FIT FOR THE FUTURE:
Hub for Image-Guided Interventional Surgery (IGIS)

Workshop Report

October 2019

Contents

Document Title:	Fit For The Future: Hub for Image-Guided Interventional Surgery (IGIS) Workshop Report
Version:	V2
Date:	5 November 2019
Status:	FINAL

1   INTRODUCTION
Background and Context

1.1 Introduction

This report sets out the outcomes of an engagement workshop held on the 2nd of October 2019, to discuss the current challenges faced delivering Image Guided Interventional Surgery (IGIS) in Gloucestershire. This forms a part of the wider discussions being held with the public and staff, by the NHS in Gloucestershire, to explore ideas and potential solutions for how community urgent same day care and specialist hospital services could be provided in the future.

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

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

The workshop was held at the Oxstalls Tennis Centre, Gloucester, and the purpose of the event was to:

- Gain a common understanding of the issues related to IGIS, 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 IGIS:

1. Introductions and purpose of the day.
2. Introduction to IGIS, 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 25 people attended the workshop, 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.

	Laypeople		NHS Staff		Total
	No.	%	No.	%	
IGIS Hub	12	48%	13	52%	25

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 eighteen people (18) 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	
25-34	1
35-44	6
45-54	6
55-64	4
Prefer not to say	1
Grand Total	18

Gender	
Female	11
Male	7
Grand Total	18

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

Are you currently...?	
Cohabiting	3
Divorced or civil partnership dissolved	2
Married	9
Single (never married or in a civil partnership)	3
Grand Total	17

Do you have any caring responsibilities?	
None	6
Primary carer of a child or children (between 2 and 18 years)	5
Primary carer of a child or children (under 2 years)	1
Primary carer or assistant for an older person or people (65 years and over)	2
Grand Total	14

Which of the following terms best describes your sexual orientation?	
Heterosexual or straight	15
Grand Total	**15**

What do you consider your religion to be?	
Christianity	7
No religion	4
Other religion	1
Prefer not to say	1
Grand Total	**13**

What is the first half of your postcode?	
GL2	2
GL3	1
GL4	2
GL6	1
GL7	1
GL12	1
GL14	2
GL16	1
GL50	1
GL53	2
Grand Total	**14**

1.3 Report structure

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

- **Section Two:** provides a recap of the discussions of the smaller group discussions related to their initial impressions of the current issues related to IGIS 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 IGIS that is fit for the future.

- **Section Four:** provides a summary and any broad conclusions drawn from the day.

- **Appendix One:** details the feedback from those workshop participants who provided it.

2   FIRST IMPRESSIONS

Initial views from participants on the challenges face by IGIS

2.1 Introduction

The workshop commenced with a presentation of:

- Background and subject introduction;
- An explanation of why change is needed;
- An explanation of what happens when IGIS is not available locally, including in the case of emergencies;
- A discussion of the importance of effective pathways;
- A discussion of sustainability and possible solutions.

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

2.2 Group Feedback

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

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

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

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

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

2.3 First Impressions

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

Group 1

The group reported their view that it is shocking to hear that there's diversions to other areas for image guided intervention (Bristol, Birmingham and Oxford), if we can do this in Gloucestershire we should.

Group 2

- Well presented:
    - There was a lot of information to take on board, but the group felt they understood the issues presented; and
    - Acronyms were explained.
- Surprised by lack of service provision out of hours and the disparity of service this introduces.

Group 3

The overwhelming feeling in the group was that it is deeply shocking that the current situation exists.

The group felt the presentation was quite informative, the language was appropriate, and people were able to understand the key issues. The question was why aren't we doing this already?

One thing that is important to bring up is the perception amongst the public and GPs, that if you have an emergency condition, you should go to Gloucester. Which is not an unreasonable assumption, that's where our trauma unit is. However, during the working day, if you need some emergency stuff doing for your heart, with our current configuration, you're actually better off in Cheltenham.

