensure patients see the right person, at the right time, every time to ensure they receive the best treatment for their condition**
  - Feel it is important when getting treatment that you see someone who has the expertise in issues/illness/injury and has the time
  - Best treatment for condition
- **No specific recognition that in a county the size of Gloucestershire there will be different needs in different areas, including the issue of communities on the Welsh border.**
  - Welsh border patients offer
  - Culture of locality
- **The risks of adopting a 'one size fits all' approach does not consider patients with out of the ordinary conditions, this does not appear to be considered in the presentation/documentation.**
  - Time pressures resulting in uncommon presentations being missed. Resulting in delayed diagnosis and more morbidity (deaths).
- **Consideration of the impact of lifestyle choices on the relative frailty and need of patients, irrespective of age**
  - Personalised risk stratification for all patients by GPs. For instance don't automatically make assumptions that because someone is 86 they are more frail than somebody because they're 56. Lifestyle and illness need to be factored in and the GP is ideally placed for this.

3.5 Most important considerations

In response to the question "*…in your view, what are the most important things to consider in developing services to ensure that everyone can access consistent urgent advice, assessment and treatment?"* the collective feedback from the groups can be presented thematically as follows:

- **Person centred care**
  - Right advice from the patient perspective

- Patient always comes first (VIP):
  i. The outcome for patients as a person in their context, needs to be looked at holistically bringing them back to health
  ii. Patient in the middle of care
- Need a more holistic approach to services, treat the person, not the symptom.
- Ensure right support in place for people (examples of reducing support at appointments)
- That services should be patient centred
- Can be a tick box exercise, the patient can get lost

- **Easily navigable and consistent system to receive urgent care:**
  - Understanding what services are available and where?
  - Healthcare Professionals need to fully understand the system.
  - How we help people navigate the system.
  - Easy – simple to use.
  - Urgent advice and assessment – by phone? - one number. – be directed to the right place. Can it actually do that? / Right care to the right people.
  - Single point of access for the public.
  - Make access a simple as possible
  - Same access offer every day of the week - so know what you can get there – consistent
  - Patients are often told to call 111 even when they are at MIIU (it is often easier to get an appointment through them than the MIIU)
  - Timely

- **Education and communication to ensure patients can navigate the system appropriately:**
  - Improve advertising/education/marketing. Put information in the community.
  - Teach children from school onwards. Re – appropriate routes to urgent care.
  - Targeting the mass of the people/public – informing them of the services
  - Getting the message out to people - i.e. differentiating the targeted groups/segments to recognise different communications needs and mechanisms
  - Approach community groups to educate patients.
  - Utilise patient participation groups.
  - Education, one front door – takes so much time.
  - Communication: advertising; understanding of what services are where
  - Families and carers need to know what is expected of them

- **The right workforce is in place and supported appropriately:**
  - Staffing – high quality/appropriate training.
  - Staffing/recruitment issues in providers e.g. radiographers, PT, Nurses, GPs.
  - Staff training-good communication skills

- Skills of staff: more flexible staff who have an understanding of a variety of conditions
- Availability of staff: key clinical staff aren't being trained/aren't available
- workforce planning

- **There is a focus on prevention and self-care:**
  - Looking at prevention and promoting self-management.
  - Education – regarding what to do, when? / for medical professionals and patients. Planning with patients for the future and what might be the action to take
  - Investment to communities to prevent people getting poorly.
  - Better facilities for people to self-care
  - Prevention, capturing people before they become ill
- **There is no 'one size fits all' the urgent care system needs to be flexible:**
  - Not everything fits into the "boxes" – some conditions don't fit.
  - Treat people as humans.
  - Different types of provision? Can it cope with things like sepsis?
  - Care homes: does the access/process need to be different? / Should it be different?
- **Community pharmacies are recognised as an important part of urgent care by the public and professional alike:**
  - Better utilisation of pharmacists e.g. urgent repeat medicine earlier in pathway.
  - Include pharmacies are part of map of urgent care services.
- **Access to the right healthcare professional at the right time:**
  - Better access to sports professionals e.g. injuries on Saturdays/weekends. Access to diagnostics.
  - Right access to the right person/skill/knowledge.
- **Improved 111 service to restore trust in the service:**
  - 111 understanding the right process/direct to right facility.
- **Mental health is explicitly addressed in the community urgent care system**
  - Skills in mental health provision.
  - Emergency/urgent mental health provision
- **Community urgent care is provided in a way that provides equity of access to everyone irrespective of where they live in the county:**
  - Rurality to be considered. (place to be considered)
  - Rurality – accessing services. Services commissioned to meet demand/need/time.

- Geography: not as simple as services in 'localities.' As many people who live in one locality will have their nearest service in another
- Location – close to where people are from. Where the demand is.
- Make service accessible using different methods e.g. phone, Internet
- Access to services
- Needs to be near to people's homes (which parts?)

- **Transport issues prevent equitable access across the county:**
  - Transport essential to consider, including cost implications.
  - Access to all services, regardless of where we live and improve public transport to enable access. Ensure hospitals and services are in a good location

- **Distance/travelling time can be offset by access to high quality urgent care:**
  - It is better to travel further to get centres of excellence

- **The new solution provides best value for money for all of Gloucestershire:**
  - Cost/benefit analysis – has it been completed? In regard to MIIU/community hospitals.
  - Value for £: centralised specialised services versus locally delivered accessible services

- **The right equipment and services are available at the right time in the right place**
  - Access to diagnostics e.g. x-ray and pharmacy 24/7
  - Enough ambulances if emergency care is far away
  - The standard triage system can be backlogged, in the Forest of Dean there only two ambulances
  - Pharmacy provision is poor in the Forest of Dean
  - X-ray in the Forest of Dean, and radiographers

- **The new operational model for community urgent care is fully integrated**
  - Need to ensure all services are brought into the new model. (i.e. poor experience of transfer between Cheltenham General Hospital – Gloucester Royal Hospital leaving the person very frustrated)
  - All aspects of the system working smoothly. i.e. MIU, A&Es, urgent care, specialities to ensure.
  - Co-location: amalgamating services; single point of access
  - Joined up between services. Seamless.
  - Invite 111 et cetera to integrate: patients don't care who's providing what care

- **Simplified communication and admin for and between healthcare professionals:**
  - Sharing of information across services.
  - Remove bureaucracy: give time for clinicians to deliver services

- Communication
- Professionals need to talk to each other
- Clear Communications
- Information on discharge to GP
- Digital joining up of information

- **Being clear on the definition and delivery of urgent care to inform both patients and professionals:**
  - Outcomes: where are the boundaries of urgent care?
- **If the changes are introduced will the community urgent care system be able to cope?**
  - If everyone went to the right place – would that be new? Would the system work?

3.6 What else would work well?

In response to the question *"…in your opinion, what else do you think will work well?"* the collective feedback from the groups can be presented thematically as follows:

- **Celebrating what works well in the system currently:**
  - Highlighting some of the good work happening.
- **Ensuring all the current services delivering and supporting community urgent care are mapped and their contribution recognised:**
  - Rapid response – not mentioned in slide of number of people seen on a daily basis – key part of the system preventing admission.
  - Complex care team.
- **The complexity of the solution needs to match the complexity of the problem, recognising one size doesn't fit all and the patient should experience a seamless service:**
  - One size doesn't fit all.
  - We are trying to find simple solutions when actually it is complex
    i. We need a simplified system to deal with complex care
    ii. Need to tap into Social Care resources
    iii. The computer systems between hospital and GP need to 'talk' each other
- **Ensuring local knowledge is at hand at all times, particularly for 111 to ensure patients go to the right service that requires the least travelling time:**
  - Know the area.
  - Understand constraints of locations/long distances/access to public transport.
- **Provision of a local volunteer transport service for community urgent care:**
  - Transport into centres.
  - Volunteer drivers – need to be "under the umbrella."

- **Developing a marketing and communications offer to support patients in their choices for community urgent care:**
  - Education
  - Marketing services/access points. – discussed experts in system make informed decisions where to go.
  - Easy read and are adequate signposting in place
  - People still don't know what is available to them. Every household should have a laminated card telling what to do if…list of services and corresponding online information
  - Education from school re – where to access urgent and emergency care.
  - Clear signposting.
  - Clear boundaries for each service provider. What to not ask/is available.
  - Not knowing where to go
- **Employing effective commissioning and contract management:**
  - How is funding being considered /allocated/controlled?
  - Clarity over commissioning – who delivers service?
  - Quality control – who is providing service?
- **Providing a dedicated ambulance and paramedics for community urgent care centres:**
  - Can an ambulance be permanently stationed at an MIIU?
- **Consider the most equitable location of MIIUs to ensure equitable cover in the county and assess the extent to which they refer to the Emergency Department:**
  - No MIIU in Tetbury
  - MIIU: 2% referral to Emergency Department
- **Making use of volunteers in the community such as first responders:**
  - Rural advice through 111/999/GP with paramedics to do HVs, utilising first responders in the community.
- **Integrating community urgent care with other services, particularly social care:**
  - Improved urgent social care access in the A&E to prevent admission for social care need.
  - Improved access to services (wider opening hours to access radiography etc.)
- **Consider developing optimum workforce coverage to ensure most efficient use of resources:**
  - Consider across provider working to enable services to operate an optimum staffing e.g., book nursing slot vs urgent.
  - Suggestion: A&E staff-rotation between acute staff and MIIU

