Fit for the Future

Developing specialist hospital services in Gloucestershire

Interim Output of Consultation Report

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Fit for the Future *Interim* Output of Consultation Report
Executive Summary

Fit for the Future: Developing specialist hospital services in Gloucestershire

Consultation Key Facts

- Consultation proposals focussed on five specialist services: Acute Medicine (Acute Medical Take), General Surgery: Upper and Lower Gastrointestinal (including Emergency General Surgery), Image Guided Interventional Surgery (including Vascular Surgery), Gastroenterology inpatient services and Trauma and Orthopaedic inpatient services.
- Approximately 5000 Consultation booklets distributed across the county.
- 297,000 door-to-door leaflets distributed, generating 1700+ requests for information
- 75+ consultation events.
- More than 1000 socially distanced face-to-face contacts with members of the public/over 350 staff.
- 20+ Facebook posts with a reach of over 140,000 with over 1,500 'engagements' which included over 1,000 clicks on the link in the post.
- 35+ tweets generated over 30,000 impressions and almost 800 engagements.
- 700+ Fit for the Future surveys completed [110+ paper copies received, 1 telephone survey completed; the remainder being online].

Fit for the Future Survey responses

Acute Medicine (Acute Medical Take)

Preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.

- 67.61% (Easy read: 72.09%) strongly supported or supported the proposal
- 24.83% (Easy read: 18.6%) strongly opposed or opposed the proposal

Emergency General Surgery

Preferred option to develop: to develop: A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.

- 68.31% Fit for the Future survey respondents strongly supported or supported the proposal. Easy read survey respondents: 66.67% strongly supported or supported the proposal
- 23.44% Fit for the Future survey respondents strongly opposed or opposed the proposal. Easy read survey respondents: 22.99% strongly supported or supported the proposal

Planned Lower GI (colorectal) surgery

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

- 79.1% Fit for the Future survey respondents strongly supported or supported the proposal. Easy read survey respondents: 72.84%) strongly supported or supported the proposal.
- 7.83% Fit for the Future survey respondents strongly opposed or opposed the proposal. Easy Read survey respondents: 14.81% strongly opposed or opposed the proposal.

Where do you think we should do planned Lower GI (Colorectal) General Surgery?

- 50.76% Fit for the Future survey respondents chose Cheltenham General Hospital. 27.50% Easy Read respondents chose Cheltenham General Hospital.
- 20.27% Fit for the Future survey respondents chose Gloucestershire Royal Hospital. 27.50% Easy Read respondents chose Gloucestershire Royal Hospital.
- 30.30% Fit for the Future survey respondents had no opinion. 45% Easy Read respondents had no opinion.

Planned day case, Upper and Lower GI

Preferred option to develop: to develop: A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).

- 73.49% Fit for the Future survey respondents strongly supported or supported the proposal. (Easy read respondents: 67.47% strongly supported or supported the proposal.
- 8.52% Fit for the Future survey respondents strongly opposed or opposed the proposal. Easy read respondents: 13.25% strongly opposed or opposed the proposal.

Image Guided Interventional Surgery (IGIS) including Vascular Surgery

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

- 66.54% Fit for the Future survey respondents strongly supported or supported the proposal. Easy read respondents: 76.54%) strongly supported or supported the proposal.
- 15.39% Fit for the Future survey respondents (Easy read: 9.88%) strongly opposed or opposed the proposal. Easy read respondents: 9.88% strongly opposed or opposed the proposal.

Vascular Surgery

Preferred option to develop: to develop: A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.

- 60.27% Fit for the Future survey respondents strongly supported or supported the proposal. Easy read respondents: 68.35% strongly supported or supported the proposal.
- 19.97% Fit for the Future survey respondents strongly opposed or opposed the proposal. Easy read respondents: 15.19% strongly opposed or opposed the proposal.

Gastroenterology inpatient services

Preferred option to develop: A 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.

- 71.96% Fit for the Future survey respondents strongly supported or supported the proposal. Easy read respondents: 68.35% strongly supported or supported the proposal.
- 6.67% Fit for the Future survey respondents strongly opposed or opposed the proposal. Easy read respondents: 10.13% strongly opposed or opposed the proposal.

Trauma and Orthopaedics (T&O) inpatient services

Preferred option to develop: to develop: Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

- 76.02% Fit for the Future survey respondents strongly supported or supported the proposal
- 10.53% Fit for the Future survey respondents strongly opposed or opposed the proposal

The Easy read survey was divided into two questions:

Trauma:	Support: 70.51%	Oppose: 12.82%	Not sure: 16.67%
Orthopaedics:	Support: 73.08%	Oppose: 14.10&	Not sure: 12.82%

Themes

Responses to the consultation focussed on the following themes: **Access; Capacity; Diversity; Efficiency; Environment; Facilities; Interdependency; Integration (with primary and community services); Patient Experience / Staff Experience; Pilot; Quality; Resources; Transport; and Workforce.**

Who got involved?

In terms of the reach of the consultation, demographic information is known about those survey respondents who chose to provide 'About You' information in their survey responses. There is a broad representation of groups in responses to the survey. There is extended reach through the targeted activities, which ensured voices from all groups identified in the Independent Integrated Impact Assessment had an opportunity to be heard e.g. carers, homeless people, Black, Asian and Minority Ethnic communities.

During the consultation, participants took the opportunity to access information, ask questions and comment on the national and local response to the coronavirus pandemic. Many people expressed their gratitude to NHS and care staff and recognised Gloucestershire's diverse communities' collective acts of support for colleagues, friends, families and neighbours.

A detailed summary of feedback received can be found in Part 2. All feedback received can be found in the online Appendices to this Report.

INTRODUCTION

Fit for the Future Consultation

Purpose of this Report

The Fit for the Future Interim Output of Consultation Report is intended to be used as a practical resource for **One Gloucestershire** partners; to provide them with information about how the public, community partners and staff feel about the Fit for the Future proposals for change in order to inform their decision making in 2021. One Gloucestershire is a partnership between the county's NHS and care organisations to help keep people healthy, support active communities and ensure high quality, joined up care when needed.

The NHS partners of One Gloucestershire are:

- NHS Gloucestershire Clinical Commissioning Group (CCG)
- Primary care (GP) providers
- Gloucestershire Health and Care NHS Foundation Trust (GHC)
- Gloucestershire Hospitals NHS Foundation Trust (GHT)
- South Western Ambulance Services NHS Foundation Trust (SWAST)

This Report will form part of the evidence considered by a second independently facilitated Citizens' Jury, to be held in January 2021. This Report will be shared widely across the local health and care community and is available to all on the One Gloucestershire website www.onegloucestershire.net and on the online participation platform Get Involved in Gloucestershire https://getinvolved.glos.nhs.net

This interim report will be updated before decisions are made to include: the output of the Citizens Jury#2; the outcome of the Elective Lower Gastrointestinal (GI) (colorectal) surgery location discussions; the output of the updated independent Integrated Impact Assessment and other relevant information received. The updated report will be published on the One Gloucestershire website (link above) and shared with decision makers in order for them to give conscientious consideration to all relevant information prior to making decisions about the proposals.

One Gloucestershire partners are invited to consider the feedback from consultation and indicate how it has influenced their decision making. Full details of the next steps for the Fit for the Future Programme can be found in Section 1.4.

This Report has been prepared by the One Gloucestershire Communications and Engagement Group. This report is produced in both print and on-line (searchable PDF) formats. For details of how to obtain copies in other formats please turn to the back cover of this Report.

We would like to thank everyone who has taken the time to share their views and ideas.

Making the best use the information provided in this Report

This report is divided into two parts: Part 1 provides background information about the Fit for the Future Programme, the co-development of the consultation proposals and the consultation planning and activities. Part 2 provides a summary of the feedback received during the consultation. The final section of this report is an evaluation of the consultation activity. This report is supported by a series of online Appendices.

There are elements of feedback which will be relevant and of interest to all readers; these can be easily found in the main body of the report.

All feedback received can be found in a series of online Appendices. These Appendices include all comments collated during the consultation, including copies of individual submissions received, in addition to the FIT FOR THE FUTURE survey responses.

The theming of the qualitative feedback received through the Fit for the Future survey presented in this report has been undertaken by members of the **One Gloucestershire** Communications and Engagement Group using SmartSurvey.

Some respondents may have answered the formal consultation survey as well as giving feedback in other ways, such as sending a letter or participating in a discussion event. All feedback received has been read and coded into themes such as: 'access', 'workforce' and 'quality'. Please note that individual's comments may cover more than one theme.
All qualitative feedback received by representatives of **One Gloucestershire** partners during the consultation period is available in the online Appendices. The information provided in this report and Appendices will be used by decision makers to 'conscientiously consider'[1] all feedback received.

Appendices

All appendices are available at: www.onegloucestershire.net

Appendix 1: Survey responses by specific groups:

- i) Full survey
- ii) Easy Read
- iii) Feedback from targeted groups (identified through independent Integrated Impact Assessment) from Full survey[2]
    - a. BAME
    - b. Over 66 living with a disability
    - c. BAME living with a long term condition
    - d. People living with a disability
    - e. People with mental health problems and/or learning difficulties

[1] One of the Gunning Principles that have formed a strong legal foundation from which the legitimacy of public consultations is often assessed.

[2] Due to the smaller number of responses to the Easy Read survey, further analysis by demographic has not been completed in order to avoid potentially identifying individuals.

f. Unpaid Carer
g. People who identify as LGBTQ+
h. People who live in 12 most deprived wards in Gloucestershire (Indices of Deprivation 2019)
i. Staff
j. Public and Community Partners
k. Postcodes from East of county
l. Postcodes from West of county

Appendix 2: Other Correspondence

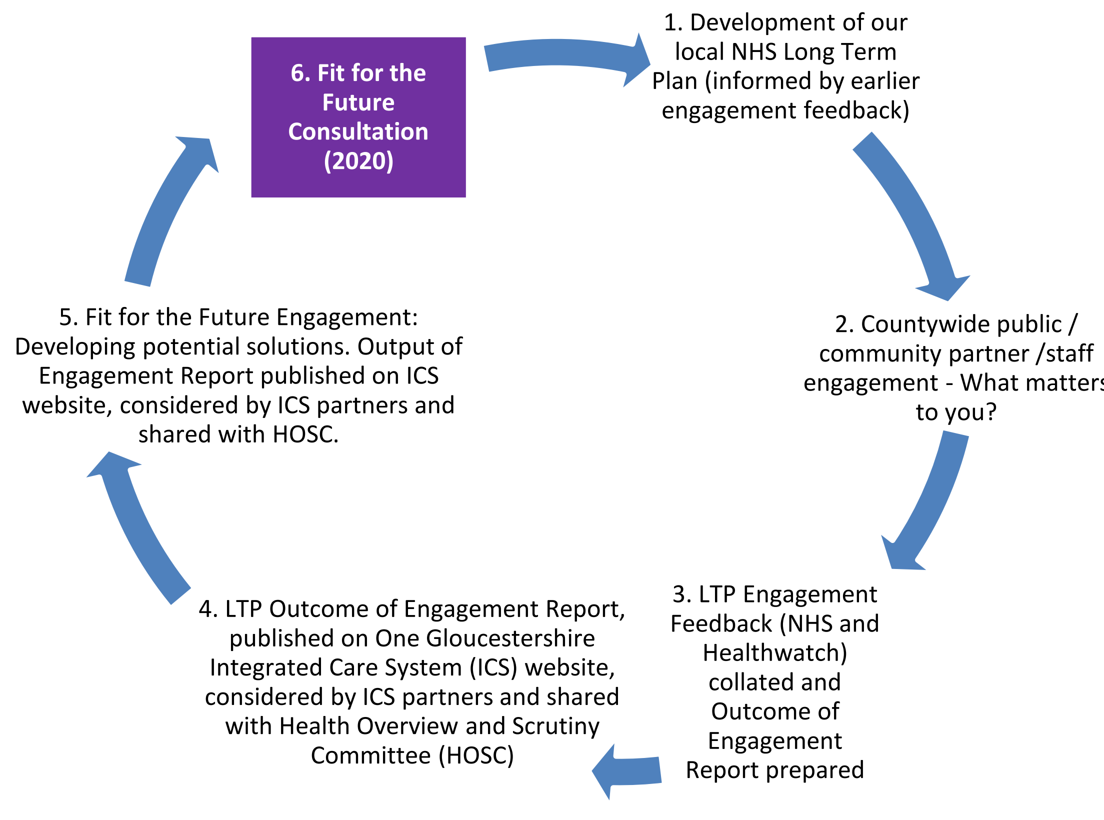
Appendix 3: Glossary

PART 1

1. Background

Over the last few years the NHS in Gloucestershire Fit for the Future programme has been involving local people and staff in looking at potential ways to develop specialist hospital services in Gloucestershire. Through this process the 'centres of excellence'[3] approach has been designed.

Through the earlier Fit for the Future Engagement in 2019 and during earlier conversations about the NHS Long Term Plan in 2018, the NHS in Gloucestershire has been involving staff, patients, local people and the public in looking at a number of services and developing potential 'solutions'. The Fit for the Future Consultation is the latest element of the engagement cycle[4] to develop the Gloucestershire response to the NHS Long Term Plan, which began in 2018.



[3] Centres of excellence: bringing staff, equipment and facilities together in one place to provide leading edge care and create links with other related services and staff.

[4] Previous engagement activities can be found at: www.onegloucestershire.net/yoursay/

The aims of the Fit for the Future programme are to:

- Improve health outcomes
- Reduce waiting times and ensure fewer cancelled operations
- Ensure patients receive the right care at the right time in the right place
- Ensure there are always safe staffing levels, including senior doctors available 24/7
- Support joint working between services to reduce the number of visits you have to make to hospital
- Attract and keep the best staff in Gloucestershire.

To achieve these things and to make the most of developing staff skills, precious resources and advances in medicine and technology, the Fit for the Future programme looks at how some specialist hospital services at Gloucestershire Royal and Cheltenham General could be configured to make best use of both hospital sites. This move towards creating 'centres of excellence' at the two hospitals is not new and this approach reflects the way a number of other services are already provided e.g. Cancer Services in Cheltenham and Children's services in Gloucester.

1.1 What the Fit for the Future consultation is about

The purpose of the consultation was to seek views on the future provision of five specialist hospital services in Gloucestershire:

- Acute Medicine (Acute Medical Take). This is the coordination of initial medical care for patients referred to the Acute Medical Team by a GP or the Emergency Departments and where decisions are made as to whether patients need a hospital stay.