Group 4

The first impression for the group was that the current situation is frightening, and they were unaware of some of the issues. Overall it was a powerful message.

In terms of the presentation's discussions of potential options for the future the group's question was *"…why aren't we doing this already?"* The idea of a group of services coming together in one unit for common good was very attractive.

There was also an element of the group picking up on some of the frustrations of the team, and the need to make Gloucestershire attractive for future workforce.

2.4 Missing or hasn't been considered

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

Group 1

- It would be helpful to have more statistics around our performance including:
  - Costs, e.g. how much will this cost and how will you make it happen? This should also make clear that efficiencies and savings will come in the long run.
  - Mortality rates.
  - It would could also be helpful to detail what other trusts are doing and how they are handling the challenge. These are really helpful to explain the story.

Group 2

- Transport (inter-site and out of county) will still be an issue with centralisation of services.
- Linkages between hospital and local council (e.g. for transport)
- Impact of staff sickness, having to draft staff in from other site.
- Nursing staff on decline nationally (potentially due to bursary situation)
- Equipment challenges (ultrasound transferred on 99 bus between sites.)
- Everyone is really passionate about what they do
- Patient stories / scenarios (powerful)
- Consideration of political involvement, for instance are local MPs involved. (A: they are definitely aware of the Fit for the Future programme; but their focus is on the Emergency Department) conversation.
- Essential to have departments staffed with the appropriately trained staff
- No out of hours means attracting staff is more challenging
- Linkages between Emergency General Surgery / IGIS / ED and acute medicine
- Difference in recovery time between open surgery and interventional surgery
- "Where does funding come from?" the concept of the MES was discussed
- Future proofing for 21 years

Group 3

Would we be able to bring in work from other areas?

Group 4

Currently there is no consideration of the following:

- Investment required to enable change.
- Sustainability:
  - Provision of intervention for population of this size. Risk associated with national picture.
  - Minimum provision currently scoped and in guidance.
- Other services not discussed e.g. diabetic foot provision.
- Clarity on vascular network and population described in detail DC/SM to feedback.
- Discussion around how having local services has potential to increase growth.

- Staffing / staff / wider team from specialities. Uniformity of view.
- How does proposal fit with wider jigsaw – ED configuration.
- Staff / support staff numbers and difficulties with supporting disparate service.
- Definitive modelling around best fit ITU / MDU / DCC / beds, etc. / estates.
- Impact on complex elective surgery if hub isn't located on elective site: frequency of complications vs frequency of emergency.
- Transportation and how to manage pathways.
- Pathways not discussed around other regions Hereford etc.
- Re-iterate how important consensus on way forward will be.

2.5 What else would work well?

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

Group 1

In terms of anything else that could work well, the most pressing point the group discussed is that this needs to happen quickly. Two to five years is too long for this to be mobilised.

The group also felt that one hub definitely seems to be the right way forward.

Group 2

Sending work elsewhere, via robust pathways with Bristol and Birmingham, although the group acknowledge that this increases risks to patient outcomes.

Group 3

During our group discussion we did go into the uncharted territory of *"can we just have one super-hospital?"* or *"why not all at Gloucestershire Royal Hospital (GRH)?"* In their discussions the group felt this reflected their ideal vision, *"…currently, we're just trying to make the best of the two hospitals that we've got."*

Group 4

The group did not identify any other factors or potential solutions that would work well.

2.6 Preventing understanding?

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

Group 1

The case was put forward very clearly, however:

- The presentation/documentation could be brought to life by using real case study examples of people's experience.
- Could improve outreach by offering multiple languages to gain wider engagement.

Group 2

No, the group felt the case was well presented.

Group 3

There is lots of jargon in the presentation, and it needs more:

- Visuals;
- Statistics; and
- Case studies.

This would illustrate the point to people aren't involved every day and demonstrate why the clinical staff are so passionate about this area of medicine.

