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Transforming Care, Transforming Communities

FIT FOR THE FUTURE: Developing General Surgery in Gloucestershire

Workshop Report

October 2019

Contents

1 INTRODUCTION 1
1.1 Introduction 1
1.2 Workshop participants 2
1.3 Report structure 3
2 FIRST IMPRESSIONS 4
2.1 Introduction 4
2.2 Group Feedback 2
3 IMPORTANCE AND OTHER CONSIDERATIONS 6
3.1 Introduction 6
3.2 Feedback: Group One 6
3.3 Feedback: Group Two 7
3.4 Feedback: Group Three 9
4 SUMMARY AND CONCLUSIONS 10
4.1 Introduction ..... **Error! Bookmark not defined.**
4.2 Introduction 10
4.3 Overall Observations 10
4.4 Summary of First Impressions 10
4.5 Summary of Views on Relative Importance 12
4.6 Conclusions 14
5 APPENDIX ONE: WORKSHOP FEEDBACK 16
5.1 Introduction 16
5.2 Time available for discussion 16
5.3 Discussion of first impressions 17
5.4 Sharing views on importance 17
5.5 Overall satisfaction with the workshop 18
5.6 Accessibility and voicing opinion 18
5.7 Final comments 18
5.8 Summary Scores 19

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1 INTRODUCTION

Background and Context

1.1 Introduction

This report sets out the outcomes of an engagement workshop held on the 21st of August 2019, to discuss the current challenges facing delivery of emergency general surgery in Gloucestershire. This forms part of the wider discussions being held with the public and staff, by the NHS in Gloucestershire, to explore ideas and potential solutions for how community urgent same day care and specialist hospital services could be provided in the future.

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

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

The workshop was held in the Teaching Centre of the University of Gloucestershire's Oxstalls Campus, and the purpose of the event was to:

- Gain a common understanding of the General Surgery service issues;
- 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 people as an individual and as a group; and
- Gain an overall consensus on the issues and what's important.

The workshop followed the structure set out below, which presented the associated issues and then allowed for two facilitated discussion sessions focused on urgent care:

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

1.2 Workshop participants

In total twenty-four (24) people attended the workshop, split between nine NHS professionals/clinicians involved in the delivery of the general surgery service and 15 lay people, either members of the general public or from voluntary and community sector groups. The objective of this was to achieve discussions in a balanced room in which the opinions of neither professionals nor lay participants were allowed to dominate. To achieve this balance, Inclusion Gloucestershire (a local user-led organisation whose aim is to reduce health inequalities) acted as the independent agency recruiting members of the public as experts in their own lives to provide the required balance of opinion in discussions with NHS clinicians and professionals.

Participants were provided with a feedback sheet to share their opinions of the workshop, which are detailed in Appendix One of this report. This sheet allowed the respondents to provide outline demographic information on a voluntary basis. In total sixteen people (16) provided feedback of whom twelve (12) shared demographic details. We cannot report the demographic details for those participants who did not complete their information.

Summary details, where provided, are as follows.

Age	
18-24	1
35-44	1
45-54	4
55-64	6
Grand Total	12

Gender	
Female	4
Male	8
Grand Total	**12**

Does your gender identity match your sex as registered at birth	
Yes	12
Grand Total	**12**

Are you currently...?	
Cohabiting	1
Divorced or civil partnership dissolved	1
In a civil partnership	1
Married	7
Single (never married or in a civil partnership)	2
Grand Total	**12**

Do you have any caring responsibilities?	
None	5
Primary carer of a child or children (between 2 and 18 years)	3
Primary carer or assistant for a disabled adult (18 years and over)	1
Primary carer or assistant for an older person or people (65 years and over)	1
Secondary carer (another person carries out main caring role)	5
Grand Total	**12**

Sexual orientation	
Heterosexual or straight	12
Grand Total	**12**

Religion	
Christianity	7
No religion	3
Grand Total	**10**

Disability, long-term illness, or health condition?	
No	9
Yes	3
Grand Total	**12**

What is the first half of your postcode?	
GL1	4
GL6	1
GL2	1
GL11	1
GL14	1
GL50	1
GL52	1
GL53	2
Grand Total	**12**

1.3 Report structure

Following this brief introductory section the remainder of this report's structure is:

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

2 FIRST IMPRESSIONS

Initial views from participants on the challenges faced by general surgery

2.1 Introduction

Following a short session to address the issues and concerns raised by lay participants in advance, the workshop commenced with a presentation covering:

- What is General Surgery?
- What do the (general surgery) teams do?
- Who does this work?
- Where does this work take place?
- Why is change needed?
- Next steps.