- Gastroenterology inpatient services; medical care for stomach, pancreas, bowel or liver problems.

- General Surgery conditions relating to the gut. Specifically, emergency general surgery, planned Lower Gastrointestinal (GI) (colorectal) surgery and day case Upper and Lower GI surgery.

- Image Guided Interventional Surgery (IGIS) including vascular surgery. IGIS is where the surgeon uses instruments with live images to guide the surgery.

- Trauma and Orthopaedic inpatient services (T&O) diagnosis and treatment of conditions relating to the bones and joints.

1.2 What the Fit for the Future consultation is not about

Cheltenham General Hospital Accident & Emergency (A&E) Department

A public commitment has been made to the future of the Accident and Emergency (A&E) Department in Cheltenham. The service will remain consultant led and there will be no change to the opening hours. The proposals for change described in the Fit for the Future consultation do not include the A&E Department at Cheltenham General Hospital, post pandemic, the department will revert to being a 7-day consultant led A&E unit between 8am and 8pm and a nurse led unit between 8pm and 8am. This is the A&E service model that has been in place at Cheltenham since 2013.

COVID-19 Temporary Changes

Fit for the Future is not about the COVID-19 temporary changes made in 2020. However, some of the medium to long term changes proposed relate to some of the same clinical services where temporary changes have had to be made recently in order to keep our hospitals safe.

Outpatients, Community and Primary Care Services

The focus of this consultation is five specialist inpatient services provided at Cheltenham General and Gloucestershire Royal Hospitals. No changes to outpatient, community or primary care services are included within this consultation.

1.3 Consultation process

The Fit for the Future public and staff consultation started on 22 October 2020 and ran until 17 December 2020.

There have been a number of innovative ways the NHS has involved local people and staff during the consultation, from online events, to a 'socially distanced' Information Bus Tour and a door-to-door mail-drop of an information leaflet delivered by Royal Mail to all households in Gloucestershire. Full details of the consultation process can be found in Section 2.

1.4 Next Steps: Completing the communication, engagement and consultation for the Fit for the Future programme

Citizens' Jury

A second Jury, independently facilitated by Citizens Juries CIC, will be held in January 2021 to consider the feedback from this consultation. 18 independently recruited jurors (not the same jurors who participated in Jury #1), representative of local communities from a broad range of demographics, will receive evidence from a range of witnesses, record their observations and make their recommendations to decision makers of the NHS organisations involved. This will include key feedback from the consultation process, which will be taken into account when making a final decision on the future configuration of the five specialty

acute hospital services. The Citizens' Jury will be hosted online; audio recordings of the plenary sessions will be available on request from Citizens Juries CIC, witness presentation recordings and slides will be available on the One Gloucestershire website https://www.onegloucestershire.net/yoursay/fit-for-the-future-developing-specialist-hospital-services-in-gloucestershire/ . Details will be publicised nearer the time.

Elective Lower Gastrointestinal (GI) (colorectal) surgery – no preferred option proposed in the consultation

The Fit for the Future consultation did not propose a preferred option for Elective Lower Gastrointestinal (GI) surgery; two options were described. The next step is to select one of the two options for this service; to co-locate at either CGH or GRH to take forward for a decision.

This will be carried out at the beginning of February 2021 and will be a two stage process. Firstly an appraisal by the Trust Leadership Team of Gloucestershire Hospitals NHS Foundation Trust using the feedback from consultation to obtain a recommendation, with the option chosen by the Trust Board and then a final decision made by the NHS Gloucestershire Clinical Commissioning Group Governing Body in March 2021 (see **Decision** below). The following information will be reviewed:

- Feedback from the Public Consultation
- Citizen's Jury #2 output
- Presentations on the two options
- Pre-Consultation Business Case and attachments
- Financial Information
- Beds and resource requirements
- Workforce plans including rotas

Consultation review period

There will then be a consultation review period, where Gloucestershire Hospitals NHS Foundation Trust and NHS Gloucestershire Clinical Commissioning Group will carefully consider all of the feedback.

Decision

A final decision will be made about the Fit for the Future proposals at the CCG Governing Body meeting on 11 March 2021. This will be live streamed on the internet.

Process of implementation

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

deliver detailed implementation plans. Plans to involve local people in the implementation and evaluation process are being developed.

1.5 Providing feedback to you on the consultation and decisions

The feedback from the consultation, the recommendations and observations of the Citizens' Jury and the final decision made by the CCG Governing Body will be published at: www.onegloucestershire.net/yoursay and shared on the online participation platform Get Involved in Gloucestershire https://getinvolved.glos.nhs.uk

2. Our approach to communications and consultation

2.1 Working with others

The planning and delivery of the Fit for the Future consultation has been supported by many external groups:

- The Consultation Institute: The consultation process, including this Interim Output of Consultation Report, has been Quality Assured by The Consultation Institute[5]. A Consultation Institute Advisor worked with the Fit for the Future programme, acting as a critical friend; each stage of the consultation planning and activity was formally signed-off by a Consultation Institute Assessor, ensuring a totally independent element in the consultation process. The six stages, or gateways, of the Quality Assurance process are:
    - Scope and Governance
    - The Project Plan
    - Consultation Document Review
    - Mid-Point Review
    - Closing Review
    - Final Report (at the time of publication, The Consultation Institute is reviewing this interim report).
- Inclusion Gloucestershire: Assisted with the development of Easy Read materials.
- Gloucestershire County Council's Digital Innovation Fund Forum: Informed early planning for online activities and assisted with awareness-raising of the consultation to potentially digitally excluded groups.
- Friends from the Friendship Café in Gloucester City: Supported awareness raising and survey completion within diverse communities.
- Healthwatch Gloucestershire (HWG): HWG Readers Panel reviewed an early draft of the full consultation booklet and made suggestions for changes, which were incorporated into the final version. A HWG representative will be a member of the independent Oversight Panel for the second Fit for the Future Citizens' Jury.
- Aneurin Bevan Health Board (ABHB): ABHB facilitated the translation of the summary consultation booklet into Welsh, and facilitated an Information Bus visit to Chepstow Hospital in Monmouthshire to enable residents living close to the Wales England Border, who might access services in Gloucestershire the opportunity to find out more about the consultation.

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https://www.consultationinstitute.org/services/quality-assurance/
https://www.consultationinstitute.org/wp-content/uploads/2019/12/Quality-Assurance.pdf

- Know Your Patch (KYP) Coordinators: KYPs allowed us space on agendas to share information at online meetings during October and November 2020 to promote the consultation.
- District/Borough Councils and Retail partners: Supported the 'socially distanced' visits of the Information Bus (outside of Lockdown 2) to locations with maximum footfall across the county. District and Borough Councils also hosted members' seminars to discuss the Fit for the Future consultation.
- Local media: Gloucestershire Live, BBC Radio Gloucestershire and GFM Radio
- Others: Many other groups and individuals have helped to raise awareness of the consultation such as Trust Governors, staff-side representatives, hospital volunteers and community and voluntary sector organisations such as homelessness support charities.

Thank you to everyone who has supported this consultation.

2.2 Equality and Engagement Impact Analysis (EEIA)

Equality, diversity, Human Rights and inclusion are at the heart of delivering personal, fair and diverse health and social care services. All commissioners and providers of health and social care services have legal obligations under equality legislation to ensure that people with one or more protected characteristics[6] are not barred from access to services and decision making processes.

The consultation has been informed by the experience of managing earlier extensive engagement activities. The approach and detailed plan for communications and consultation was informed by feedback from those engagement activities, including feedback from NHSE/I Assurance process.

Extract from NHSE/I Assurance Process feedback in relation to communications and engagement:

- The engagement output report shows that the team have really given people every opportunity to take part in the engagement programme and the resulting output report is very extensive. Full credit for openness and transparency
- Would benefit from an accompanying glossary to explain all the inevitable acronyms and terminology sprinkled throughout people's quotes
- The engagement for Fit for the Future described in the PCBC and engagement output report was proportionate, targeted and had due regard for protected groups. From feedback received, the system is in a good place to know what the county as a whole think and the locations where the most negatively impacted populations live
- Further engagement to address the homogeneity of participants in Phase 1.
- In response to COVID-19 restrictions the Strategy and Plan has been designed to support a 'socially distanced' consultation. It includes an Appendix/Briefing which summarises recent advice and guidance regarding online consultation, sets out assumptions and considerations and makes the following observations and conclusions, which will be taken into account during the consultation:
- Consideration to be paid to online deliberation and engagement are those you should pay attention to regardless of whether engagement is face to face or online. Things such as feeling safe, ensuring transparency and that participants have the facts to be able to make an informed decision would apply regardless of how you engage.
- Online consultations prove to be most successful when used in conjunction with offline methods such as telephone structured interviews/market research techniques/managed exhibitions.
- Two-way direct communication is crucial in creating meaningful dialogue – video conferencing software (Zoom, Microsoft Teams etc.) can facilitate this.

[6] 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

- Online forums should be moderated to keep discussion topics organised and to keep participants safe.
- Think about varying the times of online events – avoid excluding working age participants.
- Online events should be no longer than 2 hours and comfort breaks should be scheduled.
- Use creative and interactive dialogue methods for online and offline activities.
- Paper surveys should be replicated as online surveys.
- Some individuals or groups feel more comfortable sharing their thoughts on their own platforms, rather than official channels designed explicitly for themed discussions.
- Different marketing messages required to encourage online participation for 'always' (compete with other opportunities), 'seldom' (relevance, links to pandemic interests) and 'never' online (other opportunities or assistance required).

The FIT FOR THE FUTURE proposals for change have not been implemented as they are subject to this consultation. Two of the services in scope for the consultation are currently piloting the proposed changes and have been evaluated.

The impact of potential changes

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

The analysis considered a wide range of information, including feedback from the Engagement, to describe how different groups of people who are likely to access and experience health services, could be impacted by the proposed changes for each of the combinations of specialist services. Impact analysis, as part of the evaluation of the two pilot changes (Gastroenterology and Trauma & Orthopaedic inpatient services) has been undertaken locally with the support of the Local Authority Public Health Department. A Lay Reference Group made up of patient, public and VCS representatives was established to support the Impact Analysis and Solutions Appraisal activities.

In addition to the independent Integrated Impact Assessment (IIA) of the proposals, an Equality and Engagement Impact Analysis (EEIA) of the planned consultation activities has also been undertaken.

2.2.1 Groups potentially impacted, issues identified and actions taken

Our aim with this consultation was to reach a good representation of the local population, whilst making sure we hear from those groups who might be most affected by the proposed changes. We sought out the views of people from the groups, set out below, during the consultation to gain a better understanding of the potential impact on them and to identify ways to lessen any potential negative impacts:

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

2.2.2 Issues identified pre-consultation in the EEIA and action taken ahead of consultation

Less information, less jargon and easy read

The Consultation booklet was reviewed by the Healthwatch Gloucestershire Lay Readers Panel. An Easy Read version of the consultation booklet and survey was produced by Inclusion Gloucestershire. A summary version of the consultation booklet was produced.

Accompanying glossary recommended

There is an accompanying glossary in the full consultation document (which is available in print and online).

Further engagement to address the homogeneity of participants

Targeted opportunities for consultation with protected characteristic groups identified through the Impact Analysis e.g. via the Homeless Healthcare Team, Carers Forum etc. Alternative formats of all consultation materials available on request. Contract in place with telephone (and face to face) interpreters, incl. BSL and for written translation.

Paper surveys should be replicated as online surveys

Surveys were available on line in regular and easy read formats. People were also offered assistance to complete surveys over the telephone.

Different marketing messages required to encourage online participation for 'always' (compete with other opportunities), 'seldom' (relevance, links to pandemic interests) and 'never' online (other opportunities or assistance required).

All forms of media, print, broadcast, and social media platforms were used. An awareness raising leaflet was delivered to all households by Royal Mail in Gloucestershire telling them about the consultation and how they could get involved.

Liaise with community leaders to hold specific workshops within the BAME communities with community support for interpreters

We contacted local groups, including BAME communities to arrange culturally appropriate opportunities for participation in the consultation e.g. Information Bus visit to Gloucester Mosque at their invitation [Unfortunately we were unable to attend the Mosque visit due to Covid-19 Lockdown 2 restrictions. However, we liaised with local community leaders about alternative ways to promote the consultation, including WhatsApp and interview on local Community Radio[7]]

Use creative and interactive dialogue methods

We used a range of methods: Online, face-to-face (socially distanced), telephone, written.

Online consultations prove to be most successful when used in conjunction with offline methods such as telephone structured interviews/market research techniques/managed exhibitions.

We hosted online activities, chat forums and Live discussions recorded on YouTube [In response to feedback after the first Live discussion, broadcast was moved to FaceBook Live for better reach]. We invited people to call us to leave a message to book telephone interviews. We toured our Information Bus to all localities in the county and to the Mosque in Gloucester [see note above].

Online forums should be moderated

The Forum function of the Get Involved in Gloucestershire online participation platform is independently moderated. The Gloucestershire Live Face Book Events were hosted by an independent chair and questions were moderated.

Varying the times of online events

Events were held at different times of day and different days of the week

Events, e.g. workshops, no longer than 2 hours

[7] https://gloucesterfm.com/ 7 December 2020, Community Link Show – repeated 8 December 2020

All scheduled events were no longer than 90 minutes, with online events mostly lasting 30-45 minutes. Most events were online and we make it clear that participants could get up, have a comfort/refreshment break

Some individuals or groups feel more comfortable sharing their thoughts on their own platforms, rather than official channels designed explicitly for themed discussions.

We offered to use the platforms, which worked best for the individual or group: Zoom, Face Time, Microsoft Teams, Webex – We completed DPIA (Data Protection Impact Assessments) for any new platforms requested. We also offered more traditional methods such as telephone calls.