Group 4

- **Message / presentation may need adaptation to aid understanding**
  There is a need to use plain English. For examples the terms 'Pathways' and 'Outcomes' clinicians and NHS staff understood what they mean. However, there's *thought around how such terms get presented if for wider engagement.*

3   IMPORTANCE AND OTHER CONSIDERATIONS
Views of participants on the importance of issues related to IGIS

3.1 Introduction

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

1. What is your first impression of the draft criteria?

2. What is important to you?

3. What else should be considered?

4. Which of the additional criteria you have generated as a group is most important to you?

These questions were designed to gain the views of the groups on the factors, or outline criteria, that would be important for any decision-maker to consider in future considerations on IGIS in Gloucestershire.

3.1.1 Draft Criteria

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

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

The feedback from each of the groups is shown below.

3.2 First impression of the draft criteria

Group 1

Initial impressions:

- ***Accessibility ≠ quality:*** the group noted that accessibility of service doesn't necessarily equal quality. We need to be working backwards from patient experience to outcomes, starting with *"what is important to you if a loved one needed these services?"* e.g.
    - Handover between sites and providers
    - How would I get to Bristol the next day?

- ***Quality and accessibility are key drivers***. The remaining criteria appear to be constraints to work on a practical basis.
    Comment: patient experience and "Accessibility" fall within quality.

- Criteria 1: "Quality of Outcomes": stresses importance of getting to the right place.
- Criteria 5: Fit for the Future solutions alignment.
- Criteria 6: underpins the ambition of the ICS (5-year plan), it is important to ensure follow ups make best use of community facilities.
- Criteria 7: Value for Money; there is a need to consider the long-term not the short-term investment needed to implement changes.

Group Two

Overall, the group felt the draft criteria are:

- Excessively wordy;
- Very broad;
- Use NHS jargon that members of the public won't necessarily understand.
- A bit muddled – some are interlinked at the moment

The group also made the following observations on the draft criteria:

- Is eight criteria too many? (four hurdle criteria and four essential criteria.) Don't want to overwhelm people (e.g. citizen's jury.)
- Where do other providers / system partners come in?
- Plain, simple language for the criteria e.g. using 'you' makes it personal.
- In the group's view weighting the criteria will be critical.

The group made the following comments on the specific criteria as shown below:

Criteria 1
- Improve patients safety and outcomes – too wordy at the moment

Criteria 2
- Sustainability links to value for money
- Improves training provision for staff (links to recruitment and retention

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Criteria 5 & 6
- Could these be combined?
- Linkages between IGIS / General surgery / GO & acute need to be explained more clearly. Current narrative doesn't really mean anything.
- Will the FYFV still be relevant come implementation (already 3 years old!)?

Criteria 8
- Should be a hurdle criteria as if not operationally deliverable then why discuss (e.g. one big hospital)?

Group Three
- Overall the criteria are too abstract
- Weighting of criteria is needed e.g. which are the top three
- Important – case studies needed for illustration
- ***Needs greater public awareness***. How is it communicated? There needs to be a simple message to the public
- Reorganise criteria as a diagram, either a central hub or a hierarchical model.
- Criteria should identify the obstacles to moving, and what would be moved to Cheltenham if staff moved to Gloucester Royal Hospital.

Specific comments on the draft criteria were:

- Criteria 1: quality of outcomes measures are needed e.g. lifestyle outcomes
- Criteria 2: staff recruitment and retention needs to be spelled out
- Criteria 3 follows Criteria 1, e.g. Accessibility drives acceptability
- Is Criteria 6 needed as it is covered by others?
- Criteria 7 Value for Money requires more detail attached to it, for instance:
  - Spell out the income generated by repatriating more work; and
  - All other aspects of VFM.

Group Four
- There are too many criteria, four-to-six as the maximum.
  - Combine the criteria where possible e.g. value for money with sustainability
- Less wordy
- Do the criteria map report
- Two foci preferred:
  - Safety: what is not safe now; what is the impact of change on safety; what, if anything, will it make unsafe; and
  - Sustainability.
- If you have eligibility criteria from a national document, then it is referable to the GMC to not agree.
- The criteria seem to contain a "selling problem" by discussing emotive issues such as the Emergency Department and geography. It would be preferable to move

away from this by asking what people want from the service and then it's up to us to see how we can deliver that.