Initial Questions

The pre-circulated question *"Do you have any personal experience of general surgery that you'd like to share?"* generated the following discussions in the group:

Q What happens if there is a wrong diagnosis?
A It is unusual if a diagnosis is wrong, we will observe and investigate to ensure diagnosis is correct.

Q Lack of availability of appointments?
A A thirty-five week wait for routine appointments was confirmed.

Q I have had experience of general surgery. The main problem was on discharge from hospital. I had to wait hours. There was no sense of urgency. I thought they would want the bed, but it took 6 hours from the time I was told I could go home until the Doctor signed the discharge papers and I received my medication from the pharmacy. I don't understand why it took so long especially when someone was waiting to drive me home. Is it possible to streamline the discharge experience to make it more efficient?
A Very often the delays could be due to the doctor responsible dealing with emergencies, which understandably take priority over routine discharge.

Q How will 'fair access' for all be assessed?
A It is not always possible to plan access to specialists if they are in surgery, and particularly not so if the patient comes thorough as an emergency.

Responses to the question *"What would you like to get out of the development workshop session to discuss general surgery?"* produced the following responses from those who responded to the pre-circulated survey:

- *Understanding of current issues/pressures.*
- *A far better knowledge and understanding of general surgery in all its aspects. Meeting with likeminded individuals who attend the workshop to network and listen to their views.*
- *A clear vision of the way forward that the public fully supports.*
- *A better understanding of present and future services.*
- *I would like to input into the development of the service to hopefully make it safe and efficient for all. It does not seem very equitable at the moment.*
- *A clear picture of how patients will be affected.*

Finally, the survey asked, *"Do you have any concerns related to the development workshop session related to general surgery?"*, the responses to this were:

Q Will there be enough time for discussion?
A It was confirmed that the sessions were designed to allow plenty of time for discussion. However, participants were informed they would have the opportunity to comment on the extent to which this was achieved by completing the feedback forms at the end of the workshop (appendix one).

Questions from participants

- What does the term F1 refer to related to the team element of the presentation? (Foundation Year 1 of a doctor's training)
- Why can't there be two lower and upper GI consultants available at all times… one in Gloucester and one in Cheltenham?
- If you're first seen by the 'wrong' sub-specialist consultant, why are you sent home and put onto a waiting list, why can't the right consultant just come and operate on you?
- Would it be possible to have lower and upper GI on call at either site, so you can travel if needed (to either site)?
- When you say 'surgeon', are you talking about Registrars or Consultants?
- Are locums consultants too?
- Are alternatives to antibiotics or surgery considered? Exercise, nutrition / diet, etc.
- Have you surveyed the surgeons to see how they feel covering an area that's not their sub-specialisation and the impact this may be having on recruitment and retention?
- How do you engage with lifestyle and preventative services and how do you access those services?

- Has transport been considered? Can all patients get there?
  (Note: SL was clear that no decisions have been made, but that a full travel impact assessment would be undertaken for possible solutions).

- What proportion (upper / lower GI) are the surgeons? (15 general surgeons, 8 lower, 7 upper)

Observations by participants

- The emergency pathway should also include NHS 111 as a 'point of entry'.
- The lack of surgical trainees in the system is in part due to the focus on training doctors as General Practitioners, which will have a knock-on effect on workload for surgeons.
- Using locums to fill gaps in the surgery workforce is very expensive.
- The likelihood of problems following surgery increases if a lower GI surgeon operates on an upper GI issue, and vice versa.
- Communications need to be precise and clear, so the patient only tells their story once.
- Gloucestershire is an Integrated Care System (ICS) which involves all organisations in the health and care system working together.
- All surgeons are trained in general surgery, but then develop a special interest in upper or lower GI.
- If you are admitted for planned surgery you will see the appropriate sub-specialist surgeon (in emergencies you could see either upper or lower GI)
- Where planned surgery is cancelled, patients may have made travel and accommodations arrangements in advance, which has detrimental impact in the case of short notice cancellations.

2.2 Group Feedback

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

1. What are your first impressions of the issues?
2. Is there anything that is missing or hasn't been considered?
3. Was there anything in the presentation that prevented your understanding of the issues?