Target groups identified through the IIA

Representatives from the groups identified in the IIA were contacted to discuss methods to facilitate participation in the consultation. Example: Advice from the Homeless Healthcare Team, Age UK, Carers Hub

The Fit for the Future consultation was open to all with activities designed to facilitate feedback from as wide a cross-section of the local community as possible. The full EEIA can be found via the following link: https://www.onegloucestershire.net/wp-content/uploads/2020/10/Equality-and-Engagement-Impact-Assessment-FINAL-1.pdf

The Pre Consultation Business Case independent Integrated Impact Assessment can be found via the following link: https://www.onegloucestershire.net/wp-content/uploads/2020/12/Appendix-14a_Annex_IIA.pdf

The independent Integrated Impact Assessment will be updated to take into account the response to consultation. The updated assessment will be included in the Decision Making Business Case, which will be available on the One Gloucestershire website.2.3

2.3 Covid 19: A socially distanced consultation

A traditional consultation process would include many of the methods described below, such as producing information, hosting discussion events and developing surveys.
One factor to be taken into account with this consultation was the reduced opportunity to engage with people face-to-face due to pandemic public health restrictions. Therefore a largely 'socially distanced' consultation was planned. In order to maximise opportunities to raise awareness of the consultation and opportunities to get involved the following methods were used.

2.4 Communications: Developing understanding and supporting Fit for the Future consultation

A range of communications and consultation methodologies were used during the Fit for the Future consultation. This section describes the wide ranging approach taken to promoting the *Fit for the Future* consultation and the range of involvement opportunities.

In summary:

Door to Door awareness raising leaflet

The NHS commissioned the Royal Mail to deliver a leaflet to all households in Gloucestershire. One Gloucestershire commissioned Royal Mail to deliver297,000 Fit for the Future leaflet to all Gloucestershire postcodes. Where residents have chosen Royal Mail Door to Door opt out, they will not have received this information[8]

This was a key method for ensuring that people not able to access materials on-line were able to engage with the consultation. The leaflet included brief information about the Fit for the Future consultation and also the Forest of Dean Community Hospital consultation; which has been running concurrently[9]. The mailer included a freepost reply slip to request information or a telephone call.

Please tick all that apply. I would like:

- ☐ A copy of the Pre-consultation Business Case (200+ pages)
- ☐ A copy of the Consultation Booklet and survey (long)
- ☐ A copy of the Consultation Booklet and survey (short)
- ☐ A copy of the Consultation Booklet and survey (Easy Read)
- ☐ A copy of the full Forest of Dean Community Hospital Consultation Booklet and survey
- ☐ A copy of the Forest of Dean Community Hospital Consultation Booklet and survey (Easy Read)
- ☐ A telephone call to give my feedback

(The information you provide will be stored securely and only used to send you information about this consultation).

- 1,743 requests for information were received (1,286 items posted, all other items were sent by email). Many people requested more than one item or documents relating to both live consultations.
  - Fit For the Future (1,248)
    - Long 226 (162 sent by post)
    - Short 587 (415 sent by post)

[8] https://www.royalmail.com/sites/default/files/D2D-Opt-Out-Application-Form-2015.pdf

[9] Details of the Forest of Dean Community Hospital Consultation can be found at: https://www.fodhealth.nhs.uk/consultation/

        - Easy Read 256 (193 sent by post)
        - Pre Consultation Business Case 180 (132 sent by post)
    - Forest of Dean Community Hospital (495)
        - Long 308 (239 sent by post)
        - Easy Read 187 (145 sent by post)
- 116 requests for telephone call backs
    - Fit for the Future (83)
    - Forest of Dean Community Hospital (33)

Media releases and stakeholder briefings

This included:

- launch materials – media release and stakeholder briefing
- media statements reinforcing key messages and involvement opportunities
- a further open stakeholder letter sent to community stakeholders by email including Patient Participation Groups, local authorities, voluntary and community organisations
- Foundation Trust Membership communications promoting the consultation

Hardcopy engagement booklets

Approximately 5,000 booklets were widely distributed to a range of public places including Cheltenham General and Gloucestershire Royal Hospitals, community pharmacies, GP surgeries and libraries. The booklets included the survey and information detailing the ways people could get involved.

'Your Say' area on the One Gloucestershire Health website and Get Involved in Gloucestershire online participation platform

All consultation materials can be found at: Fit for the Future: Developing urgent and hospital care in Gloucestershire: https://www.onegloucestershire.net/yoursay/ Get Involved in Gloucestershire is an online participation space where anyone can share views, experiences and ideas about local health and care services. Information about the consultation including activities can be found at https://getinvolved.glos.nhs.uk/fit-for-the-future

Further engagement to address the homogeneity of participants

Targeted opportunities for consultation with protected characteristic groups were identified through the Equality and Engagement Impact Analysis e.g. via the Homeless Healthcare Team, Carers Forum etc. Alternative formats of all consultation materials available on request. Contract in place with telephone (and face to face) interpreters, incl. BSL and for written translation. An introduction to the Consultation, with information about support to enable people to participate, was sent to Talking Newspapers

Social media

Social media was used extensively to support the consultation and planned activity covered topics such as promotion of how people could get involved, films, Information Bus Tour and

Cuppa and Chat events, promotion of the booklet and survey, and promotion of the online clinical discussions.

Facebook

During the engagement there were a total of 22 Facebook posts from the One Gloucestershire account, with a total reach of 91, 141[10]. There were 5,555 'engagements' with these posts (i.e. actions such as comments, likes or shares) of which 444 clicked the links in the post. There were also three sponsored boosts across the period of the consultation, including a post to launch the consultation, our intro to Fit for the Future video, and to promote the Q&A sessions. Each of these posts also linked to the One Gloucestershire website. This achieved a total reach of 142,512* with 1,793 'engagements' which included 1,016 clicks on the link in the post.

Twitter

During the engagement period there were 38 tweets and retweets from the One Gloucestershire account, with a total of 30,088 impressions. There were 791 'engagements' with these tweets (i.e. actions such as link clicks, retweets, likes, or comments) of which 97 were retweets and 107 were clicks through to the One Gloucestershire website. Activity on Twitter covered the themes referred to in the Facebook section above.

Media Advertising

As well as the methods described above, the initial Information Bus events were advertised in local media titles including Gloucester Citizen, Gloucestershire Echo, The Forester, Wilts & Glos Standard, Stroud News & Journal, Cotswold Journal and Gloucestershire Gazette. We also took out sponsored digital adverts with the titles listed above, which went out via their websites and social media channels. These pushed people to the main Fit for the Future consultation page where people could find our documents, videos and details for how to get involved online or offline.

[10] It is important to note that the total reach across all posts will include many people who saw more than one of our posts. However, on each post, reach only includes each individual once, even if they saw a post multiple times.

2.5 Staff communication and engagement

Gloucestershire Hospitals NHS Foundation Trust staff

Four main programmes of internal communication and engagement were rolled out to support staff.

1) Corporate communications:

Video communication to all staff: Executives regularly updated staff on the programme of work as part of the fortnightly Vlog shared with all staff and hosted on the Trust intranet. To enable greater uptake the intranet has also been made mobile friendly so staff can keep up to date via their own personal device at a time of their choosing.

Key statistics:

- Total page views: 3,242
- unique views: 2,786
- Average time on Vlog: 09m:16s

Global emails: As well as video format, programme leads regularly updated staff on developments in written format via global emails which go out to all staff 3 times a week. This messaging regularly linked back to the intranet page where staff could find out more and were actively encouraged to complete the online survey. Unfortunately due to

restrictions with Outlook software there's no tracking device that enables tracking of email updates. However, intranet tracking is available and is covered in the next section.

Intranet: The intranet was used a platform to share all the latest information including opportunities for staff to get involved, learn more about the programme and how to complete the online survey.

Key statistics:

- Total page views: 795
- Unique page views: 647
- Average time on page: 04:39

Website: In addition to the main website platform (onegloucestershire.net), the Hospitals Trust also uploaded an information update (media release) to its website (www.gloshospitals.nhs.uk).

Key statistics:

- Total page views: 394
- unique views: 339
- average time on page: 02:32

2) Staff online discussion forum

Throughout the consultation staff were offered 3 dedicated online sessions to learn more about the programme. Typically each session would include an introduction, overview of the programme, the case for change and the opportunity each afforded. The sessions were clinically supported and executive lead. Staff were invited to participate and ask live questions which were shared and answered.

Monday, 2nd November: x 4 participants
Tuesday, 8th December: x 6 participants
Monday, 14th December: No participants

3) Staff drop in sessions

Information points were established at busy thoroughfares across the hospitals. These were staffed on 10 separate occasions for three hours throughout the period of the consultation. This qualitative approach was designed to understand in more detail the views of staff. Consultation booklets were also distributed widely in staff areas across both Cheltenham General and Gloucestershire Royal Hospital. Total number of contacts made with staff: 351

Themes that emerged:

- Awareness levels varied: some staff were well informed and knowledgeable while others less so
- Anecdotally awareness levels appeared to increase throughout the consultation
- There was some confusion in relation to COVID temporary/emergency changes and long-term strategic proposals for changes as part of Fit for the Future

From those staff, who were engaged, the following themes emerged:

- Broadly there was support for the centres of excellence vision
- Staff understood the benefits of a greater separation between emergency and elective services across both sites
- Staff could point to inefficiencies and duplication which didn't optimise opportunities for better patient care and staff working
- There was a level of anxiety in relation to bed modelling and access to theatres, equipment and wards
- Staff had preferences over which site they preferred to work
- Staff wanted to continue to work within the same team

4) Staff ambassadors

Clinical and managerial leaders supported the programme within their divisions and teams and were encouraged to take the message to them as part of the consultation programme. Clinical and managerial leaders were reminded of the importance of this responsibility during regular corporate and clinical leadership meetings such as the Trust's Leadership Team meeting. By having ambassadors widely dispersed across the hospitals they acted as touch points and support pillars for clinical colleagues, administrative and managerial staff.

Primary care (GP practices) and NHS Gloucestershire Clinical Commissioning Group (CCG)

The Fit for the Future consultation has been regularly promoted to all staff working at NHS Gloucestershire Clinical Commissioning Group and in GP practices, Primary Care Networks and the Local Medical Committee via the Primary Care Bulletin. The consultation was promoted at a meeting of the countywide Primary Care Clinical Network Clinical Directors.

2.6 Other stakeholder communication and engagement

Elected Representatives

Members of Parliament
Regular MP briefings have taken place prior to and during the Fit for the Future consultation period.

Gloucestershire County Council (GCC)
Gloucestershire County Council Health Overview and Scrutiny Committee Members have received regular updates on the FIT FOR THE FUTURE programme and consultation. Consultation materials have been available to elected members and staff.

District and Borough Councils
A series of Fit for the Future Members Seminars have taken place across the county. Following presentations, members had the opportunity to participate in Question and Answer sessions.

REACH Campaign

A series of constructive meetings were held throughout the consultation with representatives of REACH[11]. These meetings provided an opportunity to share information and to respond to questions. During the consultation period REACH produced an alternative survey to the NHS Fit for the Future survey. Details of the REACH survey and responses to it have been shared with the Fit for the Future consultation team and can be found in Part 2.

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[11] https://www.reachnow.org.uk/ extract from website:

The REACH (Restore Emergency At Cheltenham General Hospital) campaign was launched by Cheltenham Chamber of Commerce, which is now working with local businesses, local residents and other campaign groups to achieve the following objective: "To have a fully functioning, fully staffed A&E Department operating 24/7 re-instated at Cheltenham General Hospital, which serves a population of at least 200,000 in Cheltenham, Tewkesbury Borough and the North Cotswolds, at the earliest possible opportunity."

2.7 Public Consultation Activities

Gloucestershire Media: Live social media partnership (@GlosLiveOnline)

Underpinning the 'socially distanced' approach to consultation was a new and ground breaking partnership with local media stakeholder Gloucestershire Media. In terms of the format six half hour productions were broadcast live via Glos Media's Facebook channel (as well as Glos Hospitals Facebook channel) during peak period. Chaired by an independent figure well-known in the local community and presented as a Q&A public session with hospital clinicians, the sessions were broadcast at 12.30pm each Wednesday (from 4th November – 9th December).

Each session focussed on each of the individual service proposals under the Fit for the Future public consultation programme e.g. acute medicine, gastroenterology inpatient services, trauma & orthopaedics, general surgery and image guided interventional surgery. The exception to that was the first broadcast which went out as a COVID special on 4th November. The strength of the broadcasts was the level of clinical representation and participation. Under the partnership arrangement other local media outlets including the BBC were given access to the content produced as well as access to the hospitals and clinicians.

Gloucestershire Media: Live social media partnership (@GlosLiveOnline) Analytics:

Table 1 (analytics of the broadcast)

Platform	Date	Subject	Reach	Comments	Likes	Shares	Views
Facebook	11/11/2020	Gastroenterology Inpatient Services	Glos Live: 49,500 Glos Hos: 14,366	74 23	54 29	7 17	10,000
	18/11/2020	Acute Medicine	Glos Live: 58,000 Glos Hos: 3,187	69 16	54 31	7 5	11,000
	25/11/20	T&O	Glos Live: 20,000 Glos Hos: 3,789	36 25	23 27	3 6	6,000
	02/12/2020	General Surgery	Glos Live: 16,000 Glos Hos: N/A	17 N/A	27 N/A	2 N/A	6,500
	09/12/2020	IGIS	Glos Live: 33,234 Glos Hos: 3,900	29 0	54 28	1 5	8,800

Table 2 (analytics of the promotional material)

Platform	Date	Subject	Reach	Comments	Likes	Shares
Facebook	10/11/2020	Gastroenterology	28,800	60	16	6
	11/11/2020	Gastroenterology	20,300	19	34	4
	17/11/2020	Acute Medicine	27,700	44	15	2
	24/11/2020	T&O	14,400	41	7	1
	01/12/2020	General Surgery	11,000	0	3	2
	04/12/2020	T&O	30	1	9	2
	08/12/2020	IGIS	8,000	0	7	2

Gloucestershire Hospitals: Facebook live (@GlosHospitals)

Running parallel to the Gloucestershire Media partnership described above was the Hospitals Trust's own Facebook live production. Clinically led and executive supported, all 7 sessions were broadcast live via the Trust's Facebook channel. In a similar way to the Gloucestershire Media productions, each session was dedicated to an individual service proposal and led by those specialist clinicians. Typically each session would include an introduction, overview of the service, the case for change and the opportunity each afforded. The public were invited to participate and ask live questions which were shared and answered.

Gloucestershire Hospitals: Facebook live (@GlosHospitals): Analytics:

Platform	Date	Subject	Reach	Comments	Likes	Shares	Views
Facebook	02/12/2020	Acute Medicine	18,277	5	24	2	2.5k
	03/12/2020	Gastroenterology Inpatient Services	3,099	0	11	4	1.4k
	03/12/20	General Surgery	2113	1	5	1	970
	04/12/2020	IGIS	3,072	9	8	14	1.4k
	04/12/2020	T&O	30	1	9	2	1.4k
YouTube*	02/11/2020	Acute Medicine	N/A	1	3	N/A	146

* The Hospitals Trust switched from YouTube to Facebook in response to increased audiences and greater accessibility. The Trust ran an additional broadcast on Acute Medicine to ensure the full sequence of service proposals had been broadcast.