- What is the future? Is what we are doing now what we will be doing in 10 years
- We questioned acceptability, is this relevant? Both from staff and members of the public, because again, that's very coloured by other things such as geography, et cetera.
- Staffing is a limitation.
- We considered fundamentals such as efficiency and how this is reflected a lot in sustainability and safety and that you need to make sure things run as efficiently as possible to get the most out of them (sweat your assets.)

3.3 What is important?

Only one group was able to discuss the question *"…what is important to you?"* providing the following:

- Timely treatment from an emergency point of view and consistency of service provision 24/7.
- Quality of treatment
- Personalisation (every aspect of your care is explained to you)

4   SUMMARY

Overview of findings

4.1 Introduction

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

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

4.2 Summary of First Impressions

4.2.1 First impressions

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

Surprise and shock at the explanation of the current situation.
- The group reported their view that it is shocking to hear that there's diversions to other areas for image guided intervention (Bristol, Birmingham and Oxford), if we can do this in Gloucestershire we should.
- The overwhelming feeling in the group was that it is deeply shocking that the current situation exists.
- The first impression for the group was that the current situation is frightening, and they were unaware of some of the issues. Overall it was a powerful message

Real and perceived service disparities.
- Surprised by lack of service provision out of hours and the disparity of service this introduces.
- One thing that is important to bring up is the perception amongst the public and GPs, that if you have an emergency condition, you should go to Gloucester. Which is not an unreasonable assumption, that's where our emergency site is. However, during the working day, if you need some emergency stuff doing for your heart, with our current configuration, you're actually better off in Cheltenham.

Good presentation, why aren't we doing this already?
- Well presented:
    - There was a lot of information to take on board, but the group felt they understood the issues presented; and
    - Acronyms were explained.
- The group felt the presentation was quite informative, the language was appropriate, and people were able to understand the key issues. The question was why aren't we doing this already?

- In terms of the presentation's discussions of potential options for the future the group's question was *"…why aren't we doing this already?"* The idea of a group of services coming together in one unit for common good was very attractive.

Workforce frustration

- There was also an element of the group picking up on some of the frustrations of the team, and the need to make Gloucestershire attractive for future workforce.

4.2.2 Missing or hasn't been considered

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

Relevant data and information

- It would be helpful to have more statistics around our performance including:
  - Costs, e.g. how much will this cost and how will you make it happen? This should also make clear that efficiencies and savings will come in the long run.
  - Mortality rates.
- It would could also be helpful to detail what other trusts are doing and how they are handling the challenge. These are really helpful to explain the story.
- Patient stories / scenarios (powerful)

Transport/Logistics

- Transport (inter-site and out of county) will still be an issue with centralisation of services.
- Linkages between hospital and local council (e.g. for transport)
- Transportation and how to manage pathways.
- Equipment challenges (ultrasound transferred on 99 bus between sites.)

Workforce issues

- Impact of staff sickness, having to draft staff in from other site.
- Nursing staff on decline nationally (potentially due to bursary situation)
- Everyone is really passionate about what they do
- Essential to have departments staffed with the appropriately trained staff
- No out of hours means attracting staff is more challenging
- Staffing / staff / wider team from specialities. Uniformity of view.
- Staff / support staff numbers and difficulties with supporting disparate service.

Political and stakeholder consensus

- Consideration of political involvement, for instance are local MPs involved. (A: they are definitely aware of the Fit for the Future programme; but their focus is on the Emergency Department) conversation.
- Re-iterate how important consensus on way forward will be.

Finance and sustainability

- Investment required to enable change.