- **Using all the available data to understand not only the urgent care demand but issues related to illness prevention and mental health**
  - What about being able to use Public Health data and using Mental Health information
- **A single point of access to community urgent care services that is clinician led:**
  - Want one reception, no matter how many services provided on site the patient doesn't know or care, just want to seem a service
  - One number of a GP triage to all other services.
- **Valuing pharmacists, nurses and other healthcare professionals for their ability to deliver significant elements of community urgent care:**
  - Pharmacist need to be integrated into the system
  - Does not always need a doctor, better utilisation of other healthcare professionals – range of options, good up-to-date training for all NHS staff.
  - How we utilise pharmacy to its optimum.
  - Instil more faith in nurses/pharmacists
- **More services in the community to support the effective deliver of urgent care:**
  - Hospital services provided in the community i.e. dietician, dressing, physio, IV antibiotics, et cetera
  - Social care/befriending support for social isolation which absorbs pharmacist/GP/nurse time
- **Provide an urgent treatment centre in Cheltenham:**
  - What would an urgent treatment centre could look like for Cheltenham:
    i. Short waiting times.
    ii. Open 24 hours 7 days/week.
    iii. Access to urgent blood teste/imaging (x rays/MRI/CT/Ultrasound.
    iv. Will it cater for PO/PI? Only p2-p4?
    v. Easily accessible – bus routes-central-parking(sufficient)
    vi. As well as or instead of Cheltenham ED?
    vii. Onsite of CGH? -people will know where it is/going to the same place.
    viii. Shared patient information – community/GP/Hospital systems.
    ix. Holistic view/ completing treatment to prevent presenting again
    x. Collaboration with GP/ other healthcare providers.
    xi. Fully staff – experience/expertise.
    xii. 24/7

3.7 Preventing understanding?

In response to the question *"…was there anything in the presentation that prevented your understanding of the issues?"* the collective feedback from the groups can be presented thematically as follows:

- **For many already familiar with the situation the presentation / documentation was clear and understandable**
  - Presentation clear and messages resonated within the group.
  - First hour didn't move on knowledge already doing. Good presentation.
- **The use of NHS language and jargon in the presentation and documentation**
  - Language/phrases such as triage is a barrier to understanding the issues across some communities.
  - Confusing and mixed terminology in the booklet: urgent, acute, critical, emergency.
  - Barriers regarding language: NHS speak
  - Jargon
- **The sheer complexity of the current community urgent care system makes it difficult to explain in an understandable manner, with people too much or too little information was provided**
  - Complexity of the issues or experiences of people using the system. Most people don't understand where they ought to be going.
  - A lot of information in the booklet. Too many issues in one document separated out, more clearly defined
  - Possibly not enough information to make information to make informed judgement.
  - Very busy diagram.
  - Patients often get lost in the system by trying to do the right thing and go to the right service
  - Even services don't know what services are available at each point
  - People don't know where to go the first time
  - Diagnostic access.
- **The presentation/documentation was not differentiated for the needs of people with additional needs, for example by providing easy read versions of the booklet, which hindered participation and understanding**
  - No easy read information, including the presentation, too much information at once, too much information in the presentation
  - Lack of visibility information, lack of understanding, not accessible
  - The presentations/information needs to be accessible to all: easy read, translation, one-to-one help

- **Consideration of urgent care in isolation from discussions around the Emergency Department/acute services caused difficulty in understanding for some participants**
  - Focus on urgent without emergency – don't think can divide.
  - Cross over between MIUS/urgent/ED.
- **The lack of storytelling in the documentation and an over reliance on data. People tend to recognise other people's experience rather than the numbers**
  - Just data… (need more user stories. Examples of experiences.

3.8 Forest of Dean: consideration of inpatient beds

The locality workshop in the Forest of Dean locality (16 October) was extended by one hour to allow for the specific discussion of inpatient beds. During this session participant were asked to look at pages 6 and 7 of the engagement booklet (A New Hospital for the Forest of Dean[2]) which set out a series of assumptions. The group was then asked to consider the following questions regarding these assumptions:

- *Are these the right things to consider?*
- *What else should be taken into account?*

The feedback from the Forest of Dean locality workshop is shown below.

3.8.1 Right things to consider

In response to the question *"are these the right things to consider?"* the group provide the following responses, which have been themed around common issues:

- **The considerations in the document appear to be based on professional/clinical judgement and not the needs of patients and their loved ones:**
  - Service driven by professionals not patient choice
  - Organisation not tuned into the needs of patients.
  - Think family: patient of family are not at the front of the whole system. Huge pressures on families and patients of farmed out.
- **There are several other issues to be considered around social care and discharge into the community that do not appear to be covered by the assumptions in the document:**
  - Social care issue doesn't seem to be thought of including under 18's. So until I can see social care issues fixed it is difficult to think about the offer of inpatient beds/service
  - Access to social care for all: patient choice, needs, liaison with care homes
  - Liaison with family in discharge planning

[2] https://www.fodhealth.nhs.uk/wp-content/uploads/2019/08/FoDHealth-public-discussion-booklet.pdf

- Integrated care teams/rapid response/'hospital at home'
- Proper admissions, better and quicker results at present when sent out.
- Document needs to include more about what is already being delivered and that these will be continued. New patient should have information on transfer, for doctors in community hospitals, and when transferred to GP care
- Rapid response rely on families/carers with elderly parents or who are confused. Ideally would have a carer in supporting the patient with rapid response supporting this.

- **The assumptions around bed numbers and long stay need more detail before people can confirm they are the right things to consider:**
  - Beds; yes but not enough
  - Discussion around long stay; welcome better discharge, but some still could stay if care not sorted
  - There are three to four stroke patient beds currently, but they do not need specialised care. Patients need specialised care as well as for carers
- **It is unclear from the document that the assumptions enable provision of the right equipment at the right time in the new community hospital:**
  - Equip the community hospital with blood tests, urine tests, chest x-ray on set days.

3.8.2 What else should be taken into account

The Forest of Dean locality workshop provided the following responses to the question '*What else should be taken into account?'*

- **The assumptions are not explicit about the ways in which the real terms reductions in inpatient beds in the new community hospital will be addressed:**
  - Where Gloucester patients going?
  - Reducing bed numbers from 47 to a minimum of 24, therefore other offers need to be resourced and robust
- **The need for additional specialist services in the community to support enable people to avoid admittance to inpatient beds at the new community hospital does not appear to have been considered:**
  - Access to specialist services enable a wider range of patients staying out of community hospitals
  - Move away from the ethos of filling beds, more support at home. Seamless care between care agencies and hospitals, shared training and look at patient needs

- **The need for twenty-four-hour, seven day a week support to enable people to avoid admittance to inpatient beds at the new community hospital does not appear to have been considered:**
  - Social care offer as it is not available 24/7
  - Care at home is missing night-time provision
  - Increased 24-hour provision to enable patients to manage at home with their needs met overnight
- **Palliative and end of life care does not appear to have been considered:**
  - End-of-life care - realistic choices. Care homes do not always have the capacity. Great Oaks is only day care. Care home staff are not trained. Illness trajectory is unpredictable.
  - Patient choice last days of life: stay at home as long as possible but choice to go to community hospital
  - Person centred care - giving sustainable choices
  - End-of-life care?
  - Have we put in a travelling service for palliative care?
- **Dementia care needs to be addressed explicitly:**
  - The offer of dementia crisis needs to be better locally and countywide
  - Dementia care?
- **Mental health needs to be addressed explicitly:**
  - Liaison psychiatry input - mental health
  - Consider mental health: more liaison nurses
- **GPs are at the heart of the success of the plans for a new community hospital in the Forest of Dean, this is not reflected in the assumptions:**
  - GP focus needs to be to support admissions; GP should know discharge, admission, family setup (ideally). GP looking after own community beds
  - Change the culture of 'Friday afternoon' admissions
- **The assumptions in the document do not appear to recognise specific local issues, for both the Forest and other areas:**
  - Local solutions for local communities. National policies do not always work for smaller communities
  - Hospital should be for Forest people, but others not stopped - need to make sure services are available elsewhere
  - Community beds in Gloucester and Cheltenham
- **Has data sharing and all alternative methods of providing access to patient records been considered?:**
  - What people's data are shared: go back to patient records/notes.
  - If every patient has their own health record it makes the whole process simpler

- **Are the needs of all age groups considered in planning for the new community hospital?**
  - Working age adults
  - What about children?
- **Have complementary therapies been considered in the new community hospital?:**
  - Pets as therapy
- **Have transport needs in the Forest of Dean for patients and visitors been considered in the new community hospital?:**
  - Transport: people to hospital, visitors, e.g. public transport charges
- **Will all the right equipment be in place for the community hospital?:**
  - If falls are being dealt with it needs x-ray

3.8.3 Closing note: end-of-life care in the Forest of Dean

During the workshop there was significant discussion of end-of-life care in the Forest of Dean. This was recognised as being both very important to the participants in the workshop and outside the scope of discussions, therefore, it was suggested that a separate session could be held to discuss this topic in the near future.

4 IMPORTANCE AND OTHER CONSIDERATIONS

Views of participants on the importance of issues related to Community Urgent Care

4.1 Introduction

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

1. What criteria do you think potential solutions should be tested against?
2. What is your first impression of the draft criteria?
3. How do these compare?
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 community urgent care in Gloucestershire and the wider Fit for the Future programme.

4.1.1 Draft Criteria

The groups were introduced to the current draft criteria developed by the One Gloucestershire partners, after they had the time to discuss their own preferences for criteria for their consideration and comment. The timing of the introduction of the draft criteria was to allow participants to discuss their own preferences without introducing any potential bias from the

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.

4.2 Group criteria

In response to the question *"…what criteria do you think potential solutions should be tested against?"* the collective feedback from the groups can be presented thematically as follows, in no particular order:

Solutions must be safe, effective and sustainable

- A service that is safe
- Safe – staffed by doctors? Different staff groups? – is it the experience that is most important?
- Is it safe?
- Safe and effective.
- Safe
- Sustainable – maximises prevention and self-care.
- Clinically – excellent (or good enough)
- Safe and accessible. High quality. Values. – service that listens
- Patient safety, quality of services, regulated.
- Understandable.
- Quality care.
- Discussion of triage and who is most appropriate to signpost – could district nurses do this?
- Quality and timely service – defining patients' needs
- Speedy assessment
- Sustainable -access offer

Solutions must be accessible and equitable

- Easily understood – jargon free as possible. – different formats to improve accessibility. – deaf community text. Translated – English not first language
- Accessible – disability/language.
- Must address everyone's needs - considers if you have unintentionally excluded a cohort/group of people: e.g. mental health, hearing, language, site, dementia friendly.
- Accessibility for all.
- Accessible – geographically/culturally.
- Equitable – across patient groups/ages and locations.
- Suitability across all demographics: age/ethnicity mental and physical health/urban and rural, et cetera
- Children and young people must be considered
- Patients needing to do school run – appropriate times are available for them to access appointments.