Gloucestershire Patient Participation Group Network

https://getinvolved.glos.nhs.uk/ppg-network

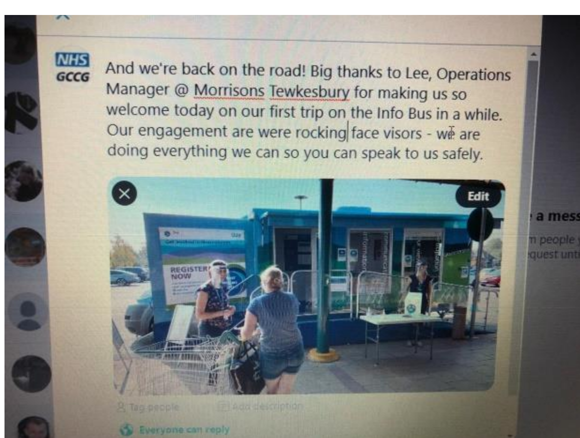
All GP practices in England are required to have a patient participation group. The Gloucestershire PPG Network is organised by Gloucestershire Clinical Commissioning Group (CCG). It is designed to provide a space for PPG members from across the county to share their experiences with one another in order for each PPG to learn and continue to provide an effective role in their practice.

NHS Gloucestershire CCG involves PPG members in engagement and consultation work, provides support to PPG's on an individual basis and also provides opportunities for PPG's to learn and develop. In addition, NHS Gloucestershire CCG hosts a quarterly network meeting. However, during the current pandemic this has moved to holding meetings virtually using MS Teams. An Extraordinary PPG Network meeting to focus solely on the Fit for the Future and Forest of Dean new community hospital consultations attended by 25 PPG members was held in November 2020.

NHS Information Bus Tour

The Information Bus aims to facilitate partnership working, offering information and activities which support self-care, health and wellbeing and self-management across the communities of Gloucestershire. The Bus is also used a consultation resource to support engagement with the public to inform service planning and design.

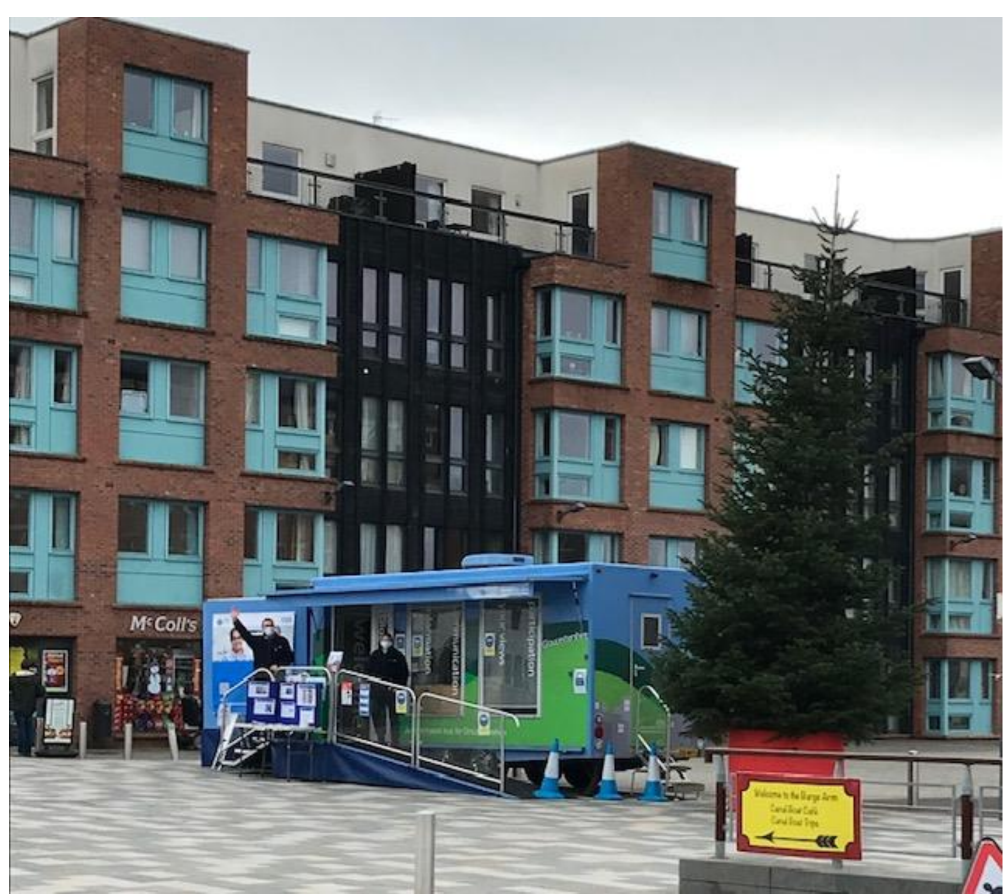
Prior to the launch of the consultation, the Bus was used during September 2020 to promote the new Get Involved in Gloucestershire online participation platform.



An Information Bus Tour to raise awareness of the consultation, to gather views and answer questions commenced on 2 November 2020. Unfortunately due to new Covid-19 restrictions introduced from 5 November 2020, planned Information Bus Dates originally planned for November 2020 were cancelled. However all these dates were re-provided in December once lockdown in England ended and Gloucestershire moved into Tier 2. Three events had been held prior to lockdown. The Bus was used as a venue for Covid-19 staff testing while it was off the road.

The Bus recommenced its Tour on 1 December 2020 in Chepstow, Monmouthshire (where lockdown was not in place) and in Cheltenham on 3 December 2020.

Chepstow Hospital   Tesco, Tewkesbury Road Cheltenham



Gloucester Quays

During the consultation 433 people visited the Information Bus. See Section 2.10 for details of all Information Bus Tour dates.

Cuppa and Chats

When the Information Bus Tour was paused in November 2020, locality and countywide online 'Cuppa and Chats' were set up to replace the socially distanced face-to-face visits planned. These took the form of a short presentation (including showing of an information film) followed by a shared discussion.

The sessions were initially organised as Microsoft Teams meetings, in response to feedback from public participants, the sessions were moved to an alternative platform, Zoom, more frequently used by community partners.

8 'Cuppa and Chats' were hosted reaching 44 participants.

Targeted activities

In addition to the main consultation activities, the consultation sought feedback from groups identified in the independent Integrated Impact Assessment. Details of how we have engaged these groups in the consultation can be found below in section 2.8.

Fit for the Future Surveys

Two surveys (standard and Easy Read) were developed by the NHS to support the FIT FOR THE FUTURE engagement. These were available as print, FREEPOST return copies in the engagement booklets and also on line at:
https://www.onegloucestershire.net/yoursay/fit-for-the-future-developing-specialist-hospital-services-in-gloucestershire/
and
https://getinvolved.glos.nhs.uk/fit-for-the-future

A total of 713 Fit for the Future surveys have been received. This included 110+ Freepost paper surveys, 1 telephone survey with the remainder online.

Other surveys and petitions

REACH created an alternative survey to gather views to inform their response to the Fit for the Future consultation proposals.
[Extract from REACH website) https://www.reachnow.org.uk/

***REACH launch their Fit for the Future Survey* (19 November 2020)**

REACH are concerned that the One Gloucestershire Fit for the Future survey that forms part of the consultation has been constructed in such a manner that the results can be used to justify a decision that the respondents would not have supported. Because of this REACH have chosen to launch their own survey, to gather the real preferences of those local people in Gloucestershire and surrounding areas, who will be affected by these proposals.

"We believe it is vital that the public can actively engage in this consultation. We are not convinced that the One Gloucestershire survey enables the public to express clear responses to some of the key points, which is why we have chosen to produce our own Fit for the Future survey.

"We would encourage as many people as possible to take part in our survey and allow their views to be heard. We will be making the results of this survey public and will be sharing them with One Gloucestershire. To help the general public understand some of the fairly complex issues involved we have also produced a non- medical persons' guide to some of the key points"

The results from the REACH survey have been shared with the One Gloucestershire Communications and Engagement Team and are included in the detailed summary of consultation feedback in Part 2 of this report. REACH has also provided a formal response to the consultation which can be found in the online appendices.

Petitions

At the time of writing no petitions relating to Fit for the Future have been received by NHS partners of One Gloucestershire.

2.8 Consulting people with protected characteristics and others identified in the Independent Integrated Impact Analysis

The consultation took two main routes to reach, gather and record views from people with protected characteristics and others identified in the independent Integrated Impact Analysis:

- promoting the formal consultation routes and encouraging participation. The consultation survey asks for respondents to provide demographic information (see Part 2)
- proactive consultation with targeted groups. The consultation team contacted groups across Gloucestershire using existing well established networks and Your Circle https://www.yourcircle.org.uk/, which is a local online directory to help you find your way around care and support and connect with people, places and activities in Gloucestershire. The following describes activities undertaken to encourage participation from these groups and themes from their responses to the consultation where possible without identifying individual's responses.

Black, Asian and Minority Ethnic (BAME) communities, in particular people aged over 65
There are a number of responses to the survey from people from BAME communities (39 people identified as: White Other, Asian or Asian British, Black or Black British, Chinese, Mixed who complete the 'About you' survey questions). A small number of respondents from BAME communities also indicated they were aged over 66. Members of the consultation team worked with Friends from the Friendship Café in Gloucester City to supported awareness raising and survey completion within diverse communities. Information about the consultation was shared with the members of the Impact of COVID-19 on BAME Community/Groups Gloucestershire Task and Finish Group. Consultation materials were shared with the Gloucestershire VCS Alliance BAME/Diverse Communities Forum. An interview on the Community Link Programme on Gloucester FM Radio promoted the consultation to listeners. Gloucester FM community radio station, has an emphasis on local issues, information, advice and music reflecting Gloucestershire's multi-cultural community https://gloucesterfm.com/

People with mental health conditions [and learning disabilities]
There is a good response to the survey from people who indicated they have a disability (including mental health problem or learning disability). During the consultation, members of the consultation team attended all Know Your Patch meetings across the county to promote Fit for the Future and the Get Involved in Gloucestershire online participation platform. Know Your Patch builds networks for those working with individuals and groups to help people stay independent for longer and to lead full and happier lives. Know Your Patch has a network of organisations in each district in Gloucestershire. These networks meet quarterly for networking and discussion and communicate through email bulletins and updates. These networks help connect VSCE and statutory organisations together for effective partnership working https://knowyourpatch.co.uk/networks/ Information about

the consultation was also shared with the Mental Health and Learning Disability Partnership Boards.

The online appendices includes reports of the responses from all survey respondents, who completed the 'About You' questions in the survey, who stated they had a mental health problem or a learning disability.

Over 65s who are more likely to have long term conditions such as cardiovascular disease, obesity or diabetes

There is a good response to the survey from people aged 66 and over, and also from people who indicated they have a disability. Staff from Gloucestershire Health and Care NHS Foundation Trust, working in Cardiac Rehabilitation, have been provided with consultation materials. The Gloucestershire Heart Support Group, HeartSmart (Cirencester), Heart to Heart Exercise Group and Where the Heart Is Group, were provided with information about the consultation to share with members of their groups. Visits were made to the Cardiac Ward and Coronary Care Unit at Cheltenham General Hospital and Gloucestershire Royal Hospital to provide awareness raising flyers, summary booklets and full booklets for clinical staff to share with patients who were well enough to read of them. Information about the consultation was also shared via email with 20 members of the Gloucester Diabetes Support Group and at a Gloucestershire Stroke Zoom Café attended by 5 members.

Frail older people who are more likely to experience falls

The activities described above for Over 65s with long terms conditions apply to this group as well. Contact was also made with the local branch of Age UK to promote the consultation.

The online appendices provide a report of the responses from all survey respondents, who completed the 'About You' questions in the survey, who are over 66 and who stated they had a disability.

People from BAME communities who are living with a long term condition

There is a proportional response to the survey from people from BAME communities. A small number of respondents from BAME communities also indicated they had a disability.

As referenced above, members of the consultation team worked with Friends from the Friendship Café in Gloucester City to supported awareness raising and survey completion within diverse communities.

Information about the consultation was shared with the members of the Impact of COVID-19 on BAME Community/Groups Gloucestershire Task and Finish Group. An interview on the Community Link Programme on Gloucester FM Radio promoted the consultation to listeners. Gloucester FM community radio station, has an emphasis on local issues, information, advice and music reflecting Gloucestershire's multi-cultural community https://gloucesterfm.com/

The online appendices provide a report of the responses from all survey respondents, who completed the 'About You' questions in the survey, who are from BAME communities and who stated they had a disability.

People living with a disability (includes physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions)

There is a good response to the survey from people who indicated they have a disability. As above, during the consultation, members of the consultation team attended all Know Your Patch meetings across the county to promote Fit for the Future and the Get Involved in Gloucestershire online participation platform.

Know Your Patch builds networks for those working with individuals and groups to help people stay independent for longer and to lead full and happier lives. Know Your Patch has a network of organisations in each district in Gloucestershire. These networks meet quarterly for networking and discussion and communicate through email bulletins and updates. These networks help connect VSCE and statutory organisations together for effective partnership working https://knowyourpatch.co.uk/networks/

Information about the consultation was also shared with the Learning Disability Partnership Board and Physical Disability and Sensory Impairment Partnership Board who have a total of 179 members between them. Information about the consultation was directly targeted by the Integrated Disabilities Commissioning Hub to 31 members involved of the Building Better Transport Links (BBTL) group, who are looking at better transport arrangements for people with disabilities. The consultation also targeted people with visually impairment through representatives from the Sight Loss Council, the Macular Society and Royal National Institute for the Blind; following their advice information was sent to Gloucestershire's

network of talking newspapers and Fit for the Future VLOGs, as well as written updates, were added to social media channels.

The online appendices provide a report of the responses from all survey respondents, who completed the 'About You' questions in the survey, who stated they had a disability.

Young people

The Gloucestershire Hospitals NHS Foundation Trust Youth Group held a discussion group about the Fit for the Future consultation proposals. Members were encouraged to visit the Get Involved in Gloucestershire online participation platform. 2 Youth Ambassadors created short films, which were shared on social media, to encourage young people to get involved. One member of the Youth Group sent a formal written response to the consultation.