- Sustainability:
  - Provision of intervention for population of this size. Risk associated with national picture.
  - Minimum provision currently scoped and in guidance.
- Would we be able to bring in work from other areas?
- Discussion around how having local services has potential to increase growth
- "Where does funding come from?" the concept of the MES was discussed
- Future proofing for 21 years

Reorganisation/service change in IGIS is not a standalone event
- Other services not discussed e.g. diabetic foot provision.
- Clarity on vascular network and population described in detail DC/SM to feedback.
- How does proposal fit with wider jigsaw – ED configuration.
- Definitive modelling around best fit ITU / MDU / DCC / beds, etc. / estates.
- Impact on complex elective surgery if hub isn't located on elective site: frequency of complications vs frequency of emergency.
- Linkages between Emergency General Surgery / IGIS / ED and acute medicine
- Pathways not discussed around other regions Hereford etc.

The benefits of IGIS to patients
- Difference in recovery time between open surgery and interventional surgery

4.2.3 What else would work well?

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

Don't take too long to implement changes
In terms of anything else that could work well, the most pressing point the group discussed is that this needs to happen quickly. Two to five years is too long for this to be mobilised.

Group 2
Sending work elsewhere, via robust pathways with Bristol and Birmingham, although the group acknowledge that this increases risks to patient outcomes.

One centre, in one hospital, for all of Gloucestershire
- During our group discussion we did go into the uncharted territory of *"can we just have one super-hospital?"* or *"why not all at Gloucestershire Royal Hospital (GRH)?"* In their discussions the group felt this reflected their ideal vision, *"…currently, we're just trying to make the best of the two hospitals that we've got."*
- The group also felt that one hub definitely seems to be the right way forward.

4.2.4 Preventing understanding

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

Message / presentation may need adaptation to aid understanding
- The presentation/documentation could be brought to life by using real case study examples of people's experience.
- Could improve outreach by offering multiple languages to gain wider engagement.
- There is a need to use plain English. For examples the terms 'Pathways' and 'Outcomes' clinicians and NHS staff understood what they mean. However, there's *thought around how such terms get presented if for wider engagement.*
- There is lots of jargon in the presentation, and it needs more:
  - Visuals;
  - Statistics; and
  - Case studies.

    This would illustrate the point to people aren't involved every day and demonstrate why the clinical staff are so passionate about this area of medicine.

4.3 Summary of Views on Relative Importance

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

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

4.3.1 First impression of the draft criteria

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

Too broad, abstract, wordy and use too much jargon
- Excessively wordy;
- Very broad;
- A bit muddled – some are interlinked at the moment
- Use NHS jargon that members of the public won't necessarily understand.
- Overall the criteria are too abstract
- Plain, simple language for the criteria e.g. using 'you' makes it personal.
- Less wordy

Too many criteria?
- Is eight criteria too many? (four hurdle criteria and four essential criteria.) Don't want to overwhelm people (e.g. citizen's jury.)
- There are too many criteria, four-to-six as the maximum.
  - Combine the criteria where possible e.g. value for money with sustainability

Weighting the criteria is important, which has the most value to decision making?

- Weighting of criteria is needed e.g. which are the top three
- If you have eligibility criteria from a national document, then it is referable to the GMC to not agree.
- In the group's view weighting the criteria will be critical.

Quality and accessibility are key drivers, but they are not the same thing

- Accessibility ≠ quality: the group noted that accessibility of service doesn't necessarily equal quality. We need to be working backwards from patient experience to outcomes, starting with "what is important to you if a loved one needed these services?" e.g.
    - Handover between sites and providers
    - How would I get to Bristol the next day?
- Quality and accessibility are key drivers. The remaining criteria appear to be constraints to work on a practical basis.
    Comment: patient experience and "Accessibility" fall within quality.