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

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

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

2.2.1 First impressions

In response to the guide question *"What are your first impressions of the issues?"* the feedback from each of the breakout groups was:

Group 1:

Group discussions, summarised in the feedback and from the scribe's notes were:

- There was concern over the length of time patients wait for planned surgery.
- The group felt more could be done about making jobs in Gloucestershire more attractive for sub-specialists within General Surgery.
- Improvement should be balanced between elective and emergency surgery.
- If children's services are all at Gloucester, how does this impact other areas in the county?

Group 2:

Again, using scribe notes and the feedback the following were identified:

- Will the proposed changes improve the services and the experiences of the patients?
- The group felt there were quite a lot of logistics to overcome, including: how to manage rural areas in the county where there is no transport; and the need for highly specialist and skilled people to deliver the service.
- The lack of buses and transport is not clearly addressed. For example travelling from Coleford to Gloucester (approximately 20 miles and one hour one way by car) can cost up to £100 for people per week without access to their own vehicle. Even if expenses are paid, the Trust only pay back a certain amount depending on the miles travelled.
- How will the lack of specialist general surgery staff be addressed?

Group 3:

The feedback from the final group identified:

- There are not enough experienced staff in the system. Is this being recognised and how do the planned changes make the best of what staff are available.
- Are two sites a positive or a negative for the delivery of general surgery in Gloucestershire? This needs to be more fully explored and explained.

2.2.2 Anything missing or hasn't been considered

In response to the guide question *"Is there anything that is missing or hasn't been considered?"* feedback from each of the breakout groups was as follows.

Group 1 felt the following were missed or needed consideration as a result of their discussion:

- There are three different services: planned, day case (no inpatient (overnight) beds required) and emergency, are the support services available for each of these, such as radiology?
- Are IT/technology issues being considered, such as understanding/ease of access of the website detailing General Surgery (procedures, staff, waiting times, location, access, etc.)
- Language barriers have not been addressed in the presentation, how do we support people with sensory disabilities or for whom English is not their first language?

Following their discussions Group 2 identified the following:

- The group had a discussion regarding making the choice between quality and convenience. It remained a discussion without resolution, but there was a strong leaning towards a preference for quality services even if that involved travelling.
- The group asked for consideration of the ways in which any future changes can help people on low income in terms of transport and access, including carers.

Group 3 also identified the following as having been missed or needing further consideration:

- To allow people to make informed decisions on any proposed changes the inclusion of clinical details are important to understand the issues.
- The group considered the role of different staff, aside from consultants, to help with the issues identified in the presentation. Essentially, the group asked if others can be trained to take on some of these roles, but they recognised that this would also face recruitment problems.
- The presentation included no information on demand. Is it going up? Will there be a growth in demand through, for instance, an ageing population?
- Discharge information to help reduce re-admissions/re-referral.

2.2.3 Preventing understanding

In response to the guide question *"Was there anything in the presentation that prevented your understanding of the issues?"* the feedback from each of the breakout groups was:

Group 1 identified the following:

- These are complicated questions that in themselves are difficult to understand.
- The lack of public understanding of job roles, for instance the stages in a doctors training (F1 identified as a question during the presentation for example.)
- A lack of explanation of which services are located at each hospital and the future plans for the use of the space available.
- A lack of information on the opportunities for expansion of the sites, e.g. parking/what is at each site.
- No clear overview of the services available.
- The group also expressed some concern that *"…we don't know what we don't know."*

Group 2 identified:

- There is a dependency on the local authority subsidising public transport.
- The presentation was inclusive and helped understand the medical issue (used words like 'Tummy'), this was felt to be very positive by the group.
- What specific staff are based at Gloucester and Cheltenham?
- The opportunity of having the service locally.
- Demographics projections are missing; we do not know the demand of the services in the years to come.

Group 3 identified:

- The group felt it was a very good presentation.
- To aid understanding, examples of good practice or different approaches from other areas (hospitals) would be useful.
- The concept of 'hot' and 'cold' sites were discussed in general terms and was not specific to the question in particular.

3 IMPORTANCE AND OTHER CONSIDERATIONS

Views of participants on the importance of general surgery issues

3.1 Introduction

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

1. What is important to you?
2. What else should be considered?
3. Which of these 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 consultation on general surgery.

The feedback from each of the groups is shown below.