Adult Carers and Young Carers

There is a good response to the survey from people who indicated that (unpaid) they look after, or give any help or support to family members friends, neighbours or others because of either a physical or mental health need or problems related to old age. During the consultation members of the consultation team attended carers group meetings to talk about the Fit for the Future consultation including Gloucestershire Hospitals NHS Foundation Trust Carers Hospitals Reflections and Experience Group and YACTION – Young Adult Carers Group. The groups both emphasised the importance of good clear communications around any proposed changes and the need to work closely and in partnership with carers.

YACTION in action, we talked about Fit for the Future, while together we crafted Christmas decorations.

The online appendices provide a report of the responses from all survey respondents, who completed the 'About You' questions in the survey, who stated they were unpaid carers.

Homeless people (and rough sleepers)

Homelessness is not a characteristic the survey collects. Therefore, in order to ensure the feedback from homeless people can be identified, enhanced targeted activity has taken

place to raise awareness of Fit for the Future and Get Involved in Gloucestershire; and to collect feedback specific to the consultation proposals and any other issues of importance to homeless people. Members of the consultation team have attended several meetings of groups who support homeless people in Gloucestershire: Gloucester Homeless Forum, Cheltenham Housing & Care Forum, Cheltenham Open Door, Cheltenham Housing Aid Centre and also engaged with the Homeless Specialist Nurse.

> Summary of feedback: - *Requests were made for more outreach services, in particular in Cheltenham and for the local NHS to ensure that, whichever hospital vulnerable people were admitted to, they are treated well and with dignity.*

Gypsy/Traveller communities

Members of the consultation team met with the Travellers' Welfare Officer to discuss the Fit for the Future consultation proposals. General comments about the experience of travelling families of Gloucestershire NHS service related to the attitude of NHS staff to travelling families, in particular from ward staff when visiting family members in hospital. Respect for travelling families and understanding of what is important to them, such as space, was highlighted. Constructive suggestions were recorded regarding improvement to communications and information sharing. These will be taken forward in 2021.

LGBTQ+ people

There is a good response to the survey regarding sexual orientation, with a small number of respondents describing themselves as LGB. No respondents to the survey, who completed the 'About You' questions stated that they did not identify with the gender they were registered with at birth. 1 respondent to the survey, who completed the 'About You' questions stated they were transgender. Information about the consultation was shared with the members of the Gloucestershire LGBT+ partnership and there was an opportunity to raise awareness of the consultation when the NHS Information Bus supported the LGBTQ+ partnership as a mobile venue during Hate Crime week in September 2020.

The online appendices provide a report of the responses from all survey respondents, who completed the 'About You' questions in the survey, who identified as LGBTQ+ [The combined number is greater than 10]

People living in low income areas

Low income is not a characteristic the survey collects. However, there is information within local data which records indices of deprivation and shows which areas of the county are most likely to be low income areas. Extract from Inform website:
https://inform.gloucestershire.gov.uk/deprivation/overview/

> *The Indices of Deprivation 2019 are national measures based on 39 indicators, which highlight characteristics of deprivation such as unemployment, low income, crime and poor access to education and health services. The 2019 indices offer an in-depth approach to pinpointing small pockets of deprivation. Each indicator was based on*

data from the most recent time point available. Using the latest data available means there is not a single consistent time point for all 39 indicators.
https://inform.gloucestershire.gov.uk/media/2094524/gloucestershire_deprivation_2019_v13.pdf

….There are 12 areas of Gloucestershire in the most deprived 10% nationally for the overall IMD. [9 of the 12 are in Gloucester District Council: GL1, GL2 and GL4 postcode areas, 2 in Cheltenham GL50 and GL51 and 1 in the Forest of Dean GL14.

1. *Podsmead 1 Gloucester 621 (n=national rank out of 32,844 small areas or neighbourhoods called Lower-layer Super Output Areas in England[12])*
2. *Matson and Robinswood 1 Gloucester 735*
3. *Westgate 1 Gloucester 1,183*
4. *Kingsholm and Wotton 3 Gloucester 1,456*
5. *Westgate 5 Gloucester 1,579*
6. *St Mark's 1 Cheltenham 2,178*
7. *Moreland 4 Gloucester 2,221*
8. *St Paul's 2 Cheltenham 2,368*
9. *Cinderford West 1 Forest of Dean 2,729*
10. *Tuffley 4 Gloucester 2,801*
11. *Matson and Robinswood 5 Gloucester 2,948*
12. *Barton and Tredworth 4 Gloucester 3,126*

Employment status is one of the indices of deprivation. Information available on the Inform website the latest available unemployment data for October and November 2020 indicates that Barton and Tredworth ward in the GL1 postcode of Gloucester has the highest claimant rate (Job Seekers Allowance and Universal Credit) in Gloucestershire.
https://inform.gloucestershire.gov.uk/media/2102589/unemployment-bulletin-147-oct-20.pdf and https://inform.gloucestershire.gov.uk/media/2103578/unemployment-bulletin-148-nov-20.pdf

The Fit for the Future consultation survey collects top level postcode information (first part of the postcode e.g. GL16 or GL3) to avoid potential for identifying individual survey respondents.

The online appendices provide a report of the responses from all survey respondents, who completed the 'About You' questions in the survey, who stated they lived in the GL1 postcode area and who lived in GL1, GL2, GL4, GL50, GL51 and GL14.

12 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835115/IoD2019_Statistical_Release.pdf

2.9 District/Borough Council Member Seminars

Representatives from One Gloucestershire NHS partners attended a series of District/Borough Council Member Seminars. Discussions were on the following themes:

Centres of Excellence approach

- Impact of centralisation of services on patient access and choice
- Impact of proposals on planned operations being cancelled in future
- Centres of Excellence – positive separation of planned and urgent care, potential to reduce reliance on private sector for planned procedures
- Centralisation: NHS benefits (efficiency) balanced against impact on the public (social costs)
- Ambulances need to know which hospital to bring patients to
- Hospitals are only one part of the patient journey, they need to work in partnership with community and primary care and the voluntary sector
- One Gloucestershire borders many counties and Wales, consider cross-border flow of patients

Cheltenham General Hospital A&E Department

- Confirmation requested regarding A&E arrangements a Cheltenham General Hospital reverting to pre-Covid service and clarification of what the pre-Covid arrangements were.
- Covid temporary changes – challenges with Ambulance delayed at Gloucestershire Royal Hospital (GRH) and capacity at GRH.

Communications

- Patients understanding of which services are provided at each hospital now and in the future
- Communications and Public Relations more innovation needed to meet diverse communities' requirements
- The public need to know which services are available, where and at what times of the day and night
- Level of Clinical support for the proposals

Sustainability/Estates

- How hospitals keep up to date with new developments/treatments
- The plans for increasing 7 day working
- Consideration should be given to building one new Acute General Hospital for Gloucestershire – more efficient

Transport/Access/Rurality

- Centralising services results in longer travel times for patients and visitors
- Rural transport infrastructure poor in county
- Ambulance response times in rural areas of the county

2.10 Consultation events activity timeline

Week	Activity	Number engaged with	Protected Characteristic (where applicable)
22 –28 October	Health Overview and Scrutiny Committee (HOSC)	15	
	Stroke Zoom Café	5	Disability
	Get Involved in Gloucestershire (GIG) with Gloucestershire Hospitals NHS Foundation Trust (GHT) Governors	6	
29 October – 4 November	Tewkesbury Know Your Patch (KYP)	13	Multi Voluntary Community Sector (VCS)
	Information bus – Cheltenham, High Street	55	
	Information bus – Cinderford, Co-Op (Forest of Dean)	22	
	Information bus – Gloucester, Quays	37	
	Stroud and Berkeley Vale Patient Participation Group (PPG)	16	
	Acute Medicine Clinical Q&A YouTube Live	15	
	GIG with GHT Governors	6	
	GHT Carers focus group	15	Carers
	Gloucester Homeless Forum (professionals/VCS)	30	Homeless
	GHT Youth Group	18	Age, young adults
	Primary Care Network (PCN) Clinical Directors	16	
	Cotswolds KYP	27	Multi VCS
	Friendship Café	4	BAME
	GHT Staff drop ins and ward visits	134	Health Professionals
	GHT staff online discussion forum	4	Health Professionals
5 – 11 November	KYP Gloucester	38	Multi VCS
	PPG Network	25	

	Stroud and Berkeley Vale PPG	16	
	GHT staff online discussion forum	6	Health Professionals
	GHT Governors	15	
	Gloucestershire Live Gastroenterology Inpatient service (Facebook Live)	10,000 views Combined reach - 63,866	
12 – 18 November	Cuppa and Chat - Stroud (using Microsoft Teams)	2	
	Forest of Dean Locality Reference Group	13	
	Cuppa and Chat – Cotswolds (using Microsoft Teams)	3	
	HOSC	15	
	Forest of Dean Community Connectors/KYP	17	VCS organisations; housing associations
	BAME/Diverse communities Forum (VCS Alliance)	Online link sent	BAME
	KYP Stroud	49	Multi VCS
	Cheltenham Borough Council Members Seminar	21	
	Gloucestershire Live Acute Medicine (Facebook Live)	11,000 views Combined reach – 61,187	
	RNIB (SW Facebook group)	up to 2500 followers	Disability
	Macular society Gloucestershire meeting	9	Disability
	Gloucester diabetes support group	20	Disability
	Cancer Patient Reference Group	13	Disability
	Cuppa and Chat – Tewkesbury (using Zoom)	6	
19 – 25 November	Cuppa and Chat - Forest of Dean (using Zoom)	10	
	GHT reflections and experience group	15	
	Housing and Support Forum	24	Health Inequalities
	Gloucester City Council Members Seminar	14	

	Cuppa and Chat – Cheltenham (using Zoom)	7	
	Gloucestershire Live Trauma & Orthopaedics (Facebook Live)	6,000 views Combined reach – 23,789	
26 November – 2 December	Information bus - Chepstow	17	
	Alney Practice PPG	12	
	Cuppa and Chat – Gloucester (using Zoom)	7	
	BAME C19 Task and Finish Group	12 and information sent to full membership	BAME
	Forest of Dean District Council briefing	14	
	Acute Medicine Clinical Q&A Facebook Live	2,500 views Reach – 18,277	
	Gloucestershire Live General Surgery (Facebook Live)	6,500 views Combined reach – 16,000 (not on GHT Facebook page)	
3– 9 December	Tewkesbury Borough Council briefing	10	
	Information bus –Cheltenham, High Street	31	
	Information bus – Cheltenham, Tesco	12	
	Cuppa and Chat – Fit for the Future (using Zoom)	7	
	Information bus – Lydney, Newerne Street car park (Forest of Dean)	32	
	Gastroenterology Clinical Q&A Facebook Live	1,400 views Reach 3,099	
	Cuppa and Chat - Forest of Dean	2	
	Information bus – Gloucester, Quays	17	
	Information bus – Gloucester, Tesco St Oswald's Road	24	
	General Surgery Clinical Q&A Facebook Live	970 views Reach – 2,113	
	Information bus – Stroud, Tesco	25	
	Image Guided Interventional Surgery (IGIS) Clinical Q&A Facebook Live	1,400 views Reach – 3,072	
	Trauma & Orthopaedics Clinical Q&A Facebook Live	1,400 views Reach – 3,000	

	Information bus – Cirencester Market Place (Cotswolds)	37	
	Forest of Dean PCN	19	
	Information bus – Stow Market Place (Cotswolds)	58	
10 -17 December	Information bus – Tewkesbury, Spring Gardens car park	28	
	Cotswold District Council	11	
	Information bus - Coleford Clock Tower (Forest of Dean)	38	

PART 2

3. Responses to the consultation

Feedback to the consultation was received in two main ways:

- Fit for the Future survey (Main and Easy Read) responses 713 Surveys received (Paper copies: 81 Fit for the Future Survey and 32 Fit For the Future Easy Read)
- Other correspondence/written responses

The qualitative feedback from completed surveys and correspondence has been grouped into a series of themes under the following headings (A to Z):

- Access
- Capacity
- Diversity
- Efficiency
- Environment
- Facilities
- Interdependency
- Integration (with primary and community services)
- Patient Experience / Staff Experience
- Pilot
- Quality
- Resources
- Transport
- Workforce

All written feedback received (redacted for personally identifiable information e.g. names) can be found in the online appendices.

3.1 Demographic information

Respondents to the Fit for the Future surveys (Main and Easy Read)

Demographic information about respondents was collected by the Fit for the Future surveys. Monitoring of equality data requires a two-stage process: data collection and analysis. Gathering good equality data supports legislative requirements in that it aids prevention of discrimination. This is why it is really important to provide an explanation that the process is worthwhile and necessary.

The Fit for the Future survey included the following statement:

> *About You: Completing the "About You" section [of the survey] is optional, but the information you give helps to show that people with a wide range of experiences and circumstances have been involved. Your support with this is really appreciated.*

The Fit for the Future Easy Read survey included the following statement:

> *About You: You don't have to fill in this information, but it will help us know that we have asked a lot of different people what they think about our ideas.*

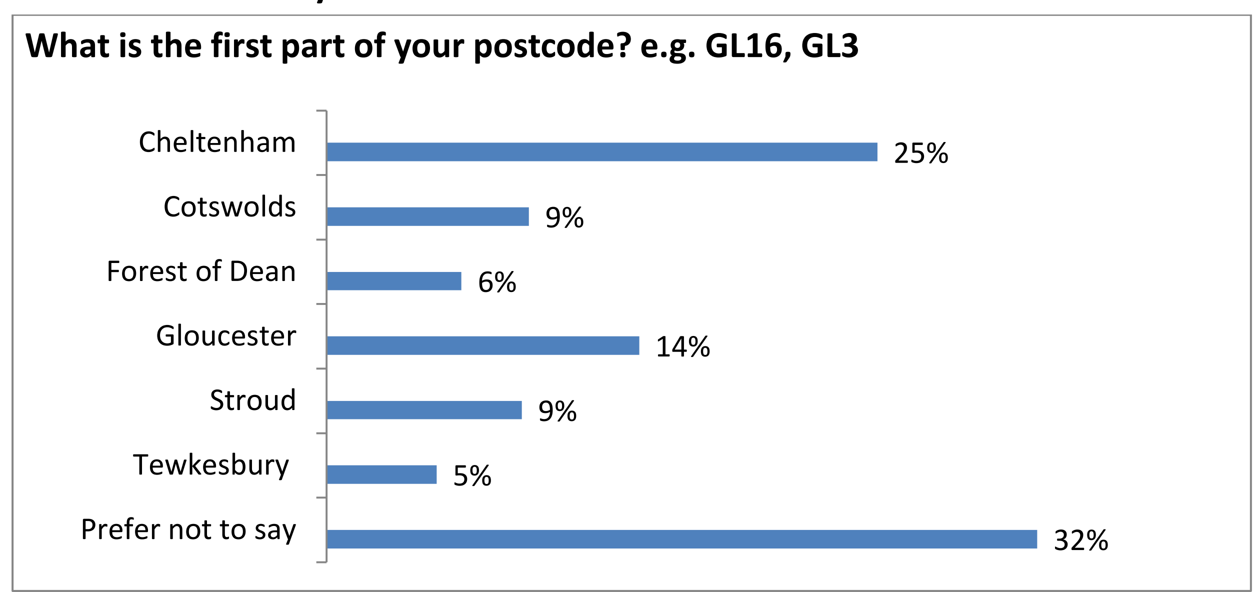
Not everyone who responded to the survey completed any/all of the demographic questions. However, the data presented below indicates that a diverse range of respondents from all protected characteristic groups, and those identified in the Independent Integrated Impact Assessment have provided feedback to the consultation.