The specific comments on the draft criteria were:

Criteria 1

- Criteria 1: "Quality of Outcomes": stresses importance of getting to the right place.
- Improve patients safety and outcomes – too wordy at the moment
- Criteria 1: quality of outcomes measures are needed e.g. lifestyle outcomes
    - Criteria 3 follows Criteria 1, e.g. Accessibility drives acceptability

Criteria 2

- Sustainability links to value for money
- Criteria 2: staff recruitment and retention needs to be spelled out
- Improves training provision for staff (links to recruitment and retention

Criteria 3

- Criteria 3 follows Criteria 1, e.g. Accessibility drives acceptability
- We questioned acceptability, is this relevant? Both from staff and members of the public, because again, that's very coloured by other things such as geography, etc.

Criteria 5

- Fit for the Future solutions alignment.

Criteria 6:

- Underpins the ambition of the ICS (5-year plan), it is important to ensure follow ups make best use of community facilities.
- Is Criteria 6 needed as it is covered by others?

Criteria 7:

- Value for Money; there is a need to consider the long-term not the short-term investment needed to implement changes.

Criteria 5 & 6

- Could these be combined?
- Linkages between IGIS / General surgery / GO & acute need to be explained more clearly. Current narrative doesn't really mean anything.
- Will the FYFV still be relevant come implementation (already 3 years old!)?

Criteria 7

- Value for Money requires more detail attached to it, for instance:
    - Spell out the income generated by repatriating more work; and
    - All other aspects of VFM

Criteria 8

- Should be a hurdle criteria as if not operationally deliverable then why discuss (e.g. one big hospital)?

4.3.2 What is important?

In response to the guide question *"…what is important to you?"* the groups identified the following themes[1] in determining the criteria important to them:

Workforce issues are fully considered in any potential solution:
- Staffing is a limitation.

Solutions should place the needs and interests of the patients at the fore:
- Personalisation (every aspect of your care is explained to you)
- The criteria seem to contain a "selling problem" by discussing emotive issues such as the Emergency Department and geography. It would be preferable to move away from this by asking what people want from the service and then it's up to us to see how we can deliver that.

Solutions must be efficient
- We considered fundamentals such as efficiency and how this is reflected a lot in sustainability and safety and that you need to make sure things run as efficiently as possible to get the most out of them (sweat your assets.)

Solutions must be safe and sustainable
- Important – case studies needed for illustration
- What is the future? Is what we are doing now what we will be doing in 10 years
- Two foci preferred:

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[1] Due to the introduction of the draft criteria at the beginning of the session the discussion of 'what's important?' occurred across consideration of the draft criteria as well as importance, therefore, the order is rearranged from that in the main body of the report.

- Safety: what is not safe now; what is the impact of change on safety; what, if anything, will it make unsafe; and
- Sustainability.

Solutions should ensure timely and quality treatment
- Timely treatment from an emergency point of view and consistency of service provision 24/7.
- Quality of treatment

Solutions should consider integration with other services, providers and partners
- Criteria should identify the obstacles to moving, and what would be moved to Cheltenham if staff moved to Gloucester Royal Hospital.
- Where do other providers / system partners come in?

Solutions should include communications and awareness mechanisms that are simple and easily understood:
- ***Needs greater public awareness***. How is it communicated? There needs to be a simple message to the public
- Reorganise criteria as a diagram, either a central hub or a hierarchical model.

5 APPENDIX ONE: WORKSHOP FEEDBACK

Feedback form: summary

5.1 Introduction

From the thirty (30) people attending the workshop, thirteen (13) completed feedback questionnaires were received.

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

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

5.2 Time available for discussion

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

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

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

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

- *This is a complicated subject. Lay people had questions before the real discussions could start*
- *We had a good well-rounded group to discuss*
- *Good presentation of concept and description of plan*
- *Well-presented and structured*
- *Able to discuss all items easily*
- *Didn't feel too rushed. The problems seemed very specific so felt reasonable to address*
- *Very interesting*
- *There were opportunities to feedback and recognise not yet at the consultation stage; merely to get preliminary ideas*
- *Didn't feel rushed*
- *Very complicated subject to really come up with ideas and solutions in such a small space of time*