3.2 Feedback: Group One

3.2.1 What is important?

- **To be seen rapidly by an appropriate decision maker.**
  Being seen rapidly by the appropriate decision maker is very important.
- **Access**
  Access to the right team and surgeon, how they are accessed and being able to access them for both planned and emergency operations is also very important. Including consideration of access for patients who do not have their own car.
- **Being kept informed**
  Being kept informed with very good, accurate communication is also key.
- **Personalised care with a responsible care coordinator.**

3.2.2 What else should be considered?

- **Success**
  Need to be able to plan for success through agreed changes and ensure the system is right.
- **Good will**
  At the moment the system is surviving on good will, which is not sustainable. Happy, not over-worked staff is important.
- **Best use of resources**
  Need best use of resources.
- **National Policy**
  The national policy that there might be fewer general surgeons as a result of focusing on encouraging GP trainees is a worry

- **The 'Granny Principle'**
  The need to educate people about prevention and management of their own health care, i.e. the Granny Principle. Which is the list of conditions that your granny would never have let you go into hospital with.
- **Quality or convenience?**
  The balance between quality and convenience can tip, dependent on the urgency of the situation. The example given was of complex issues in the system around people not being able to get GP appointments, so they go to A&E in belief they will be seen quicker, where they are still triaged on the basis of the urgency of their case.

3.2.3 Which of these is most important?

- **Quality care**
  Quality of care of care for the patient has to be first and most important factor over time and cost.

3.3 Feedback: Group Two

3.3.1 What is important?

- **Options for quality of life beyond medical**
  Consideration of options for quality of life beyond the medical aspects of the condition being treated are very important. The group felt that people need adequate time (if planned procedure) to consider and suggest those options as well.
- **Try and deal with the medical needs oneself**
  People may think, *"actually, I know my body best … no one's ever quite listened to me*", but to assist in making the procedure/treatment run smoothly, they need access to the correct information. Therefore, easy access to information is really important.
- **Expertise and a diagnosis.**
  That the team looking after an individual have the expertise in diagnosis and reach the correct conclusion on the condition and its treatment.
- **Transport.**
  Transport again came up as an important factor, which should be considered right across the *Fit for the Future* engagement to ensure a whole system view is established of the impact on people, particularly those on low incomes.
- **The choice a person may wish to make – listening up as opposed to speaking up.**
  We need to create that safe place, that safe environment where actually people don't feel they're a nuisance bringing things up. In respect of making individual choices it is important that professionals "listen up" as the patient "speaks out".

- **Short waiting list**
  A short waiting list for planned procedures is important.
- **Communication that works. Not everyone has the internet and leaflets are not always the best way to access information.**
  Not everyone has access to the internet, and leaflets are not always a good choice for accessing information. It is important to go out and find out what's the best communication for our patients, families and the public.
- **Right diagnosis helps.**
  The right diagnosis really helps, provided it's there.
- **Open culture where staff feel supported if mistakes are made**
  Providing an 'open culture' where support for all staff, is provided. Delivering an open place of work and a good place to socialise, etc. we need to move away from a blame culture.
- **Welcome and support patients who are anxious – "Don't want to be a nuisance." (prevention)**
  It is important that the service is welcoming and supportive for patients who are anxious.

3.3.2 Which of these is most important?

The group identified six factors they felt to be most important.

- **Choices.**
  Providing choices to patients around the treatment of their condition.
- **Support for staff. – patients/families/vulnerable.**
  An environment that provides support for staff and patients families and particularly vulnerable groups.
- **Access to expertise/quality.**
  A system where there is equal access to expertise and quality wherever you enter it.
- **Share your knowledge.**
  Sharing knowledge from the medical person to the patient. But also, from the patient, the family, the carer, support person, etc. to back to the medical person.
- **Emergency and planned**
  In an emergency it is important that patients get all the services and support as those receiving planned care.
- **ASAP.**
  The group felt it important that people are seen ASAP.

3.4 Feedback: Group Three

3.4.1 What is important?

- **Best surgeon/care: planned & emergency**
  That the best surgeon and care is available for both elective and emergency surgery. Equipment availability is also important, again at the right time in the right place.
- **Kept informed**
  To be kept well informed, including general information both about the process and during care.
- **Quickly seen as emergency – smooth pathway.**
  Any emergency to be seen as quickly as possible on a smooth pathway.
- **Planned care – reliable**
  That planned care, both inpatient and day case, should be reliable and predictable.
- **Balance – quality over closeness**
  That the system strikes the correct balance between quality of care and closeness and access. The group were unable to resolve this, but it is important to be considered and agreed in any changes.
- **Subsidy for transport**
  It is important for people on a low income, with limited transport receive a subsidy for transport,.