Workforce issues are fully considered in any potential solution:

- Multi-skilled staff for service to be effective.

- Safe/sustainable in workforce.
- Resilient and sustainable – staffing adequate and maintained.
- Capacity/sustainable/resilient/deliverable
- Make best use of staff (resources)
- Performance of staff
- Acceptability (overworked and understaffed)
- Right number of staff

Any potential solution must be patient centred

- Responding to person not the condition. Doesn't deal just with the presenting conditions. Underlying doesn't get fixed
- Face-to-face conversations are happening - people being kind
- Open honest communications with patients
- Provides a patient journey focus
- Patients experience needs to be at the centre Person centred: the person must not get lost; this is a scary process for an individual
- Right people communicating with you and have the right information about you including home situation, looking at the whole person (so I get the right service at the right time for me)
- Consistency: same people so I can get to know and trust them
- Treat the person holistically

Patient information is shared securely throughout the system

- Information given by the patient is visible to every future care provider for that episode.
- Limit the number of times the patient tells their story

Solutions must deliver care in in a timely manner

- Timely – for patient/for clinician.
- No delays in diagnosis.
- Right time, right place, right first time.
- Timely/Responsiveness
- Time to delivery of care: some solutions may be quicker than others; each step must add value
- Meets demand/need of a 24-hour society, expectations are high. Young very demanding with high expectations

The solution must provide best financial value for the people of Gloucestershire (efficient, effective and economical)

- Value for money/budgetary constraints.
- Cost effective.
- Cost- can we afford it, is it the most cost-effective solution, does it create more admin processes (streamline)
- £ should keep to budget Affordable.

- Cost efficient.
- Value for money
- Effective – CQC/ other specification (national) + longevity.
- Cost – effective.
- Efficient and cost effective
- Efficient and effective.

Solutions must include clear care planning:

- Clear care planning – what next, timely manner.
- Long term condition patients should have care plan. Describe what is emergency. What to do/ when/ who to contact when.

Any potential urgent care solution must explicitly address mental health

- Urgent care includes mental illness.

Solutions must include communications and awareness mechanisms that are simple and easily understood helping people navigate the system more easily:

- Easily understood system
- Simplicity and clarity
- Communicate what's going well – friends and families test and stories.
- Clear – system/user – well communicated.
- Education of the right place to go for all ages, groups, not just ones that read the Gazette e.g. use of social media, online messaging, email, text, apps, Facebook, etc.
- Educate patients attending ED after having been advised that they see their own GP the next day on the impacts their actions have on the system.
- Simple – access for people – navigation. Patient should be kept advised rather than be expected to rely on blind faith in the system.
- Public understanding of services available and appropriate pathways
- Improving communications
- Ensure a consistent message.
- Strategic fit – simple/understandable.
- All correspondence and feedback provided to patients (if they want to receive it.)
- Simplicity and 'one call'.

Solutions must contain specific measurable achievable realistic and time-bound targets

- Reduction in hospital admissions/ inappropriate admittance to A&E.
- Quality service to attract/retain quality staff.
- Value for money/sustainable numbers.
- Consistent experience – day to day/ 24hours/whoever you see.
- How and when will we evaluate the change.
- Tracking system – fully integrated.
- Measure touchpoints.

- Minimise cost per episode.
- Avoiding repeat visits…
- Good patient Outcomes – to be able to cope with vulnerable person with complex needs. (at the extreme)
    i. Location (accessible)
    ii. Waiting times.
    iii. Seen by appropriate specialist.
    iv. Treatment completed or good signposting to e.g. GP, specialist, other services. Streamlines following treatment.
- How do we measure success of service audit appropriate use or signposting to services?
- 111 measured by how many ambulances called.
- 111: was the outcome of any referral a success.
- Expectation -waiting time to triage/national targets/timed slots (planned urgent)
- Outcome – pathways (how few could you be on)/conditions (best outcome for you)
- Includes success criteria:
    i. Do people get better?
    ii. Hospital will be full of people
    iii. Hospital is accessible
    iv. You can find your way around the hospital (use community groups to test)
    v. Privacy and dignity: don't want to feel people are staring at me
    vi. Dementia friendly
- Patients feel they matter.
- Evaluation plans for post implementation.
- Measurable/ What are metrics?
- Needs to be considered against long term plans and other drivers.
- Public understand how to access services – 111 Confidence in the system from the public
- Satisfaction in the system from the public
- Is it adequate?
- Is it accessible?
- Effective: health outcomes/quality of outcome/evidence based
- Effective measurement (may require research)
- Safety should not be diminished
- Effectiveness of plans-improved outcomes
- Speedy diagnosis: MRI results to be provided promptly and faster
- Effective evaluation of new technology

Solutions must be developed in an inclusive manner

- Everybody needs to have had an input.

- How have hard to reach people been approached?
- It needs to be an open and transparent decision. Staff need to be included.

Solutions must be fully integrated across all providers and partners

- Integrated/Integration: Voluntary sector, NHS, Adult Social Care/Social Care.
- Service is accessible because it is co-ordinated.
- Integrated care
- Care must be joined up, integrated with social care

Solutions must ensure the right equipment is in place, staffed and available on a consistent, regular, schedule

- If seen in MIIU when X-Ray closed. Give them a form for X-Ray elsewhere, so they don't have to go through triage
- Right staff and equipment in the right place at the right time (… But this is pie in the sky)
- X-ray needs radiologists so can have the service
- Consistency/reliability across service provision across the county
- Enough beds

Solutions must ensure care is delivered by the right persons, at the right time or ensure effective signposting/transfer to the appropriate service.

- System – right person, right place – no diversions – clearly communicated.
- Get patients to right service first time (no pass the parcel)
- Right place, right person, right time.
- Identify all specialists that are appropriate in referral pathways.

Any potential solution should consider effective prevention activity and the opportunity to support self-care

- Sustainable – maximises prevention and self-care.
- Working to prevent people from being admitted
- Encouraging self-care and health promotion
- Sustainable – maximises prevention and self-care.

The culture of any potential solution must support appropriate risk, move from a blame culture and learn from risks

- Positive risks – by clinicians.
- Reduce blame culture.
- Link to culture change – no blame. Learn from mistakes.
- Test and learn – learn from experiences.

Any potential solution must adequately consider travel and transport issues

- Travel time (close to home, if possible)
- Access to public transport if service delivered from a 'facility'.
- Transport opportunities – support from transport strategy.

- Travel time is always considered along with distance. In miles a service may be closer but in time taken to travel it may be significantly longer than a destination further away.

All healthcare professionals are recognised as asset and providing an equal and valuable contribution to any potential solution

- Better use of pharmacists, linked to notes and ability to refer to other services
- Recognises the ability of Healthcare Professionals and offers more training to improve the service that can be provided
- Integrate services
- Includes pharmacy and nurse practitioners as recognised assets with equal contributions

The potential solution sets out a realistic explanation of what patients and staff can expect from any changes

- Realistic – staffing and expertise cannot be available at all services. Should there just be two acute sites and appropriate resources.

The potential solution is clear in addressing the 'knock on' implications any changes may have to the wider NHS and partner systems

- Whole system approach… joined up (treated as individual…) also out of area.
- Crossover of resources between minor injury/emergency/urgent care.
- Expectations to be realistic for both staff and patients
- Realistic expectations: sustainable well-resourced in staffing and money
- Role of other partners.
- Greater use of voluntary sector e.g. Home Start befriending
- Social care needs to be in place, difficult to make decisions in isolation
- Contraceptive services need to be local and accessible, particular for young people

The potential solution addresses the specific needs of protected characteristic groups and those most likely to be affected are met to ensure equity of access

- Language barriers – e.g. 111is multilingual
- Answer on behalf of child/learning difficulties are accepted and encouraged
- People with learning disabilities have purple butterfly/hospital passport if they need it
- Continuity of care

Solutions should always seek to reduce the number of times a patient has to tell their story:

- Handoffs – reduce number to improve patient experience (saving resources.)

The potential solution provides sufficient flexibility to meet patient choice

- Does this solution keep the patient at home as long as possible (as safe as possible)?
- Flexible to families

- Flexible to the needs of the public
- Has the potential to modify: prioritising health inequalities/access issues
- Choice
- Discussions around were to die – choice

4.3 Views on the draft criteria

In response to the question *"…what is your first impression of the draft criteria?"* the collective feedback from the groups can be presented thematically as follows:

- **The draft criteria are too complicated and contain too much jargon:**
  - Very wordy – less jargon, more concise and straight forward.
  - Language can be better e.g. 'handoffs in pathways'
  - Seem ok but nebulous.
  - Lots of jargon.
  - Wordy
  - Jargon
  - Bingo![3] Needs to be written for laypeople
  - The draft criteria need to be simplified (overlapping criteria is) difficult to understand and read – NO JARGON
  - Too much jargon-what do all the initials stand for e.g. FYFV
  - Not easy to understand
  - It would be helpful to have a real example attached to each criteria - they are often impenetrable
  - Criteria should be written in plain English
  - Written by managers.
  - Not patient friendly – too wordy.
  - Goals not criteria.
  - No surprises
- **The draft criteria are too vague and allow too much room for interpretation:**
  - Seem ok but nebulous.
  - The criteria could fit anything.
  - Sounds good but doesn't say a lot
  - Not specific.
  - More defined – around urgent care
  - Not specific enough.
- **The draft criteria do not include any clear measures that would allow their useful application**
  - 'Evidence base' – What evidence – how robust is the evidence.
  - Criteria should be evidence based

[3] This is a reference to introduction of the concept of Bureaucracy Bingo by the independent facilitator, in which the winner fills a card with the most jargon/buzz words/management speak

- What is acceptable? acceptable to all, to whom.
- Similar – how measure.
- 'Commensurate with level of risk. The challenge will address…' How to measure this?
- What level of risk are you willing to live with?
- How do we define better? In a measurable way. Defining risk.