Targeted activities aimed to extend the reach of the Consultation and collect data on all protected groups, as recommended in earlier Equality Impact Assessments. Analysis of the survey responses shows there is a broad representation of most groups. Initial analysis of responses by various demographics, e.g. age, gender, health and care professionals, does not show any significant variation compared with the overall themes. The independent Integrated Impact Assessment will be updated to take into account the response to consultation. The updated assessment will be included in the Decision Making Business Case, which will be available on the One Gloucestershire website.

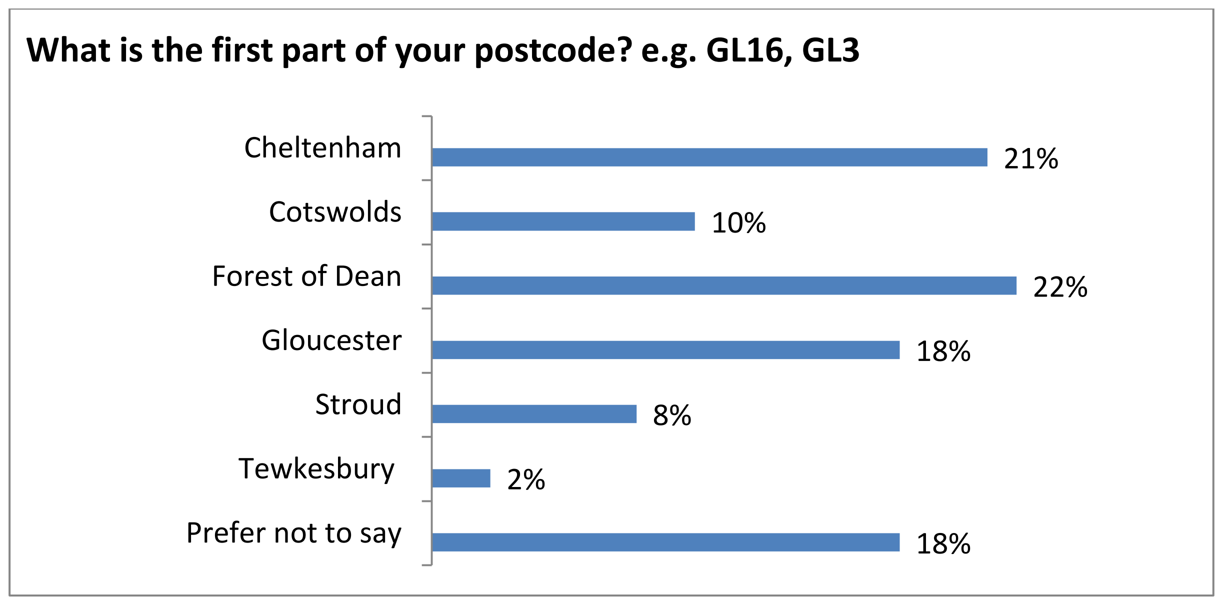
The level of support for each proposal from staff and public is included in the summary information below. Further information about targeted engagement with some of these groups can be found in Section 2.8.

Demographic Information about Fit for the Future surveys (Main and Easy Read) respondents

Fit for Future Survey



Fit for Future Survey Easy Read



Fit for the Future Survey

Which age group are you:				
			Response Percent	Response Total
1	Under 18		1.65%	8
2	18-25		2.06%	10
3	26-35		10.91%	53
4	36-45		12.35%	60
5	46-55		18.72%	91
6	56-65		22.22%	108
7	66-75		18.93%	92
8	Over 75		11.32%	55
9	Prefer not to say		1.85%	9
			answered	486
			skipped	138

Fit for the Future Survey Easy Read

Which age group are you:				
			Response Percent	Response Total
1	0 - 18		1.27%	1
2	18-25		1.27%	1
3	26-35		1.27%	1
4	36-45		3.80%	3
5	46-55		8.86%	7
6	56-65		20.25%	16
7	66-75		43.04%	34
8	75+		20.25%	16
9	Not saying		0.00%	0
			answered	79
			skipped	10

Fit for the Future Survey

Are you:				
			Response Percent	Response Total
1	A health or social care professional		29.57%	144
2	A community partner		1.64%	8
3	A member of the public		62.63%	305
4	Prefer not to say		6.16%	30
			answered	487
			skipped	137

Fit for the Future Survey Easy Read

Are you:				
			Response Percent	Response Total
1	Someone who works in health or social care		7.50%	6
2	A member of the public		88.75%	71
3	Not saying		3.75%	3
			answered	80
			skipped	9

Fit for the Future Survey

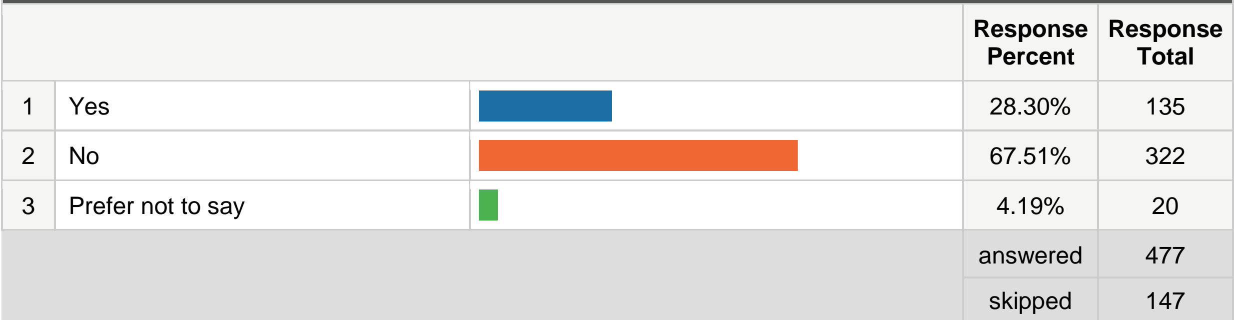
	Do you consider yourself to have a disability? (Tick all that apply)	Response Percent	Response Total
1	No	72.16%	350
2	Mental health problem	4.54%	22
3	Visual Impairment	2.89%	14
4	Learning difficulties	0.41%	2
5	Hearing impairment	5.36%	26
6	Long term condition	17.32%	84
7	Physical disability	4.74%	23
8	Prefer not to say	3.09%	15
		answered	485
		skipped	139

Fit for the Future Survey Easy Read

	Do you have a disability - tick the ones that describe you.	Response Percent	Response Total
1	No	50.00%	37
2	Mental health problem	9.46%	7
3	Problems with your sight	9.46%	7
4	Learning difficulties	4.05%	3
5	Problems with your hearing	14.86%	11
6	A health problem you have had for a long time like asthma, diabetes, or something else	36.49%	27
7	Physical disability	8.11%	6
8	Not saying	1.35%	1
		answered	74
		skipped	15

Fit for the Future Survey

Do you look after, or give any help or support to family members, friends, neighbours or others because of either a long term physical or mental ill health need or problems related to old age? Please do not count anything you do as part of your paid employment.



			Response Percent	Response Total
1	Yes		28.30%	135
2	No		67.51%	322
3	Prefer not to say		4.19%	20
			answered	477
			skipped	147

Fit for the Future Survey Easy Read

Do you look after, or give any help and support that you don't get paid for, to other people because they are ill or older?

			Response Percent	Response Total
1	No, I don't		75.68%	56
2	Yes, I do		22.97%	17
3	Not saying		1.35%	1
			answered	74
			skipped	15

Fit for the Future Survey

Which best describes your ethnicity?		Response Percent	Response Total
1	White British	84.71%	410
2	White Other	3.72%	18
3	Asian or Asian British	2.48%	12
4	Black or Black British	0.62%	3
5	Chinese	0.00%	0
6	Mixed	0.62%	3
7	Prefer not to say	7.23%	35
8	Other (please specify):	0.62%	3
		answered	484
		skipped	140

Other (please specify): (3)

1	Why is this relevant to the survey
2	European
3	White English

Fit for the Future Survey Easy Read

Please can you tell us which of the groups in our list best describes you? This is called ethnicity.		Response Percent	Response Total
1	White British	93.59%	73
2	White Other	1.28%	1
3	Asian or Asian British	1.28%	1
4	Black or Black British	0.00%	0
5	Chinese	0.00%	0
6	Mixed	1.28%	1
7	Not saying	2.56%	2
		answered	78
		skipped	11

Fit for the Future Survey

	Which, if any, of the following best describes your religion or belief?	Response Percent	Response Total
1	No religion	39.38%	191
2	Buddhist	0.41%	2
3	Christian (including Church of England, Catholic, Methodist and other denominations)	48.04%	233
4	Hindu	0.41%	2
5	Jewish	0.41%	2
6	Muslim	1.65%	8
7	Sikh	0.00%	0
8	Other	1.44%	7
9	Prefer not to say	8.25%	40
		answered	485
		skipped	139

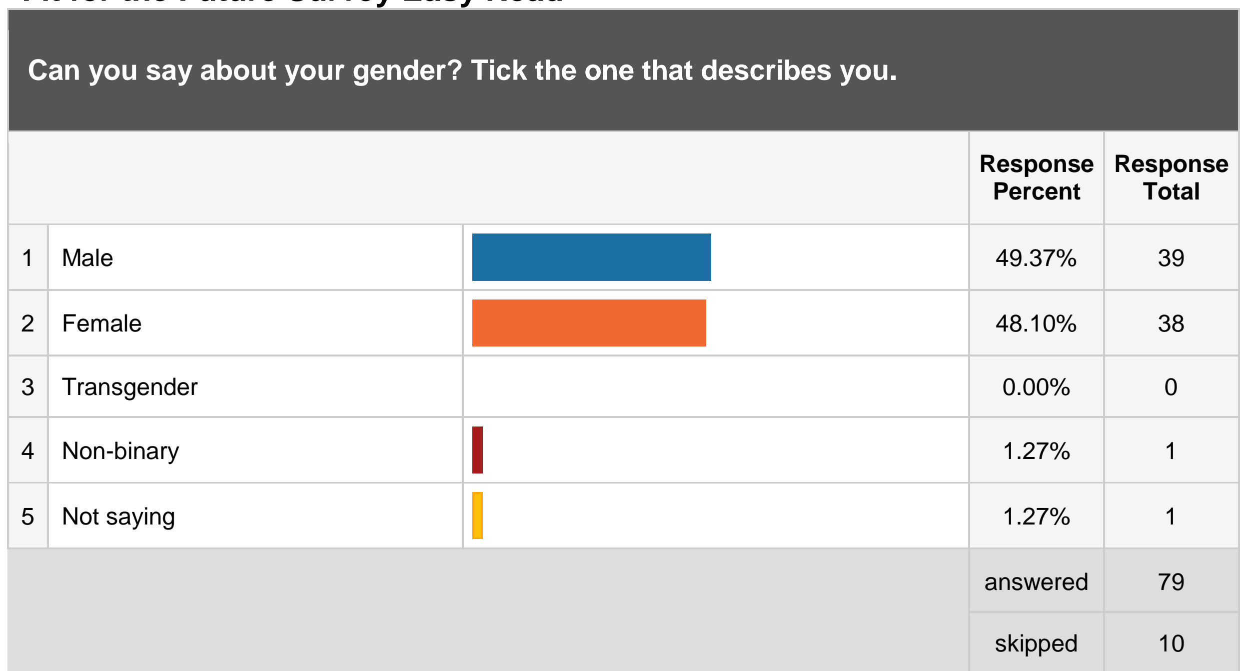
Fit for the Future Survey Easy Read

	Please tick if you have any of these religions or beliefs	Response Percent	Response Total
1	None	19.74%	15
2	Buddhist	0.00%	0
3	Christian	71.05%	54
4	Hindu	0.00%	0
5	Jewish	0.00%	0
6	Muslim	0.00%	0
7	Sikh	0.00%	0
8	Other	1.32%	1
9	Not saying	7.89%	6
		answered	76
		skipped	13

Fit for the Future Survey

Are you:				
			Response Percent	**Response Total**
1	Male		38.76%	188
2	Female		54.64%	265
3	Transgender		0.21%	1
4	Prefer not to say		6.39%	31
			answered	485
			skipped	139

Fit for the Future Survey Easy Read



Can you say about your gender? Tick the one that describes you.				
			Response Percent	**Response Total**
1	Male		49.37%	39
2	Female		48.10%	38
3	Transgender		0.00%	0
4	Non-binary		1.27%	1
5	Not saying		1.27%	1
			answered	79
			skipped	10

Fit for the Future Survey

	Do you identify with your gender as registered at birth?		Response Percent	Response Total
1	Yes		93.81%	455
2	No		0.00%	0
3	Prefer not to say		6.19%	30
			answered	485
			skipped	139

Fit for the Future Survey Easy Read

	Are you the same gender you were born with?		Response Percent	Response Total
1	Yes		94.74%	72
2	No		2.63%	2
3	Not saying		2.63%	2
			answered	76
			skipped	13