3.4.2 What else should be considered?

- **Team/surgeon – elective & emergency.**
  That the right team and surgeon is in place to be able to deal effectively with both elective and emergency surgery.
- **Staff – happy/not tired/not overstretched/fewer locums.**
  Staff should be happy, not tired, not overstretched and use fewer locums.
- **Beds availability – How to ensure enough in one place.**
  Ensuring enough beds are in place in the changes, irrespective of the specific geography chosen.
- **Discharges – flow.**
  That discharge is improved. So, in any changes, discharges and flow should be considered.
- **Right service, right time.**
  That it's the right service received at the right time.

3.4.3 Which of these is most important?

The group discussed the various issues but could not reach consensus on which was the most important.

4 SUMMARY AND CONCLUSIONS

Overview of findings

4.1 Introduction

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

4.2 Overall Observations

Workshop participation was designed on the basis of a 'balanced room' in that the representation of General Surgery and NHS professionals was roughly equal to the numbers of people most likely to be impacted by any changes discussed in this engagement. In this workshop lay participants (15) outnumbered NHS professionals (9).

The composition of the group allowed for genuine discourse between the views of the general surgeons present and members of the public and other lay stakeholders. The initial discussions at the beginning of the workshop allowed participants to discuss issues of concern and set the scene for a clear discussion in the remainder of the sessions.

During the scene setting presentation, the input from the group was particularly useful, highlighting that there were very few areas in which the language used resorted to NHS jargon. It should of course be stated that the participants were very complimentary towards the presentation, praising its simple language and clear explanation, except for some minor exceptions.

4.3 Summary of First Impressions

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

4.3.1 First impressions

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

- Concern over the length of time patients have to wait for planned surgery.
- The group felt more could be done about making jobs in Gloucestershire more attractive for sub-specialists within General Surgery.
- Improvement should be balanced between elective and emergency surgery.
- If children's services are all at Gloucester, how does this impact other areas in the county?
- Will the proposed changes improve the services and the experiences of the patients?

- The group felt there were quite a lot of logistics to overcome, including: how to manage rural areas in the county where there is no transport; and the need for highly specialist and skilled people to deliver the service.
- The lack of buses and transport is not clearly addressed. For example travelling from Coleford to Gloucester (approximately 20 miles and one hour one way by car) can cost up to £100 for people per week without access to their own vehicle. Even if expenses are paid the Trust only pay back a certain amount depending on the miles travelled.
- How will the lack of specialist general surgery staff be addressed?
- There are not enough experienced staff in the system. Is this being recognised and how do the planned changes make the best of what staff are available.
- Are two sites a positive or a negative for the delivery of general surgery in Gloucestershire? This needs to be more fully explored and explained.

4.3.2 Missing

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

- There are three different services: planned, day case (no inpatient overnight beds required) and emergency, are the support services available for each of these, such as radiology?
- Are IT/technology issues being considered, such as understanding/ease of access of the website detailing General Surgery (procedures, staff, waiting times, location, access, etc.)
- Language barriers have not been addressed in the presentation, how do we support people with sensory disabilities or for whom English is not their first language?
- The discussion regarding making the choice between quality and convenience. It remained a discussion without resolution, but there was a strong leaning towards a preference for quality services even if that involved travelling.
- Consideration of the ways in which any future changes can help people on low income in terms of transport and access, including carers.
- To allow people to make informed decisions on any proposed changes the inclusion of clinical details are important to understand the issues.
- Could different staff, aside from consultants, help with the issues identified in the presentation. Essentially, can they be trained to take on some of these roles, recognising that this would also face recruitment problems.
- The presentation included no information on demand. Is it going up? Will there be a growth in demand through, for instance, an ageing population?
- Discharge information to help reduce re-admissions/re-referral.