- **The draft criteria do not take into account patient or staff perspectives, priorities and needs**
  - Patient experience not emphasised.
  - Staff not recognised
  - Needs to take account of holistically whole patient.
  - How do we inform people? So that they know what's open where? E.g. TV adverts, information cards (hardcopy and download loadable in a variety of formats)
  - Perspective – patient centred/or staff.
- **The draft criteria do not encourage or take account of innovation in any potential solutions**
  - What about innovation.
- **The draft criteria are not flexible enough to change to changing circumstances**
  - Self learns.
- **There is no prioritisation in the draft criteria which could lead to a solution that does not achieve the overall ambitions of the programme becoming a 'preferred' possibility for further consideration.**
  - Meets all requirements but then NV for money – what happens.
  - Can the 'criteria' be weighted in terms of importance (important criteria multiplied up to aid decision)
  - Do the public buy in.
  - Address what is important to the public.
  - Prioritise what matters. 'Prioritise not salami slice'
- **The draft criteria do not take into the issue of transport which was consistently flagged up a being important by the workshop discussions**
  - Transport?
- **The draft criteria do not take into account the need to build in sufficient expertise to ensure even the rarest condition is diagnosed accurately in the community urgent care system and treats all patients equally.**
  - Individual patients: common illnesses/rare stuff, safety is paramount.
  - How does the system catch the 'oddities'?

- **The draft criteria do not, but absolutely must, take into account the extent to which community urgent care is integrated with social care**
  - V. important. Requires explicit criteria in relation to social care

Comments on specific draft criteria:

- **Criteria 1: Quality of Outcomes,** how is quality defined?
- **Criteria 2:'Supports sustainable ways of working'** doesn't address capacity and resilience in workforce and patient/govt expectations.
- **Criteria 4: Accessibility,** it needs to move beyond 'takes into account, health and equalities', and be more explicit, to state 'will address health and inequalities.'
- **Criteria 5: Aligns and complements with other "Fit for the Future" solutions /enablers**, is not easy to understand.

4.4 Comparing draft with group criteria

In response to the question *"…how do these compare?",* essentially asking the groups to compare their criteria against the draft criteria, the collective feedback from the groups is as follows:

- Acceptability – How do you judge/measure this.
- How do we gain feedback from patients/what type of info and how do we use this?
- How do we support people and measure criteria for those who have accessibility issues or who may need extra support?
- Workforce – add value in criteria. A criteria that judges/measures availability and competencies – looking at service models.
- Are they for management or the general public?
- One version of criteria that is accepted by everyone.
- Different weighting to different criteria. Criteria 1 quality of outcomes & 4 accessibility – too much in these criteria.
- Change some words e.g. risks to challenges.
- Number 6. More emphasis on this. – continual re-enforcing of same messages. – personalised approaches – not 'fit into the service'.
- Quite a bit of 'legislation' framework built into criteria which affects language.
- How specific can this be to locality. Can the Forest have a different plan to Stroud? Should it be weighted by things like deprivation?
- Lots of overlap – difficult to know exactly as draft criteria are unclear.
- Draft Criteria has more criteria.
- We have some that are similar, but ours have more detail

4.5 Views on the most important criteria

In response to the question *"…which of the additional criteria you have generated as a group is most important to you?"* the collective feedback from the groups can be presented thematically as follows:

Safe and sustainable

- Safe
- Sustainable - access offer

Person centred

- Flavour/patient centred.
- Takes into account patient circumstances – these are people. Don't fit into boxes.

Timely and effective care

- Quality, timely service
- Effectiveness of care
- Speed of getting attention

Right place, right place

- Getting it right first time, right place, right time.
- Around defining risk

Measurable and achievable

- Deliverable.
- Smarter objectives
- Qualitive and Quantitative outcome measures – measure the experience

Accessible for all

- Engagement – 'hard to reach don't want to engage in lifestyle discussions.
- Accessibility was our focus – and it was covered in criteria – not just about transport but access for communities where is English is not first
- language/learning diff.

Transport issues are considered

- Travel time.

5 SUMMARY AND CONCLUSIONS

Overview of findings

5.1 Introduction

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

5.2 Overall Observations

Workshop participation was designed on the basis of a 'balanced room' in that the representation of NHS professionals was roughly equal to the numbers of people most likely to be impacted by any changes discussed in this engagement. Overall this was achieved with 103 lay participants and 103 NHS professionals, however, this was not replicated at the individual workshop level and the discussions in some were either heavily focused on lay opinion or conversely on NHS opinion, as shown in the table below, resulting in very different experiences and opinion in some of the workshops. To overcome this our reporting is based on aggregate opinion, balancing views across all the workshops and using thematic analysis to provide consensus reporting.

Locality Group	Laypeople		NHS Staff		Total
	No.	%	No.	%	
Forest of Dean Reference Group	7	44%	9	56%	16
Gloucester	6	25%	18	75%	24
Cheltenham	20	59%	14	41%	34
PPG Network	19	100%	0	0%	19
Forest of Dean	14	38%	23	62%	37
North Cotswolds	7	44%	9	56%	16
South Cotswolds	9	56%	7	44%	16
Tewkesbury	5	38%	8	62%	13
Stroud and Berkley Vale	16	52%	15	48%	31
Total	**103**	**50%**	**103**	**50%**	**206**

The feedback from the workshops also indicates that while the effect was a balanced room there was a shortage of working age people from outside the NHS, people with school age children, and minority communities. There was also a question raised whether there was sufficient representation from so called deprived communities.

The recruitment to participate was particularly successful amongst people with learning disabilities and mental health issues, thanks to the work of Inclusion Gloucestershire. However, while the presence of participants recruited by Inclusion Gloucestershire significantly added to the workshops, their needs were to some extent largely overlooked, particularly in terms of differentiating the materials to support their understanding and participation. Simple steps such as providing easy read materials,

allowing for more one-to-one intervention from support workers and if possible allowing more time to absorb the materials ensuring their fullest participation.

It is also worth noting that while the Forest of Dean workshop was extended by a further hour compared with the other eight to discuss the issues of inpatient beds in the new community hospital in the area, conversations were compressed. This was largely due to the very understandable strength of feeling around this issue, however, some of the depth of discussion was lost and it was agreed that a further session would be convened to discuss further.

A final observation is that the presentation given at the start of the locality workshops was adapted based on the feedback received as the schedule of events proceeded. This, in our opinion, showed a willingness to learn and adapt to ensure the difficult and complex subject matter could be better understood, avoiding previous pitfall, exhibiting an approach of continuous dialogue in this engagement exercise.

5.3 Summary of First Impressions

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

5.3.1 First Impressions

In response to the question *"…what are your first impressions of the issues?"* the collectively themed feedback from the groups was:

- The current community urgent care is very confusing for patients and staff to navigate and patients only want to explain their condition once, but they have to repeat it again and again, every time someone new comes into the room.
- The presentation and documentation is a good start in explaining community urgent care, but more work is needed to make it accessible and understandable to all.
- The role of self-care and prevention do not appear to be considered effectively in the presentation or documentation.
- People are not clear on the difference between urgent and emergency care
- The issues are widespread and complex
- There are inequalities in the current community urgent care system in terms of geography and demographics across Gloucestershire
- There is a very real concern over the future of the Emergency Department in Cheltenham
- Failure to address language and cultural issue is increasing inequity of access to community urgent care for groups in Gloucestershire
- There is a lack of confidence in the 111 service based on previous poor experiences limiting the effectiveness of the services as the first point of call for community urgent care

- The system is under unsustainable pressure and change is needed in community urgent care:
- The system puts too much emphasis on the patient to know where to go. There appears to be 'patient blaming' for system failings:
- Mental health, particularly crisis, doesn't seem to be included in the thinking on community urgent care.
- To some extent the NHS and the Emergency Department is the victim of its own success.
- There is a need for a clear and concise communication/education approach to support people in making the right choices for community urgent care
- Inconsistency in the times of service delivery, in some areas it's 24/7 in others not
- Workforce issues are complicated and impact on national staffing levels not just in Gloucestershire.
- Transport issues are not considered, which have a major impact on the ability of many people in Gloucestershire to access community urgent care services
- There are issues with the availability and location of equipment to support the delivery of community urgent care.
- The open question of are GP practices have the capacity to play the major role that is required of them in the future community urgent care system was not answered.
- There seems to be little consideration of the impact of the changes in community urgent care in Gloucestershire on surrounding areas, including Wales, and vice versa
- There seems to be little consideration of integration with other services, particularly social services, to ensure community urgent care is more effective.
- There is no discussion of the financial implications of the current situation, any future proposals and the budget available to address community urgent care for the future
- There are specific issues related to the Forest of Dean and the provision of MIIUs which have not been adequately addressed in the presentation/documentation.

5.3.2 Missing or hasn't been considered

In response to the question *"…is there anything that is missing or hasn't been considered?"* the collectively themed feedback from the groups was:

Providing mechanisms to support patients and staff to deal with the complexity of the community urgent care system allowing easy navigation of the system. Simplifying the message around access to and use of community urgent care:

- Transport is a big issue in a county the size of Gloucestershire, particularly for people on low incomes, without a car, who do not necessarily speak English as their first language or are vulnerable. No consideration is given to this or the provision of robust alternatives to public transport.