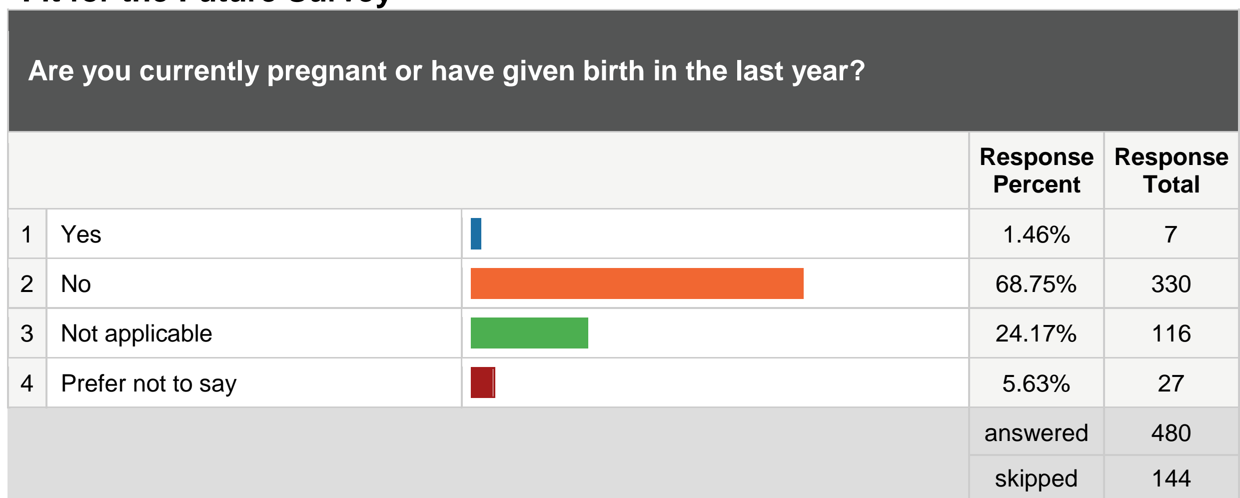
Fit for the Future Survey

Which of the following best describes how you think of yourself?			Response Percent	Response Total
1	Heterosexual or straight		86.21%	419
2	Gay or lesbian		1.85%	9
3	Bisexual		1.65%	8
4	Other		0.21%	1
5	Prefer not to say		10.08%	49
			answered	486
			skipped	138

Fit for the Future Survey Easy Read

Can you say how you think of yourself?			Response Percent	Response Total
1	Heterosexual or straight		90.79%	69
2	Gay or lesbian		1.32%	1
3	Bisexual		1.32%	1
4	Other		0.00%	0
5	Not saying		6.58%	5
			answered	76
			skipped	13

Fit for the Future Survey



	Are you currently pregnant or have given birth in the last year?	Response Percent	Response Total
1	Yes	1.46%	7
2	No	68.75%	330
3	Not applicable	24.17%	116
4	Prefer not to say	5.63%	27
		answered	480
		skipped	144

Fit for the Future Survey Easy Read

	Are you pregnant or had a baby in the last year?	Response Percent	Response Total
1	Yes	0.00%	0
2	No	52.56%	41
3	Not saying	1.28%	1
4	This question doesn't apply to me	46.15%	36
		answered	78
		skipped	11

4. Survey Feedback

This section sets out the survey feedback received about each of the specialist services (Acute Medicine, Gastroenterology inpatient services, General Surgery (emergency general surgery, planned Lower Gastrointestinal [GI] / colorectal surgery and day case Upper and Lower GI surgery), Image Guided Interventional Surgery (IGIS) including Vascular Surgery, and Trauma and Orthopaedics (T&O) inpatient services).

The Fit for the Future survey included two types of questions:

- **Quantitative** questions, which offer a choice for the respondent e.g.
  Acute Medicine (Acute Medical Take)
  Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.
    - *Strongly support*
    - *Support*
    - *Oppose*
    - *Strongly oppose*
    - *No opinion*
- and **Qualitative** questions which invite the respondent to write a comment
  Please tell us why you think this, e.g. the information you would like us to consider:

As mentioned previously, the qualitative feedback from completed surveys and correspondence has been grouped into themes under the following headings (A to Z):

- Access
- Capacity
- Diversity
- Efficiency
- Environment
- Facilities
- Integration (with primary and community services)
- Interdependency
- Patient Experience / Staff Experience
- Pilot
- Quality
- Resources
- Transport
- Workforce

In this report, illustrative quotations have been selected from the free-text responses from the survey for each of the proposals and other correspondence received. All free text

responses and other correspondence can be found in the online appendices at: https://www.onegloucestershire.net/yoursay/fit-for-the-future-developing-specialist-hospital-services-in-gloucestershire/

4.1 Acute Medicine (Acute Medical Take)

Preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.

- 67.61% (Easy read: 72.09%) of all survey respondents either **strongly supported** or **supported** the proposal
- 24.83% (Easy read: 18.6%) of survey respondents either **strongly opposed** or **opposed** the proposal
- 7.55% (Easy Read: 9.3%) of survey respondents had **no opinion**

- 72.03% of staff respondents either **strongly supported** or **supported** the proposal
- 66.23% of respondents excluding staff either **strongly supported** or **supported** the proposal

Fit for the Future Survey

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.				
			Response Percent	Response Total
1	Strongly support		36.07%	215
2	Support		31.54%	188
3	Oppose		11.24%	67
4	Strongly oppose		13.59%	81
5	No opinion		7.55%	45
			answered	596
			skipped	28

Fit for the Future Survey Easy Read

What do you think about having the service for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital? Acute medicine is treatment and assessment for things like very bad headaches, chest pain, pneumonia or asthma				
			Response Percent	Response Total
1	Good idea		72.09%	62
2	Bad idea		18.60%	16
3	Not sure		9.30%	8
			answered	86
			skipped	3

Qualitative Themes: Acute Medicine (Acute Medical Take)

The following quotes are from survey responses either supporting or opposing the preferred option.
The quotes included below are illustrative of key themes in the feedback received regarding Acute Medicine:

Themes in the responses to the proposal relating to Acute Medicine are (A-Z):
Access; Capacity; Efficiency; Interdependency; Patient Experience; Quality; Resources; Transport; and Workforce.

<table>
<tr><td colspan="2">Acute Medicine (Acute Medical Take)
Preferred option to develop: A ‘centre of excellence’ for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.
67.61% (Easy read: 72.09%) of survey respondents either strongly supported or supported the proposal
24.83% (Easy read: 18.6%) of survey respondents either strongly opposed or opposed the proposal
7.55% (Easy Read: 9.3%) of survey respondents had no opinion</td></tr>
<tr><td>Supporting the proposal</td><td>Opposing the proposal</td></tr>
<tr><td>It's a rational use of limited resources. Concentration of specialist people, and specialist kit, absolutely makes sense, and research shows that it produces better outcomes. [Quality, Resources, Workforce]</td><td>I do not think that Gloucester Royal Hospital will cope with all the acute services that you wish to base there. They cannot cope with the influx of patients at the moment particularly at night. These plans do not improve patient experience they merely allow the trust to attempt to save money [Capacity, Resources, Patient Experience]</td></tr>
<tr><td>Creating CoEs across the county will inevitably create a good deal more traversing of the county for patients. I can empathise with the desire to make best use of resources. [Access,</td><td>Damaging effect on the local community, as it disproportionately affects vulnerable individuals with protected characteristics. Concerns about bed space at GRH. Concerns about a bottleneck effect at GRH - if you double the amount of traffic, you need to double the width of the road, ALL roads,</td></tr>
</table>

Resources]	*leading in and out. Leading on to concerns about the lack of funding for SWAS [Ambulance Service] as per their financial outlook to provide the additional ambulance service coverage. Flawed notion of attracting high quality staff from a business/management perspective. Gloucestershire's market has competitors in Bristol, Birmingham (to an extent), Oxford, and of course London. Centralised services will not enable GHNHSFT to outcompete these, leaving us with 'the best of the rest'. This would have been the case whether centralisation occurred or not, thus centralisation itself is a moot point. Flawed concept of 'extra time' to care. This will inevitably lead to cost savings (perhaps instructed by ministers, and not immediately) by reducing staff numbers to provide current levels of care, only now at one site. [Capacity, Transport / Access, Staff/Resources]*
Having a centre of excellence for acute medicine at GRH makes a lot of sense, but it is important to reflect on what centre of excellence might be appropriate for CGH, perhaps chronic or ongoing care? I think it is very important to ensure that CGH is not appear to be downgraded and is valued as a site for quality care provision.[Quality]	*Cheltenham and surrounding villages and other small towns in Gloucestershire deserve to have their own "Acute Medical Take" at CGH. Travelling is difficult enough in Gloucestershire and Gloucester Royal Hospital has very inadequate and expensive parking. This is a very busy tourist town with many festivals bringing thousands of people to the town and it is a very poor decision to only have a centre of excellence in Gloucester. We need our own A & E and also our own Acute Medical Take I am not opposed to Gloucester having its own centre but both places should be treated the same. Gloucester is a very large county stretching from the borders of Wales to the edge of Oxfordshire and Worcestershire.* [Transport / Access]
Makes absolute sense to have a Centre of excellence. Paramedics and GP's will know where to take and send	*I believe CGH should offer equal services to GRH and not all resources*

associated patients rather than pot luck between two options. [Efficiency, Quality]	*diverted to Gloucester.* [Access]
I agree with this ONLY if the A&E at Cheltenham is maintained at the same level they were pre-COVID. [Access]	*The preferred option would mean that people living in the east of Gloucestershire would have to travel further for urgent medical care.* [Transport / Access]
All acute services including the ED and both takes should be on a single site (GRH) to allow for CGH to be developed into a major elective cancer surgery hub. [Quality]	*I think it should be split between the 2 hospitals so that you can go to the nearest hospital to where you live. I see no reason that both hospitals cannot have enough or share staff so that this can happen* [Transport / Access, Staff/Resources]
The idea of creating centres of excellence at both of the two excellent large hospitals in Gloucestershire makes sense. It is worth remembering that the other specialist inpatient services, which have already centralised at either CGH or GRH e.g. cancer services at CGH and children's services at GRH, are working really well for patients. [Interdependency]	*The provision for Emergency, consultant led 24/7 care on the East of the County is essential for best outcomes for the aging population given how overcrowded Glos A&E is. Therefore anything which doesn't re-provide the highest tier of A&E at CGH puts patients at more immediate risk of poor outcomes IMO.* [Quality and Capacity]
Centralisation of this speciality will ensure that the clinicians with the right skills are always available. It will reduce risks to the public and reduce the need for potential transfer either to another facility or out of county. [Quality]	*It worries me hugely that the town the size of Cheltenham already hasn't got 24/7 Consultant Led A&E services. This seems another plan to reduce this even further. I worry about increased time to get emergency help for my children and elderly parents by having to travel to another town.* [Quality, Transport / Access]

Having centres of excellence is ideal providing it does reduce waiting time, and ensures operations are not cancelled. All expertise in one place so if second opinion is needed there is someone to consult immediately without the necessity of a follow up visit somewhere else. [Quality]	
After having experienced 'in patient ' services at both CGH and GRH on two separate occasions resulting from pneumonia. I would fully support the objective of developing a 'centre of excellence' at GRH. The disadvantage of extra travelling for Cheltenham residents is outweighed by the improved facilities, better use of and more focused staff. [Quality]	
Presume staffing a single acute centre is easier than two, making the care it can provide more consistent and 'guaranteed'. Only reason my response is 'Support' and not 'Strongly Support' is the extra 10 miles I would need to travel. [Quality, Transport/Access]	
I believe that there must be economies of scale in forming specialist centres. One whole is more beneficial than two halves in this case. This should mean savings in the cost of staff, equipment, spares and consumables, after an initial cost to physically create the unit. Some may get emotional about losing a service in 'their' area, but as a relative newcomer to the area, the hospitals are physically so close together, with good transport links between the two, I would consider the benefits to	

outweigh this. [Staff/Resources]	
With stretched specialised NHS resources concentrating particular but different Specialists at each hospital makes sense. I am also reassured that A&E will remain at Cheltenham hospital as we live in Bourton-on-the-Water so need to be confident that the closeness of A&E in Cheltenham in an emergency provides a much better chance of survival rather than going all the way to far side of Gloucester from here. [Transport/Access]	

Neutral and other correspondence examples

Neutral

A centre of excellence is a title conferred on a centre by other institutions and is not something you can simply decide to be. Aspiration to excellence is essential but not if this is considered zero sum - i.e. we can aspire to be a centre of excellence in A and therefore B will not be excellent. Also there are currently services which are already considered excellent: does the Trust know what these are and do the various plans consider that aspiring to excellence in one domain might strip and already considered excellent service of its status?

REACH survey

"It is hard to imagine a General Hospital without acute medical beds. Cheltenham is a General Hospital, it needs to supply beds for both surgical and medical patients. Removing medical beds from Cheltenham is essentially downgrading this hospital and masking it less important, like asset stripping!"

It is admirable to want to keep all your experts on one site. However, I fear the sheer numbers of people needing to be seen at any one venue are not practicable. Better, surely to see people at two sites, meaning they can be treated in half the time. If in a critical condition, then surely any extra waiting time endangers the patient. That includes transit time.

International evidence shows centres of excellence provide better care for patients. It also helps to recruit the best people to work there. If you have a serious heart attack in Gloucestershire at present you may be diverted to Bristol as this is where the best treatment is available. What is

wrong with wanting that here in Gloucester."

Other correspondence

Centralisation of the acute medical service onto a single site at Gloucestershire Royal Hospital (GRH) will place very significant pressure on bed availability, even with the planned expansion of the acute admissions unit at GRH.
For any acute medical centralisation to be successful, the Trust must make every effort to transfer elective activity to CGH.

Given the close links set out in the consultation document between the Emergency Departments and the acute medical beds, and if Cheltenham A&E is indeed to reopen, there seems an obvious risk of this proposal … failing the test of the criteria of transfer of patients between sites and travel times and risk which will inevitably be higher if an acutely ill patient has to be transferred between Cheltenham ED to an acute medical bed in Gloucester to be admitted.

…any proposal under Fit for the Future regarding acute medicine must ensure adequate twenty four hour provision of emergency medical care to support the inpatient population in Cheltenham as well as the ED on the east side of the county… …Whilst REACH would prefer to see the option of a continuing acute medical take at Cheltenham, REACH recognises the need for future resilience planning to allow local healthcare to continue in case of any future pandemic or health emergency.

I feel that emergency care should be predominantly at GRH and planned day cases should mainly take place at CGH. This would in my opinion make the best use of resources including staff as well as equipment.