4.3.3 Preventing understanding

In response to the guide question *"…was there anything in the presentation that prevented your understanding of the issues?"* participants made the following observations on the issues preventing understanding the explanation of General Surgery:

- These are complicated questions that in themselves are difficult to understand.
- The lack of public understanding of job roles, for instance the stages in a doctors training (F1 identified as a question during the presentation for example.)
- A lack of explanation of which services are located at each hospital and the future plans for the use of the space available.
- A lack of information on the opportunities for expansion of the sites, e.g. parking/what is at each site.
- No clear overview of the services available.
- The group also expressed some concern that *"…we don't know what we don't know."*
- There is a dependency on the local authority subsidising public transport.
- What specific staff are based at Gloucester and Cheltenham?
- The opportunity of having the service locally.
- Demographics projections are missing; we do not know the demand of the services in the years to come.
- To aid understanding examples of good practice or different approached from other areas (hospitals) would be useful.
- The concept of 'hot' and 'cold' sites were discussed in general terms and was not specific to the question in particular.

4.4 Summary of Views on Relative Importance

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

In summary the groups identified the following as important for the future of General Surgery.

4.4.1 What is important

In response to the guide question *"…what is important to you?"* the groups identified the following:

It is important that a future General Surgery service delivers:

- The opportunity to be seen rapidly by an appropriate decision maker.
- Communication that works and keeps people informed at all times.

- Access to the right team and surgeon where expertise and a diagnosis is available. The best surgeon and care is available for both elective and emergency surgery.
- Personalised care with a responsible care coordinator.
- Options for quality of life beyond medical considerations are explored.
- Support for the patient to try and deal with the medical needs themselves.
- Accessible transport, across all services, particularly for those on low incomes
- A safe place and environment where people don't feel they're a nuisance bringing things up (professionals listen up as the patients speak out)
- A short waiting list for planned procedures is important. Planned care, both inpatient and day case, should be reliable and predictable
- Being seen quickly in an emergency, following a smooth pathway.
- Providing and open culture where staff are not blamed but supported.
- Welcome and support to patients who are anxious
- A system that strikes the correct balance between quality of care and closeness and access.

4.4.2 What else

In response to the guide question *"…what else should be considered?"* the groups identified the following:

It is important that a future General Surgery system considers:

- **Success:** Need to be able to plan for success through agreed changes and ensure the system is right.
- **Good will:** At the moment the system is surviving on good will, which is not sustainable.
- **Best use of resources:** Need best use of resources.
- **National Policy:** The national policy that there might be fewer general surgeons as a result of focusing on encouraging GP trainees is a worry
- **The 'Granny Principle':** The need to educate people about prevention and management of their own health care, i.e. the Granny Principle. Which is the list of conditions that your granny would never have let you go into hospital with.
- **Quality or convenience?:** The balance between quality and convenience can tip, dependent on the urgency of the situation. The example given was of complex issues in the system around people not being able to get GP appointments, so they go to A&E in belief they will be seen quicker, where they are still triaged on the basis of the urgency of their case.
- **Elective and emergency team and surgeons:** The right team and surgeon is in place to be able to deal effectively with both elective and emergency surgery.

- **Staff:** should be happy, not tired, not overstretched and use fewer locums.
- **Beds:** Ensuring enough beds are in place in the changes, irrespective of the specific geography chosen.
- **Discharge is improved:** any changes discharges and flow should be considered.
- **That it's the right service received at the right time**.

4.4.3 Most important

In response to the guide question *"…which of these is most important to you?"* the groups identified the following:

It is vital that a future General Surgery system delivers:

- **Quality care:** Quality of care of care for the patient has to be first and most important factor over time and cost.
- **Choices:** Providing choices to patients around the treatment of their condition.
- **Support for staff, patients/families/vulnerable:** An environment that provides support for staff and patients families and particularly vulnerable groups.
- **Access to expertise/quality:** A system where there is equal access to expertise and quality wherever you enter it.
- **Share your knowledge:** Sharing knowledge from the medical person to the patient. But also, from the patient, the family, the carer, support person, etc. to back to the medical person.
- **Emergency and planned:** In an emergency it is important that patients get all the services and support as those receiving planned care.
- **ASAP:** People are seen ASAP.

4.5 Conclusions

This workshop was the second of a series of four development workshops focused on developing initial opinion as part of the *Fit For The Future* engagement. The workshop was an example of effective co-production, supported by Inclusion Gloucestershire, where all opinion was given equal weight, and valued by all, cited in the feedback:

> *We were all treated equally regardless of whether we were Joe Public or a Senior Consultant.*

For General Surgery 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:

- There is a clear need to give further consideration to the issues of access and affordability of travel resulting from any changes. It cannot be assumed that any chosen location will not become inaccessible to those on low incomes or with

specific needs. The group suggested the need to set up a specific working party to consider the impact on travel of all proposed changes in the *Fit for the Future* engagement exercise.