- The majority opinion of the groups is that urgent mental health care is not considered in the presentation or documentation. It may be an implied commitment to service, but this is too an important issue not to have explicit discussion.
- There is no consideration of the support required or to be provided for people with additional needs
- Measures to explore, understand and support the issues of frequent attendance by a small number of patients
- 'There is a lack of specific data in the presentation and documentation, and when it is provided it is unclear or incomplete.
- Using 'people' friendly language to support the triage process, including technology solutions such as Apps or virtual/augmented reality:
- A clear description of the 'patient journey' through the community urgent care system from the viewpoint of the wider community, including protected characteristic4 groups
- Workforce issues are not explored, including recognition of the national staff shortages and the issues faced by frontline staff (training and safety)
- There are clearly missing groups from the community urgent care engagement conversation, including working people and those whit school age children, there is a need to ensure they are fully involved to hear their opinions.
- The consideration of the involvement of private providers, and the voluntary and community sectors in the discussions, Currently the feedback from the groups is that not enough have been involved in the engagement conversation on community urgent care.
- Discussions of the mechanisms to ensure robust data service, not just within the NHS, but across all partners services to ensure all patient data is available and they only have to tell their story once:
- There is no discussion of the balance/compromise that may be required to allow timely triage and providing triage by a clinician every time.
- A clear discussion of the variations in service patients receive in the current community urgent care system
- Prevention of illness and crisis is not considered
- No clear discussion of the impact on the community urgent care system from known changes such as the developing Primary Care Networks:
- Funding and finances are not clearly discussed, including the current budget limitations in the system. There is also a lack of recognition that the changes will take time to realise any benefits and the changes themselves will cause additional work.

[4] It is against the law to discriminate against someone because of: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex, sexual orientation. These are called protected characteristics. https://www.equalityhumanrights.com/en/equality-act/protected-characteristics

- The role of community pharmacies and any challenges they may face in supporting delivery of urgent care is not clearly discussed in the current documentation/presentation
- No consideration of the integration with social services and the importance this has for community urgent care, especially for the vulnerable, frail and elderly
- Measures to address the lack of faith the public have in the 111 service conducting and 'receptionists' conducting effective triage or recognising appropriate advocacy on behalf of vulnerable patients
- A clear description of what a centre of excellence for community urgent care, and a failure to address the issue of a lack of such facilities in Cheltenham and Gloucester.
- It is not clear from the presentation/documentation how equity of access to community urgent care will be ensure across the entire county and for people of all abilities
- The impact of the rising number of dementia patients and the need for complex care at home is not considered in the presentation or documentation
- Consideration of the different treatment needs of children and young people under 18.
- Explanation of the ways in which community urgent care will ensure patients see the right person, at the right time, every time to ensure they receive the best treatment for their condition
- No specific recognition that in a county the size of Gloucestershire there will be different needs in different areas, including the issue of communities on the Welsh border.
- The risks of adopting a 'one size fits all' approach does not consider patients with out of the ordinary conditions, this does not appear to be considered in the presentation/documentation.
- Consideration of the impact of lifestyle choices on the relative frailty and need of patients, irrespective of age

5.3.3 Most important considerations

In response to the question *"…in your view, what are the most important things to consider in developing services to ensure that everyone can access consistent urgent advice, assessment and treatment?"* the collectively themed feedback from the groups was:

- Person centred care.
- Easily navigable and consistent system to receive urgent care.
- Education and communication to ensure patients can navigate the system appropriately.
- The right workforce is in place and supported appropriately.
- There is a focus on prevention and self-care.

- There is no 'one size fits all' the urgent care system needs to be flexible.
- Community pharmacies are recognised as an important part of urgent care by the public and professional alike.
- Access to the right healthcare professional at the right time.
- Improved 111 service to restore trust in the service.
- Mental health is explicitly addressed in the community urgent care system.
- Community urgent care is provided in a way that provides equity of access to everyone irrespective of where they live in the county.
- Transport issues prevent equitable access across the county.
- Distance/travelling time can be offset by access to high quality urgent care.
- The new solution provides best value for money for all of Gloucestershire.
- The right equipment and services are available at the right time in the right place..
- The new operational model for community urgent care is fully integrated.
- Simplified communication and admin for and between healthcare professionals.
- Being clear on the definition and delivery of urgent care to inform both patients and professionals.
- If the changes are introduced will the community urgent care system be able to cope?

5.3.4 What else would work well?

In response to the question "…in your opinion, what else do you think will work well?" the collectively themed feedback from the groups was:

- Celebrating what works well in the system currently.
- Ensuring all the current services delivering and supporting community urgent care are mapped and their contribution recognised.
- The complexity of the solution needs to match the complexity of the problem, recognising one size doesn't fit all and the patient should experience a seamless service.
- Ensuring local knowledge is at hand at all times, particularly for 111 to ensure patients go to the right service that requires the least travelling time.
- Provision of a local volunteer transport service for community urgent care.
- Developing a marketing and communications offer to support patients in their choices for community urgent care.
- Employing effective commissioning and contract management.
- Providing a dedicated ambulance and paramedics for community urgent care centres.
- Consider the most equitable location of MIIUs to ensure equitable cover in the county and assess the extent to which they refer to the Emergency Department.
- Making use of volunteers in the community such as first responders.
- Integrating community urgent care with other services, particularly social care.

- Consider developing optimum workforce coverage to ensure most efficient use of resources.
- Using all the available data to understand not only the urgent care demand but issues related to illness prevention and mental health.
- A single point of access to community urgent care services that is clinician led.
- Valuing pharmacists, nurses and other healthcare professionals for their ability to deliver significant elements of community urgent care.
- More services in the community to support the effective deliver of urgent care.
- Provide an urgent treatment centre in Cheltenham.

5.3.5 Preventing understanding?

In response to the question "…was there anything in the presentation that prevented your understanding of the issues?" the collectively themed feedback from the groups was:

- For many already familiar with the situation the presentation / documentation was clear and understandable
- The use of NHS language and jargon in the presentation and documentation
- The sheer complexity of the current community urgent care system makes it difficult to explain in an understandable manner, with people too much or too little information was provided
- The presentation/documentation was not differentiated for the needs of people with additional needs, for example by providing easy read versions of the booklet, which hindered participation and understanding
- Consideration of urgent care in isolation from discussions around the Emergency Department/acute services caused difficulty in understanding for some participants
- The lack of storytelling in the documentation and an over reliance on data. People tend to recognise other people's experience rather than the numbers

5.3.6 Forest of Dean: consideration of inpatient beds

The locality workshop in the Forest of Dean locality (16 October) was extended by one hour to allow for the specific discussion of inpatient beds. During this session participant were asked to look at pages 6 and 7 of the engagement booklet (A New Hospital for the Forest of Dean[5]) which set out a series of assumptions and asked to give their responses.

5.3.6.1 Right things to consider

In response to the question *"are these the right things to consider?"* the collectively themed feedback from the group was:

[5] https://www.fodhealth.nhs.uk/wp-content/uploads/2019/08/FoDHealth-public-discussion-booklet.pdf

The considerations in the document appear to be based on professional/clinical judgement and not the needs of patients and their loved ones.

- There are several other issues to be considered around social care and discharge into the community that do not appear to be covered by the assumptions in the document.
- The assumptions around bed numbers and long stay need more detail before people can confirm they are the right things to consider.
- It is unclear from the document that the assumptions enable provision of the right equipment at the right time in the new community hospital.

5.3.6.2 What else should be taken into account

The Forest of Dean locality workshop provided the following responses to the question '*What else should be taken into account?'*

- The assumptions are not explicit about the ways in which the real terms reductions in inpatient beds in the new community hospital will be addressed.
- The need for additional specialist services in the community to support enable people to avoid admittance to inpatient beds at the new community hospital does not appear to have been considered.
- The need for twenty-four-hour, seven day a week support to enable people to avoid admittance to inpatient beds at the new community hospital does not appear to have been considered.
- Palliative and end of life care does not appear to have been considered.
- Dementia care needs to be addressed explicitly.
- Mental health needs to be addressed explicitly.
- GPs are at the heart of the success of the plans for a new community hospital in the Forest of Dean, this is not reflected in the assumptions.
- The assumptions in the document do not appear to recognise specific local issues, for both the Forest and other areas.
- Has data sharing and all alternative methods of providing access to patient records been considered?.
- Are the needs of all age groups considered in planning for the new community hospital?
- Have complementary therapies been considered in the new community hospital?.
- Have transport needs in the Forest of Dean for patients and visitors been considered in the new community hospital?.
- Will all the right equipment be in place for the community hospital?.

5.4 Summary of Views on Relative Importance

5.4.1 Group criteria

Through theming the work of the nine groups their decision making criteria are summarised below. Section Three of this report contains the detail of the specific characteristic of each of these criteria and it is recommended that these form the basis of any final decision criteria, however, this development must be done in a similar and open 'balanced room'

- Solutions must be safe, effective and sustainable
- Solutions must be accessible and equitable
- Workforce issues are fully considered in any potential solution.
- Any potential solution must be patient centred
- Patient information is shared securely throughout the system
- Solutions must deliver care in in a timely manner
- The solution must provide best financial value for the people of Gloucestershire (efficient, effective and economical)
- Solutions must include clear care planning.
- Any potential urgent care solution must explicitly address mental health
- Solutions must include communications and awareness mechanisms that are simple and easily understood helping people navigate the system more easily.
- Solutions must contain specific, measurable, achievable, realistic, and time-bound targets
- Solutions must be developed in an inclusive manner
- Solutions must be fully integrated across all providers and partners
- Solutions must ensure the right equipment is in place, staffed and available on a consistent, regular, schedule
- Solutions must ensure care is delivered by the right persons, at the right time or ensure effective signposting/transfer to the appropriate service.
- Any potential solution should consider effective prevention activity and the opportunity to support self-care
- The culture of any potential solution must support appropriate risk, move from a blame culture and learn from risks
- Any potential solution must adequately consider travel and transport issues
- All healthcare professionals are recognised as asset and providing an equal and valuable contribution to any potential solution
- The potential solution sets out a realistic explanation of what patients and staff can expect from any changes.
- The potential solution is clear in addressing the 'knock on' implications any changes may have to the wider NHS and partner systems

- The potential solution addresses the specific needs of protected characteristic groups and those most likely to be affected are met to ensure equity of access
- Solutions should always seek to reduce the number of times a patient has to tell their story.
- The potential solution provides sufficient flexibility to meet patient choice

5.4.2 Views on the draft criteria

- The draft criteria are too complicated and contain too much jargon.
- The draft criteria are too vague and allow too much room for interpretation.
- The draft criteria do not include any clear measures that would allow their useful application
- The draft criteria do not take into account patient or staff perspectives, priorities and needs
- The draft criteria do not encourage or take account of innovation in any potential solutions
- The draft criteria are not flexible enough to change to changing circumstances
- There is no prioritisation in the draft criteria which could lead to a solution that does not achieve the overall ambitions of the programme becoming a 'preferred' possibility for further consideration.
- The draft criteria do not take into the issue of transport which was consistently flagged up a being important by the workshop discussions
- The draft criteria do not take into account the need to build in sufficient expertise to ensure even the rarest condition is diagnosed accurately in the community urgent care system and treats all patients equally.
- The draft criteria do not, but absolutely must, take into account the extent to which community urgent care is integrated with social care

Comments on specific draft criteria:

- **Criteria 1: Quality of Outcomes,** how is quality defined?
- **Criteria 2:'Supports sustainable ways of working'** doesn't address capacity and resilience in workforce and patient/govt expectations.
- **Criteria 4: Accessibility,** it needs to move beyond 'takes into account, health and equalities', and be more explicit, to state 'will address health and inequalities.'
- **Criteria 5: Aligns and complements with other "Fit for the Future" solutions /enablers**, is not easy to understand.