- *Plenty of breakout time*
- *Excellent presentation*
- *Well-structured timewise*
- *Because it is important to me and public*
- *Plenty of opportunity as quite a small group and I'm quite assertive*
- *Complex issues possibly not fully explained*
- *There was sufficient time to discuss key points*

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 IGIS was clear and allowed you to have your say?*

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

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

- *Not enough time*
- *Very good, but less jargon*
- *Good discussion, enough time and consideration. All had the opportunity to input.*
- *Well-presented and structured*
- *Explained with clarity*
- *Helpful*
- *Opportunities to discuss some challenges*
- *Initially, one voice dominated the discussion and the group didn't feel balanced. For the second session, the groups were changed slightly to ensure more patient input.*
- *Overall satisfied, but more case studies with the presentations would be good*
- *Because it is important to me and public*
- *Open discussion on tables*
- *I felt valued and that my opinions were of importance. However, there need to be more members of the public - very clinician heavy - needed to understand the 'real-life' opinions of the public.*

5.4 Sharing views on importance

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

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

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

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

- *Waited for photocopies and then there wasn't enough for one each*
- *A good listening mechanism. Good on getting to Qs, etc*
- *Very well structured*
- *All given the opportunity to discuss*
- *I would like to learn more*
- *Good structure to the session*
- *Small group discussions vert useful. Larger time in the presentation for discussion would have been beneficial.*
- *An interesting discussion that was presented well and I had confidence that my views were heard.*
- *Because it is important to me and public*
- *Reasonably satisfied. Not sure all stakeholders represented*

5.5 Overall satisfaction with the workshop

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

> *How satisfied were you with the workshop overall?*

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

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

- *Not enough laypeople, medical people dominated. Too much jargon. Policies should be explained more openly because it is impacting on what is being included/not included*
- *Surprised re low attendance. The population needs to understand this important decision. Work on simplifying the factors for consideration may help and stats re current outcomes.*
- *As previous - good overview and discussion*
- *Good presentation. Wide views*

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- *Good breakdown of the sessions. Information giving; feedback; a good mix of professionals and laypeople*
- *Much more public engagement would have been beneficial*
- *More patient input would have been valued - a recent patient sharing and giving a presentation would have been fantastic. In my new role, I hope to be able to support this happening in the future.*
- *Good*
- *Good understanding*
- *I learned a lot about the subject, it was well articulated*
- *Because it is important to me and public*
- *Overall excellent, might have been helpful if clinicians had run their presentations in front of a 'patient' in advance.*
- *Stakeholders*
- *Very informative with well thought out presentation*

5.6 Accessibility and voicing opinion

In response to the question:

Do you feel this workshop was accessible to you?

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

- *Better signage. Hard to find. Parked in the wrong place*
- *Send out a map in advance it was hard to find*
- *Later in the day would have been better due to childcare*

In response to the question:

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

- *Not as much as I would have liked. More opportunity to ask questions/make comments in the wider group.*
- *But, there were some dominant voices - I think it may have been helpful if a facilitator had joined the first group to ensure a good balanced discussion?*
- *Perhaps members of the public could speak about the real world and how this would/could affect us.*

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:

- *Not as good as the General Surgery workshop. Didn't run as smoothly and medical people dominated and pushed their own agendas - chairing the groups, etc.*
- *The workshop worked well as initial introduction and description of service aided discussions. Needs further consideration as to wider engagement and future consultation.*
- *Useful to engage with other opinion, particularly service users*
- *Great opportunity to fully understand the issues around IGIS*
- *Very interesting and would like to be involved in more.*
- *No, but the words used should always be simple and no acronyms as not everyone is comfortable speaking up*
- *Not sure the questions on the feedback form (1-5) are very 'public friendly'*
- *Hopefully a useful session. More patients if possible would be helpful*

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 IGIS at today's workshop?"	8.6	4	10
How satisfied were you that the process to discuss your first impressions of the outline vision and challenges for IGIS was clear and allowed you to have your say?	8.4	3	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?	8.3	3	10
How satisfied were you with the workshop overall?	7.9	2	10

Thank You

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