- There is need for careful consideration and exploration of the impact of achieving a balance between the quality of care received and the proximity of services to people. This ties into the point above around accessibility and transport. This was not resolved in group discussions, but it was flagged as being important in any further consideration and engagement.
- The use of language, while praised for its simplicity in the presentation, was highlighted as being of crucial importance, and even the smallest assumed knowledge (F1) can present barriers to understanding.
- Information and communication with patients, their family and carers is of vital importance in ensuring people have the best experience possible. This extends to supporting self-care as far as is possible.
- The skills and expertise of the general surgeons was recognised, the main concern was ensuring that patients were able to access the right skills at the right time, particularly in emergency situations.

It is also important to recognise that this workshop has developed, in a co-produced manner, a series of initial decision-making criteria that can be developed through further engagement to support any future processes.

5 APPENDIX ONE: WORKSHOP FEEDBACK

Feedback form: summary

5.1 Introduction

From the twenty-four (24) people attending the workshop, thirteen (13) feedback questionnaires were completed.

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

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

5.2 Time available for discussion

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

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

The average score from respondents was 8.8, with a minimum score of two and a maximum score of ten.

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

- *I was able to express my thoughts fully.*
- *It was great to receive the presentation in advance and the description of terms.*
- *Well organised timing & planning.*
- *Well managed and focused workshop.*
- *Good breakout groups. The 'nitty gritty' was not addressed.*
- *It is great and glad I came.*
- *To support a friend and come to hear what everybody has to say.*
- *Well timed*
- *All very clear.*
- *The whole day we had good time for everything.*
- *it is so important to give viewpoint.*

5.3 Discussion of first impressions

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

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

The average score from respondents was 8.6, with a minimum score of three and a maximum score of ten.

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

- *Everyone's opinion was listened to and valued.*
- *Everyone on the table was able to input and provide reasons for their comment.*
- *Very clear presentation.*
- *Opportunities for everyone to speak.*
- *To meet new people.*
- *Good session. Good afternoon.*
- *Good direction*
- *To see more.*
- *Everyone in the group was able to express their opinion.*

5.4 Sharing views on importance

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

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

The average score from respondents was 8.7, with a minimum score of three and a maximum score of ten.

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

- *I was the scribe, so could ensure my views were taken note of.*
- *We were all treated equally regardless of whether we were Joe Public or a Senior Consultant.*
- *Deliberately didn't put across clinical need to avoid unduly influencing others.*
- *Excellent.*

5.5 Overall satisfaction with the workshop

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

How satisfied were you with the workshop overall?

The average score from respondents was 8.7, with a minimum score of one and a maximum score of ten.

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

- *Well run and well facilitated.*
- *Very well presented.*
- *Just a bit noisy when trying to concentrate on workshop.*
- *Good focused session with plenty of opportunity for question and discussion.*
- *Useful engagement.*
- *Well organised.*
- *Quality venue, good mix of people. Good workshop.*

5.6 Accessibility and voicing opinion

In response to the question:

Do you feel this workshop was accessible to you?

Fifteen respondents answered 'yes' to this question, the remainder did not answer.

When asked "…what do you feel could have been done differently to make this workshop more accessible?" those who answered provided the following:

- *Individual introductions.*
- *More often.*

In response to the question:

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

Fourteen people answered 'yes' to this question, the remainder did not answer.

5.7 Final comments

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

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

Those who responded provided the following answers:

- *Thanks.*
- *Excellent. Well Done.*

- *I hope to attend more of these workshops.*
- *Very useful to meet consultants and understand their day to day work and challenges.*
- *Excellent facilitator. Enjoyed hearing our patients reps views.*
- *Good subject, well presented, made things clearer for me.*
- *There should be more of these sessions..*

5.8 Summary Scores

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

	Average	Minimum	Maximum
"Did you feel you had enough time to discuss and consider the outline vision and challenges for at today's workshop?"	8	4	10
How satisfied were you that the process to discuss your first impressions of the outline vision and challenges for general surgery was clear and allowed you to have your say?	8	7	10
How satisfied were you that the process to understand your views on importance and other considerations was clear and allowed you to have your say?	8	4	10
How satisfied were you with the workshop overall?	7	3	10

Thank You

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