5.4.3 Views on the most important criteria

When asked what the most important factors are from their discussions the themed consensus is that they are (in no particular order):

- Safe and sustainable;

- Person centred;
- Timely and effective care;
- Right place, right place;
- Measurable and achievable;
- Accessible for all; and
- Transport issues are considered.

5.5 Conclusions

The workshops were an example of effective co-production, supported by Inclusion Gloucestershire, where all opinion was given equal weight, and valued by all. For Community Urgent Care in Gloucestershire this offers the potential to build on this to develop the good will and spirit of co-production into a continuous engagement dialogue between citizens and professionals,

It was also apparent that:

- The issue of transport to/from urgent care centres, particularly as many urgent events are likely to take place out of hours is of crucial importance. In all workshops it was felt that the engagement discussions, documentation and presentation did not take account on the pressures this put on people when they are urgently unwell as well as their loved ones. This was felt to have a particular, but not exclusive, impact on the elderly, people with disabilities, those with low incomes, families and minority ethnic communities where English is not the first language. The consistent message from all groups was that this needs significantly more consideration and engagement.
- There was a real sense of confusion over discussions around urgent care without considering emergency care a well. This was particularly felt at the triage point, with many stating "…how do I know if I'm urgent or emergency?", with many feeling this put too much onus on the patient to conduct a form of self-triage prior to entering the system they did not feel qualified to do. This was summed up by one participant as "…patient blaming…", essentially put the responsibility on the individual for failures in the system's ability to cope with public need.
- This sense of confusion was further amplified by a series of accounts of very poor experiences of using the 111 services. The upshot of this is, despite assurances from professionals in the room, that a that a number of those present at all workshops had little or no faith in the service. This has clear implications for the future of community urgent care in Gloucestershire if it is to be based on the county-wide adoption of 111 as the first point of call for urgent care.
- All localities were in agreement that their priority when they needed urgent care was access to the right treatment at the right time. Access becomes a major issue as the consensus, even amongst professionals present, is that the system is confusing with

multiple entry points, some more effective than others, and no one – layperson or professional - is 100% clear on where/how they should do this. There was also concern over getting care at the right time, again the picture is confused with inconsistencies in opening times of the same type of urgent care facility in different areas and the lack of 24 hour services. In North Cotswolds it is reported that, despite being very unwell, people will hold on until 8am before requesting care to avoid *"…being shipped off to Gloucester."*

- The groups also identified access to the right professional as being important to them. However, there was a general, not universal, expectation that this would be either a GP or an urgent care consultant. What the groups further discussions revealed was the really importance and lack of recognition of the highly skilled Advanced Nurse Practitioners and Pharmacists who, as well as being able to refer to other services, have under utilised and sometimes unrecognised professional competence that have a hugely important contribution to make. The recognised challenge is to make more of the wider public aware of and value these assets in the system.
- Continuing with the access theme, there was a widespread report of confusion/frustration over the availability of equipment in the current urgent care system. The most commonly cited issues was the availability of X-ray machines, with participants reporting turning up at urgent care centres only to be told there were no radiologists available to operate the machine. Or, unpredictable availability of X-ray; seeing the machine in use on Monday one week and Thursday the following. The feeling was, along with seeing the right professional at the right time, a lot of the issues around 'right place' revolved around the availability and access to the right diagnostic and testing equipment: X-ray, blood tests, etc.
- There was some concern that neither the presentation, the documentation nor the associated data packs shared at the workshops, covered issues related to mental health. Both professionals and lay attendees at the locality workshops spoke in depth of the impact mental health crises have on the individual and the system, and the perceived lack of consideration of this in community urgent care was felt to be a major oversight. It must of course be stated that statements were made during the presentation that urgent mental health care was included in the considerations, and despite this the concerns were still raised.
- Equally, the rising number of dementia patients in the community and their urgent care needs was not felt to have been covered. This was also felt to require careful discharge and care plans, which in turns requires close liaison with Social Care, which does not appear to considered in the current thinking articulated in the engagement documentation. The groups felt this was a major oversight.

- The groups all provided comment on the engagement presentation, documentation and draft criteria. The consensus was that the language used was too focused on NHS jargon, talking to other professionals, and not at all layperson friendly. While participants recognised the complexity of the issues being discussed the feeling was the language used and heavy reliance of data made it very difficult for anyone but and expert or someone with a keen interest and experience to participate in the engagement process. The overall recommendation was to simplify the language, without patronising, rely less on data and more on storytelling to engage the non-technical reader. Of course, there is still the need to provide the detail and data for those who require it, but this should be as an annexe or available on a website rather than being in the 'pubic facing' documents and presentations, including the very complex 'pathway' diagram.
- The groups were in agreement that community urgent care is not an island and:
  - The changes in community urgent care cannot be considered in isolation to all the other services in the county and, importantly, the other changes being considered in the Fit for the Future programme. To ignore this could result in the unintended consequence of results in urgent care at the expense of other services/partners in the system;
  - The community urgent care system will not be effective without robust linkages to social care;
  - The neighbouring areas, including Wales have a significant impact on the planning and provision of community urgent care in Gloucestershire, which will require liaison.
- The strong emotions associated with the perception that Cheltenham A&E will close or be significantly downgraded are the 'elephant in the room' in the engagement which while not directly linked to urgent care discussions, cannot be ignored.
- There is also a clear message that 'one size does not fit all', while the majority of issues are the same there are significant variations in need and culture in different parts of the county which will need to be taken account of.
- The specific conversations in the Forest of Dean related to inpatient beds prompted the following discussions.

  In response to the question *"are these the right things to consider?"* the following observation were made, or questions asked:
  - The considerations in the document appear to be based on professional/clinical judgement and not the needs of patients and their loved ones.
  - There are several other issues to be considered around social care and discharge into the community that do not appear to be covered by the assumptions in the document.

- The assumptions around bed numbers and long stay need more detail before people can confirm they are the right things to consider.
- It is unclear from the document that the assumptions enable provision of the right equipment at the right time in the new community hospital.

In response to the question *"..what else should be taken into account?"* the following observation were made, or questions asked:

- The assumptions are not explicit about the ways in which the real terms reductions in inpatient beds in the new community hospital will be addressed.
- The need for additional specialist services in the community to support enable people to avoid admittance to inpatient beds at the new community hospital does not appear to have been considered.
- The need for twenty-four-hour, seven day a week support to enable people to avoid admittance to inpatient beds at the new community hospital does not appear to have been considered.
- Palliative and end of life care does not appear to have been considered:
- Dementia care needs to be addressed explicitly.
- Mental health needs to be addressed explicitly.
- GPs are at the heart of the success of the plans for a new community hospital in the Forest of Dean, this is not reflected in the assumptions.
- The assumptions in the document do not appear to recognise specific local issues, for both the Forest and other areas.
- Has data sharing and all alternative methods of providing access to patient records been considered?
- Are the needs of all age groups considered in planning for the new community hospital?
- Have complementary therapies been considered in the new community hospital?
- Have transport needs in the Forest of Dean for patients and visitors been considered in the new community hospital?
- Will all the right equipment be in place for the community hospital?

- Finally, it was agreed that the map of Gloucestershire showing community urgent care facilities overlooked many significant facilities forming the backbone of the system, specifically:
  - Community pharmacies;
  - GP surgeries;
  - Emergency dentists; and
  - Emergency ophthalmologist.

While these issues may be considered in depth in technical documents and thinking not shared at the workshops, they reflect the reality of participants perceptions and it is important that these, and the other points in the report, are addressed in preparation for any further engagement.

It is also important to recognise that the workshops developed, in a broadly co-productive environment, a series of initial decision-making criteria that can be developed through further engagement to support any future processes. The community urgent care locality workshops have developed a wealth of initial criteria which would benefit from further work to further refine them and to consider the extent to which they can be amalgamated from their current twenty-four.

6 APPENDIX ONE: WORKSHOP FEEDBACK

Feedback form: summary

6.1 Introduction

From the two hundred and six (206) people attending the workshop, eighty-five (85) completed feedback questionnaires were received, an overall return rate of 41%.

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.

It is also important to note that not all respondents provided an answer for every question

6.2 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 urgent care at today's workshop?"

The average score was 6.6 with a minimum score of 1 and a maximum of 10. The actual scores are shown in the table below.

Score	No.	%
1	5	5%
2	3	3%
3	11	10%
4	6	6%
5	9	9%
6	7	7%
7	18	17%
8	19	18%
9	14	13%
10	13	12%
Grand Total	**105**	**100%**

When asked why they had given the workshop the score they had, those who answered responded answered as shown on the following page.

Cheltenham Locality	Cotswolds: North
▪ Yes, possible more details from some of the other services. ▪ Good group discussion. ▪ As a group we had sufficient time to explore and discuss the issues. ▪ Would have liked more time to talk. ▪ Well managed/facilitated workshop. ▪ The amount of time was appropriate.	▪ It would have been useful to have the data discussed in advance. ▪ Because I had enough time. ▪ It is a very complex subject and G>P's tend to use up the time. ▪ Difficult as diverse table - not as focused as it could have been. ▪ I get chance to speak about the concerns I faced in experience of NHS services. ▪ There was good time allocated for the breakout session. ▪ There could have been some more time for discussions, but overall time provided was enough to highlight the mass points. ▪ Answers!

Cotswolds: South	Forest of Dean Locality
▪ Half an hour seemed fine. ▪ Plenty of workshop time, meeting other professionals from different localities. ▪ Because we did have plenty of time! ▪ These are complex matters and not surprisingly would benefit from further discussions. ▪ Not sure vision was clearly articulated. ▪ It is difficult to get a detailed understanding of the issues in a short space of time although I am aware of many of them. ▪ For a workshop of this type/length time would have liked to have seen the kings Fund video (or similar) on urgent care.	▪ Had a chance to have say, but maybe not enough time ▪ Based on my current clinical knowledge of what is happening ▪ Slightly rushed ▪ Mostly, not enough time at the end, rushed for the last breakout session ▪ Had enough time before lunch but then went a bit off agenda ▪ The people I supported at this workshop needed more time to understand the questions and then give their views fully ▪ More time, greater clarity ▪ More time ▪ More time ▪ Run out of time ▪ Very inclusive group so all had opportunity to contribute ▪ Always useful to have more time as new issues are raised ▪ Very rushed. Presentations - too much managerial jargon/abbreviations. Not user-friendly to the public - need to think more carefully about language.

Gloucester Locality	Gloucestershire PPG Network
▪ Too rushed at the end. Facilitator needed to control the session timings to allow time for the whole workshop or change the format. ▪ 3 hours was enough. ▪ The workshop was hurries so we could run out of time. ▪ Only time to scratch the surface of issues. ▪ 3 hours is plenty of time for one session, but I'm sure we could have spent longer. ▪ Complex questions, need time to support understanding to allow people to fully participate? Providing one question at a time, having on table. ▪ Crammed with info. ▪ Lots to discuss but we were stopped. ▪ Well-ordered and the day etc was well thought out. ▪ You can always do with more, but the time was about right to keep it all focused. ▪ Good structure today with opportunity to feedback and share ideas. ▪ be more specific about the challenges/What's wrong with current? /Why does it need to change? ▪ Could have done with an extra 30mins. ▪ Was not enough time. ▪ Needed more time.	▪ Attendees are stuck on objecting to terminology and the belief Cheltenham A&E will close ▪ A lot of items covered. Come could have more time allowed. ▪ It was difficult to keep a disparate group focussed ▪ There was a concern that the concentration of urgent care inevitably means a downgrading of present access arrangements. Patients are concerned about access and transport to distant centres. ▪ The presentation waffled on and did not give much time for discussion ▪ I think we could have had longer to discuss ▪ A little rushed because of discussion many other issues not related ▪ Further discussion would have been helpful

Stroud and Berkley Vale	Tewkesbury
▪ Needed more information initially ▪ We seemed to be running behind from the first presentation ▪ Could have had longer for group discussions ▪ Too complex issues ▪ Large topic to discuss in the timeframe ▪ Everyone had lots of views, needed more time ▪ Plenty of time ▪ Ran out of time, however, I think this was due to more audience participation ▪ There was too much information given that wasn't necessary and could have been provided before to give more time to discuss ▪ Far too much information was provided on arrival at the meeting that could have been sent in advance. Much of the information was opaque. ▪ Too much inappropriate discussion at the start of the event ▪ Ran out of time ▪ We could have come up with more given more time ▪ Lack of understanding and planning ▪ Time was running out towards the end but that was because of the in-depth amount pf discussion ▪ There was a great deal to consider and discuss	▪ Whilst I understand the need to engage with the public and NHS staff and I understand that no decisions will be made today there was some frustration at the 'vagueness' that this caused. ▪ Would have liked a little more time as discussions went slightly off - course. ▪ There was adequate time; a little more might have accommodated more direct experience. ▪ Well planned and timed session. ▪ Could have gone on forever with discussion. ▪ There is never enough time. ▪ So many aspects to cover. perhaps needed a table facilitator who could definitely keep to the agenda and time.

6.3 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 urgent care was clear and allowed you to have your say?

The average score was 7 with a minimum score of 1 and a maximum of 10. The actual scores are shown in the table below.

Score	No.	%
1	1	1%
2	4	4%
3	6	6%
4	2	2%
5	11	11%
6	7	7%
7	19	19%
8	22	22%
9	19	19%
10	11	11%
Grand Total	**102**	**100%**

When asked why they had given the workshop the score they had, those who answered responded answered as shown on the following page.

Cheltenham Locality	Cotswolds: North
▪ Given plenty of time. ▪ Was able to raise the point of people with lived experience of MH. Can also have physical conditions that may not be recognised and treated - same for people with learning disability. ▪ Good understanding of issues and found it very interesting. ▪ Opening presentation set the scene and highlighted the challenges very well. ▪ Very open discussion - felt my opinion was important and listened to.	▪ I didn't feel that I fully understood the vision and challenges. ▪ Because I was satisfied. ▪ I was here more to listen, but I did feel able to put my views across.

Cotswolds: South	Forest of Dean Locality
▪ 4 people on table - time and space to have voice heard. ▪ As above. ▪ The explanation was over long and not very clear. ▪ I was satisfied. ▪ See above.	▪ Experience around the table ▪ Needed more time ▪ No mention of urgent care offer, just discussion of MIIU ▪ More time available ▪ Found it difficult to process the large amount of text and slides and then discuss. A lot to process. ▪ Felt we were able to deliver our responses adequately ▪ The presentations and papers were not accessible to all the people I supported (The people I supported at this workshop needed more time to understand the questions and then give their views fully) ▪ Too big a workshop, keep people focused. ▪ Very good ▪ Very loose outline vision ▪ I am still not clear about the urgent care agenda. Managerial written - why not written from a patient's perspective - more stories would have been better

Gloucester Locality	Gloucestershire PPG Network
▪ See above. Was rushed at the end and people had gone home. ▪ Very interesting conversation. Plenty of time to discuss. ▪ Everyone was encouraged to take part and say what they want. There was a lot of information to take in. ▪ Large groups and limited time. ▪ Complex situations difficult to digest in time scale. ▪ had a group of people who took over the discussions. ▪ I was already aware of the vision- I read the 'fit for the future' document some weeks ago. ▪ Workshop info inadequate - i.e. only P4 & P5 info, not urgent care. The pre-questionnaire was not flagged up enough - apologies for not completing it. ▪ Good opportunity to review challenges and future visions. ▪ Clear presentation with clear direction for the discussions. ▪ Every time I went to say something I could not get it out. ▪ Not enough information.	▪ Attendees are stuck on objecting to terminology and the belief Cheltenham A&E will close ▪ First impressions are vague, and the document is too long to maintain interest and respond to the questionnaire ▪ Sufficient time given

Stroud and Berkley Vale	Tewkesbury
▪ Unable in time ▪ Table discussion was a good idea ▪ Challenges presented, vision absent? ▪ The process would have been better with more time ▪ A lot of time to discuss and share ideas and opinions ▪ Mixed teams of clinicians, laypersons and other professionals discussing as a team worked well	▪ I'm not sure of what the 'outline vision' is. We did have discussion about challenges for urgent care. ▪ The immediate aims were clear. However, the details of requirements were not absolutely clear to me. ▪ All were treated equally. ▪ Good group discussions. ▪ There was so much to consider that some directed discussion might have been more appropriate. To take different aspects in smaller chunks might have made it easier.

6.4 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 was 7 with a minimum score of 1 and a maximum of 10. The actual scores are shown in the table below.

Score	No.	%
1	2	2%
2	1	1%
3	4	4%
4	2	2%
5	10	10%
6	13	13%
7	20	21%
8	22	23%
9	9	9%
10	14	14%
Grand Total	**97**	**100%**

When asked why they had given the workshop the score they had, those who answered responded answered as shown on the following page.

Cheltenham Locality	Cotswolds: North
▪ Open room, with open thoughts. ▪ Found the workshop helpful. Liked the 1-1 support from me! ▪ Very happy - many opportunities to share views and opinions. ▪ as above.	▪ We had time for group discussion. ▪ As above. ▪ Very good facilitator and good table who listened.

Cotswolds: South	Forest of Dean Locality
▪ Opportunity to speak and provide feedback. ▪ As above. ▪ Good discussion groups.	▪ Had every opportunity ▪ Good diverse group, difficult to voice opinion, some 'voices' louder than others. ▪ The table feedback move around the room and recording it all. This made it feel as though feedback was important ▪ Felt we were able to deliver our responses adequately ▪ Engagement is difficult but it was not sufficiently inclusive (The people I supported at this workshop needed more time to understand the questions and then give their views fully) ▪ Clear for me ▪ Clearer information and in simple language ▪ Managers failed to answer questions when giving presentation - used jargon

Gloucester Locality	Gloucestershire PPG Network
▪ First part of the session was good. Break out session 1 was good. ▪ Was an open and accepting workshop. ▪ Can't understand the question. ▪ Lots of varying responses and everyone were allowed to say what they thought. Reinforced by those running the workshop. ▪ This question is difficult to understand/doesn't make sense. ▪ As above. ▪ see 2 ▪ Intro was ok- The facilitator reading out the responses to the questionnaire was a poor start - The info was difficult to assimilate for some. We needed it on an overhead. ▪ Information giving and group discussions were helpful. ▪ All treated equally. ▪ I can't do that I get scared. ▪ Had to consider other people's opinions.	▪ Narrower questions might keep people on topic? ▪ The process needs to access a wider audience by accessing patients through GP practices ▪ Given enough time

Stroud and Berkley Vale	Tewkesbury
▪ Well chaired by a member of our group, GP who had a good understanding of the issues ▪ Listened to ▪ Table discussion was a good idea ▪ My views fine, but I'm representing an organisation and 60%+ are staff. How are we engaging with the people that matter - social media...? ▪ Much was not clear - including this question ▪ Everyone allowed to give opinions ▪ Complex, wordy and lengthy introduction to the concept and reason for the session	▪ I'm not sure of what the 'outline vision' is. We did have discussion about challenges for urgent care. ▪ The immediate aims were clear. However, the details of requirements were not absolutely clear to me. ▪ All were treated equally. ▪ Good group discussions. ▪ There was so much to consider that some directed discussion might have been more appropriate. To take different aspects in smaller chunks might have made it easier.

6.5 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 7, with a minimum score of 1 and a maximum score of 10. The actual scores are shown in the table below.

Score	No.	%
1	2	5%
2	1	3%
3	2	10%
4	4	6%
5	11	9%
6	9	7%
7	20	17%
8	27	18%
9	15	13%
10	11	12%
Grand Total	**105**	**100%**

When asked why they had given the workshop the score they had, those who answered responded answered as shown on the following page.

Cheltenham Locality	Cotswolds: North
▪ With all the different teams, we could of help with suggestions of improving services rather than criteria. ▪ I feel strongly that a discussion needs to be held in our Gloucester inclusion hub to enable people to have their say to feed into this consultation process. The discussion has enabled me to come up with relevant questions. ▪ Very enjoyable. ▪ Useful discussion - good to hear the views and opinions of a mixture of clinicians and lay members (public) ▪ Very interesting, insightful - feel I understand our urgent care more because of attending the workshop.	▪ I wasn't sure what we had achieved at the end of the workshop. ▪ As above. ▪ Short notice. Confusing email. Should have been locality based. ▪ Hoping that this wasn't a one-off and that more input on the solutions will be possible.

Cotswolds: South	Forest of Dean Locality
▪ Would like to be more certain how our outcomes/responses will be integrated. Will we get feedback from workshops? ▪ Question was answered in part 2. ▪ Presentation by the facilitator could have been faster.	▪ Too much to cover ▪ Nice they are listening to us - it's about time service users where listened to ▪ We have covered much of the same information before. Repetition ▪ Clear slides and breakout sessions. Too much text and rushed at the end ▪ I felt the group's responses were heard ▪ The people I supported at this workshop needed more time to understand the questions and then give their views fully ▪ Maybe needed slightly more time ▪ Too many people, too much noise. ▪ Very informative, good networking ▪ Unfortunately felt this was still a tick box exercise. Hope to be surprised and see what was said actually opens in the community with changes.

Gloucester Locality	Gloucestershire PPG Network
▪ Was ok. relaxed style but not focused on what we were actually there to do. ▪ A good first step towards more collaborating. ▪ A lot of ground to cover in a relatively short time. Good use made of time; lots more could be discussed. ▪ Crammed time wise. ▪ Room too small and too hot. On edge of falling asleep. ▪ See 2 ▪ I think the intention were genuine, but the information provided was not complete in-depth analysis/discussion was not really possible, but I do understand people probably wouldn't want to attend a longer event. ▪ Good discussions/sharing of ideas. ▪ Well led. Just a little bit unfocussed. ▪ Good overall ▪ Liked it.	▪ Stuck record syndrome ▪ Interesting to get feedback from others ▪ Reasonably well facilitated workshop

Stroud and Berkley Vale	Tewkesbury
▪ Barely enough ▪ Too much information, not easy to follow ▪ There could have been more opportunity to listen to what is happening within urgent care in Gloucestershire; the current situation and the plan going forward. ▪ Unclear what is influenced, what has been designed. Words used not suitable for laypeople (or staff sometimes) ▪ I didn't feel the 'consultation' was honest and often it felt like a propaganda session ▪ Very informative ▪ More health professionals gave different insights ▪ Too much jargon. Not all speakers engaged in the whole session. One speaker had back to the attendees, working for the remainder of the session. ▪ Too much presentation not enough discussion	▪ But what will happen next... ▪ No restrictions on discussion. It was clear that ALL responses were valid. ▪ As 4 ▪ Good interaction.

6.6 Accessibility and voicing opinion

6.6.1 Accessibility

In response to the question *"Do you feel this workshop was accessible to you?"* 6% of respondents felt the workshops were not accessible.

Yes	93	94%
No	6	6%
Grand Total	**99**	**100%**

The reasons respondents gave for their views that the workshops were not accessible were:

- *Easy read.*
- *Bigger space.*
- *Frightened to speak.*
- *Held locally - more local people may have attended.*
- *It was good to have parking reserved for the wheelchair*
- *Microphones for everyone.*
- *More easy read information made available*
- *Needed a simply put presentation*
- *No jargon. Easy read documents. Group sessions in separate room - hard to hear.*
- *Parking was very limited and site difficult to access - I was lucky to know where I was going and able to park*
- *The people I supported at this workshop needed more time to understand the questions and then give their views fully*
- *There weren't many people here especially from the public. Better promotion to get more people along- parish council.*
- *Underrepresented groups. Very WASPish.*
- *Weekend or after school time 4pm onwards.*
- *Would be better if information was presented in more plain English and easier to read information*

6.6.2 Voicing opinion

In response to the question “Did you feel you had the opportunity to voice your opinions?” 4% of respondents felt they did not.

Yes	89	96%
No	4	4%
Grand Total	**93**	**100%**

The reasons respondents gave for their views that the workshops dd not allow them to voice their opinion were:

- *Better facilitation of the tables.*
- *However, things were rushed, Confused what criteria we were looking at (that was a poorly explained session)*
- *I felt comfortable with those on my table to voice my opinions*
- *Larger room, opportunity to introduce self on table/identification of any additional support needs sooner.*
- *Projector difficult to see - which was particularly important to those additional communication needs.*
- *Live on social media.*
- *Not enough time*
- *Only to a very limited extent*
- *The group discussion was good*
- *The people I supported at this workshop needed more time to understand the questions and then give their views fully*
- *Very safe feeling environment..*
- *I felt comfortable with those on my table to voice my opinions*
- *However, things were rushed, Confused what criteria we were looking at (that was a poorly explained session)*

6.7 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 answers shown on the following pages:

Cheltenham Locality	Cotswolds: North
▪ A very good experience overall. Very good to discuss the issues with healthcare professionals from other agencies/trusts. ▪ Started a bit early. ▪ Really interesting workshop; good to understand fully the challenges facing the ICS.	▪ It would have been good to have more time to talk about the problems of having two large DCHS so close together. ▪ As well run as these events can be. ▪ Ensure you invite voluntary organisations, or you will never hear how much they are picking up. ▪ Concerned that data reflected or did not capture out of county or holiday makers. ▪ Lovely. ▪ Very good Thank You. ▪ Workshop for North Cots people taking place in Cirencester. Engage more people from the public. ▪ Pity a lack of public attendance. need to engage if the strategy succeeds. ▪ Not sure how well the workshop was publicised amongst the community groups/general public - I would have expected more to be present and feedback from those who were. Was it poorly publicised? (communicated)

Cotswolds: South	Forest of Dean Locality
▪ Valuable afternoon spent. ▪ The demographic info is attached to the form where you ask for name etc this is unusual. ▪ Very helpful / appropriate group size and structure. ▪ Nil further. ▪ No.	▪ Great views expressed. A good cross-section of attendees ▪ Braille for the blind ▪ Some of the data was very confusing and not well explained. ▪ I would like to know where you get the data from for laypeople in the room. Felt there was not enough voices from Mental Health Services and Carers ▪ Would be very interested in a separate consultation regarding end of life ▪ Do we really need to spend precious NHS resources on facilitators - use 'homegrown'? ▪ Presentations need to be viewed by groups to put into simple language, e.g. draft criteria

Gloucester Locality	Gloucestershire PPG Network
▪ Timings need review. Too rushed at end. Unclear opening by facilitator as to the purpose of the session. - This took too long to clarify. ▪ The workshop was very cramped. ▪ Pleased we discussed far more than whether Cheltenham A&E should remain. Good participation mix. Room was a bit warm. Refreshments appreciated. ▪ Independent facilitator took up too much time. ▪ Poor ventilation. ▪ This type of workshop is so useful as it gets the views which most people find most important. The more the merrier. Long live the NHS. ▪ Well organised and helpful. helped me to prepare for giving evidence on 24th October. ▪ I think more workshops discussing emergency care that includes more of general public (not just clinicians, HealthWatch etc) Would be helpful discussing urgent care in a vacuum is not productive way of looking at the whole picture and be able to properly consider urgent care. You need to do it in the context of options for emergency care. ▪ Went very well. ▪ Thank You. ▪ More information before attending.	▪ There was too much focus on problems and challenges and too little on what solutions are being proposed. ▪ There is no 'one size fits all' but equality of provision of service needs to be paramount ▪ Surprisingly poor turnout, Perhaps not enough ▪ Just get on with it

Stroud and Berkley Vale	Tewkesbury
▪ Been to similar workshops but little seems to change ▪ Room very cold ▪ I attended the Gloucs workshop last week. I felt the Nailsworth workshop has been tailored taking the feedback from the other meeting - good to see. ▪ People giving presentations should be properly trained to do so - slides are far too complicated ▪ Fundamental questions were not addressed e.g. do want the American model 'Integrated Care System'? ▪ No ▪ More info in advance might have minimised disruptive questions ▪ Too much jargon ▪ The facilitator wasn't great. Too casual in places and seemed to be directing his lexicon to management speak/healthcare professionals	▪ Conversation was good and all engaged but un-facilitated. Would have got more out of the time with table facilitator. ▪ Would have liked more patients in attendance. Did you approach PPGs. Understand why in Highnam has half-way between 2 sites but believe this should have been held in Tewks as N&S would have come under FoD. ▪ Well facilitated but poorly advertised.

Thank You

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