The only useful comments I can make relate to Cheltenham where we live. I therefore have of course a natural predilection to use a Cheltenham hospital in preference to one in Gloucester for any purpose…especially emergency treatment.

4.2 General Surgery (emergency general surgery, planned Lower Gastrointestinal [GI] / colorectal surgery and day case Upper and Lower GI surgery)

4.2.1 Emergency General Surgery

Preferred option to develop: to develop: A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.

- 68.31% (Easy read: 66.67%) of all survey respondents either **strongly supported** or **supported** the proposal
- 23.44% (Easy read: 22.99%) of survey respondents either **strongly opposed** or **opposed** the proposal
- 8.24% (Easy Read: 10.34%) of survey respondents had **no opinion**

- 77.62% of staff respondents either **strongly supported** or **supported** the proposal
- 65.01% of respondents excluding staff either **strongly supported** or **supported** the proposal

Emergency General Surgery

Fit for the Future Survey

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.			Response Percent	Response Total
1	Strongly support		35.71%	195
2	Support		32.60%	178
3	Oppose		10.62%	58
4	Strongly oppose		12.82%	70
5	No opinion		8.24%	45
			answered	546
			skipped	78

Fit for the Future Survey Easy Read

What do you think about having the service for Emergency General Surgery at Gloucestershire Royal Hospital? These are emergency operations on the gut which is where you digest food			Response Percent	Response Total
1	Good idea		66.67%	58
2	Bad idea		22.99%	20
3	Not sure		10.34%	9
			answered	87
			skipped	2

Qualitative Themes: Emergency General Surgery

The following quotes are from survey responses either supporting or opposing the proposal. The quotes included below are illustrative of key themes in the feedback received regarding Emergency General Surgery services. Themes in the responses to the proposal relating to Emergency General are (A-Z): Access; Capacity; Efficiency; Interdependency; Patient Experience; Quality; Resources; Transport; Workforce

Emergency General Surgery

Preferred option to develop: Preferred option to develop: to develop: A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital.

- 68.31% (Easy read: 66.67%) of survey respondents either **strongly supported** or **supported** the proposal
- 23.44% (Easy read: 22.99%) of survey respondents either **strongly opposed** or **opposed** the proposal
- 8.24% (Easy Read: 10.34%) of survey respondents had **no opinion**

Supporting the proposal	Opposing the proposal
It [Gloucestershire Royal Hospital] *is bigger hospital and easy for access (not confusing as opposed to CGH which is a maze and patients are constantly lost).* [Access, Patient Experience]	*This would further reduce/support the case for reducing the provision of the highest tier of A&E at CGH (East) so should not be considered*. [Access]
If acute care services are to be centred at GRH it makes sense for the emergency general surgery to also be at GRH to avoid transfers of very sick patients. [Interdependency]	*There needs to be more than one centre as GRH may be unavailable through a disaster, infection or overloading. Currently GRH A&E is too busy.* [Capacity]
This is important BUT is not and should not be seen as mutually exclusive to a centre of excellence in pelvic resection. [Interdependency]	*There should be surgery facilities at both sites, and both should be "excellent". Transferring emergency patients to GRH wastes precious time and could risk lives.* [Quality]

Skilled teams can provide care needed People may have to travel, but for a good outcome it is worth it. [Access/Travel, Quality]	*According to the Royal College of Surgeons "Patients requiring emergency surgical assessment or treatment are among the most unwell patients in the NHS. Often elderly, frail and with significant other health problems, the risk of death or serious complication is unacceptably high." This means the increasing unacceptable the risk to patients of making them travel from east of Cheltenham travel through the town and a further 10 miles to GRH.* [Quality, Access]
More efficient use of staff. The more surgeries completed the better the surgeons become and so patient outcomes should improve. [Efficiency, Quality]	*Cheltenham is a General hospital and should have surgical beds, including emergency surgery. What sort of hospital would Cheltenham become if medical patients and surgical emergencies were transferred to GRH. This is exercise is about downgrading Cheltenham, which currently has the facilities to offer high quality care. This will have an impact on the A&E department, essentially turning it into a minor injuries unit.* [Quality]
It is a good idea, except… that as we are on the edge of the county Gloucestershire is further away. [Access]	*Many people from Cheltenham and North Gloucestershire would die on the way to Gloucester Royal. The traffic at many times of the day is appalling in Gloucester. You seem to be considering Cheltenham as a small village when in fact it has a population of 112,700. When you include the Cotswolds it rises to 196,300. With the regular increases of population throughout the year this should surely make a difference to your decision.* [Quality, Access/Transport]
Better to have emergency care in one place with a full team of experts. Planned surgery can then take place at Cheltenham. [Quality]	*Having all your 'specialist' staff in one area may be better and more cost effective for you but as always it's the patients who suffer. Traveling to and from Gloucester is not easy for those without their own transport. Even if the patient is transported to Gloucester by ambulance, once discharged they*

	have still got to find their own way home, probably still feeling very unwell. They may not have friends with a car or have sufficient funds to cover the cost of a taxi, which leaves the bus, if it is running and if it is not full - not very good for infection control following surgery. There is also historically a poor reputation for infection control at GRH. I would not feel confident going there for anything serious. [Access/Transport, Quality]
To centralise services, staff, expertise and equipment at one site. If this ensures that planned surgery is protected and not impacted by emergencies, then I would strongly support this option. [Efficiency, Quality]	*The key word is Emergency. All emergencies should be treated as close as possible to the point at which the emergency was recognised. Unnecessary travel is best avoided and may introduce stress to the detriment of the patient.* [Access/Transport, Quality]
Improve patient outcomes, centralised care with specialists available to review patients as all based at Gloucester. Staff morale and retention. Improve care of patients including access to SAU and patient flow. Reduce cancellation of specific surgical procedures. Improve quality of care provided. [Quality, Workforce]	*The current system, with surgery at both hospitals, is better for anyone who: has money issues lacks transport has complex needs of any type I understand the desire to group services together for the NHS' logistical sake, but for anyone who struggles, in any way, being themselves in another town or having their loved ones in another town creates complications and unhappiness as mentioned in my previous answer. By doing this, you prioritise those with money, time and head space to cope with these extra complications, and disadvantage anyone who struggles in any way.* [Access/Transport, Resources]
If emergency treatment is performed at one hospital, GRH, it leaves planned surgery at the other, CGH, not liable to interruption for emergency surgery. [Quality]	*As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less*

	financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at either site pose difficulties and high costs. [Access/Transport]
A centre of excellence is essential and you shouldn't spread your resources. The hospitals are close enough that no areas should be disadvantaged. [Access/Transport, Resources, Quality]	
Specialisation usually leads to higher quality service and the attraction of most able doctors. [Quality, Workforce]	

Neutral and other correspondence examples

REACH SURVEY

So, essentially work that was performed at 2 sites is now all going to be at GRH alone. Does that mean staffing is still the same as if catering for the needs of 2 hospitals but just at GRH or more likely the poor sods at GRH will be doing double the work they originally would have done. Whilst houses continue to be built and the population continue to expand. This is cost cutting surely whilst stretching I presume an already stretched workforce.

Centralising may be easier for people delivering the service, but means patients nearly always have to travel greater distances. This can mean extreme discomfort for some, me included, but a lot more stress for patients…

This will allow a fully staffed surgical team to manage these patients. They should not have to wait to be seen until a doctor can leave the operating theatre.

Other correspondence

Centralisation of emergency general surgery and the acute medical onto a single site at GRH may increase bed pressure in that unit. If centralisation proceeds for emergency general surgery at GRH it is vital that all elective activity is centralised at CGH, so that elective patients can be treated without disruption from emergency bed pressures or indeed future pandemics.

It seems to me that option C3 – centralising emergency general surgery in Gloucester – can accord with good practice but if and only if it is combined with Option C5 and C11 to centralise planner lower GI surgery and day case general surgery at Cheltenham.

I feel that we should establish a General Surgery Centre of Excellence at GRH with centralised Emergency General Surgery alongside centralised planned Upper GI service and newly centralised planned Lower GI Service. Planned day case for both upper and lower GI surgery to be centralised at CGH.

4.2.2 (i) Planned Lower GI (colorectal) surgery

Preferred option to develop: to develop: A ‘centre of excellence’ for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).

- 79.1% (Easy read: 72.84%) of all survey respondents either **strongly supported** or **supported** the proposal
- 7.83% (Easy read: 20.27%) of survey respondents either **strongly opposed** or **opposed** the proposal
- 13.06% (Easy Read: 12.35%) of survey respondents had **no opinion**

- 85.31% of staff respondents either **strongly supported** or **supported** the proposal
- 76.84% respondents excluding staff either **strongly supported** or **supported** the proposal

Planned Lower GI (colorectal) surgery

Fit for the Future Survey

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).

			Response Percent	Response Total
1	Strongly support		44.59%	239
2	Support		34.51%	185
3	Oppose		4.66%	25
4	Strongly oppose		3.17%	17
5	No opinion		13.06%	70
			answered	536
			skipped	88

Fit for the Future Survey Easy Read

What do you think about having the planned Lower GI (Colorectal) General Surgery in one hospital? These are planned, not emergency, operations on the lower part of the gut.

			Response Percent	Response Total
1	Good idea		72.84%	59
2	Bad idea		14.81%	12
3	Not sure		12.35%	10
			answered	81
			skipped	8

4.2.2 (ii) Planned Lower GI: Location

Fit for the Future Survey

In supporting our preferred option to create a single site 'centre of excellence', where do you think a 'centre of excellence' for Planned Lower GI (colorectal) general surgery should be developed?			Response Percent	Response Total
1	Cheltenham General Hospital (CGH)		50.76%	268
2	Gloucestershire Royal Hospital (GRH)		20.27%	107
3	No opinion		30.30%	160
			answered	528
			skipped	96

Fit for the Future Survey Easy Read

Where do you think we should do planned Lower GI (Colorectal) General Surgery? These are planned, not emergency, operations on the lower part of the gut.			Response Percent	Response Total
1	Cheltenham General Hospital		27.50%	22
2	Gloucestershire Royal Hospital		27.50%	22
3	Don't mind		45.00%	36
			answered	80
			skipped	9

Qualitative Themes: Planned Lower GI (colorectal) Surgery

The following quotes are from survey responses either supporting or opposing the proposal. The quotes included below are illustrative of key themes in the feedback received regarding Planned Lower GI (colorectal) Surgery. Themes in the responses to the proposal relating to Planned Lower GI (colorectal) Surgery are (A-Z): Access; Capacity; Efficiency; Facilities; Interdependency; Patient Experience; Quality; Resources; Transport and Workforce.

Planned Lower GI (colorectal) Surgery

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

- 79.1% (Easy read: 72.84%) of survey respondents either **strongly supported** or **supported** the proposal
- 7.83% (Easy read: 20.27%) of survey respondents either **strongly opposed** or **opposed** the proposal
- 13.06% (Easy Read: 30.30%) of survey respondents had **no opinion**

Supporting the proposal	Opposing the proposal
Based on my support for emergency care at Gloucester, presumably it would make room at Cheltenham for this area of non-urgent operations. [Capacity, Facilities]	*You should be able to go to nearest hospital for treatment, staff should be split between the 2 hospitals if necessary so this can be done.* [Access]
Good to have a centre of excellence. Attracts staff and makes good effective use of both equipment and staff. [Workforce, Efficiency]	*Lower GI surgical provision impacts on other surgical specialties including gynae oncology. Gynaecology is linked to Obstetrics, an acute specialty based in Gloucester. Acute gynaecology, including acute gynae oncology admissions, is based in Gloucester hospital. It is not possible to move this acute provision as the registrars cross cover Gynaecology and Obstetrics when on shifts. Moving gynae oncology with Lower GI to Gloucester would provide better training and ward safety for patients*.[Interdependency]

Please bear in mind any treatments taken prior to appointments which may make a long journey very difficult. [Patient Experience]	*It is easier for elderly, disabled, and very sick people to travel to their nearest hospital. Some of the people in this category will not be able to either drive themselves or travel on public transport. An unfamiliar environment may be distressing for them, and it may be more difficult for their families to visit if they are further away. Therefore, all procedures should be available in all hospitals, not in one centre.* [Access/Transport]
I have had fantastic service and a colorectal resection at GRH. This started with the Bowel Cancer Screening at Stroud Hospital, and two operations at GRH, with follow up care. The care and dedication of all the staff at GRH has been exemplary, and I am so grateful to them! Of course if CGH was chosen, as long as the staff moved also, then the service would be just as excellent. A slight fear I have that when I think merge and provide an ever better service', the accountants hear 'merge, provide the same service, and cut costs'. The latter really would be a betrayal of trust. [Quality, Patient Experience, Resources]	*Unless there is a shortage of staff with the correct expertise I do not see why a single centre of excellence in Gloucester is a fair option for Cheltonians. It's a long journey and a real challenge for elderly patients - visiting and collection of discharged patients becomes far more challenging especially for those restricted to public transport.* [Access/Transport, Staff, Resources]
Need to locate the planned specialties into CGH if emergency medicine and surgery are going to GRH. [Interdependency]	
Separating emergency from planned services should prevent cancellations and create the right number of beds for the planned procedures. Co-locating with other pelvic services makes sense as I suspect they often need to work together. [Patient Experience, Capacity, Interdependency]	
GRH surgical bedspace already limited; conversely beds	

available at CGH for increased surgical work. Transfer to all planned colorectal work to GRH would increase already high pressure on surgical bed availability. Centralising lower GI at CGH would make use of existing surgical cover and surgical nursing staff with less bed pressures than at GRH. Benefits to be had from concentrating all colorectal lists at a single site - CGH the obvious option as currently has less bed pressure than GRH but still has required surgical and nursing expertise. Gastroenterology already at CGH which would benefit those patients who need input from gastro medics whilst under care of Lower GI surgeons. [Capacity, Quality, Patient Experience)	
Gloucestershire Royal is the most modern of the two hospitals and parts of the Cheltenham Hospital are 200 years old and unsuitable for 21st century health care provision. The most recent blocks in College Road Cheltenham could be used to complement the services provided at the Gloucester base. [Facilities]	
Having experienced this service, I know that the present set-up works well. CGH is already a centre of excellence for cancer, colorectal surgery is integral to that service, it makes common sense to fully embed this at CGH. Further, I am aware that moving this service to GRH is not popular with staff and could result in the loss of crucial expertise. Staff retention is a critical issue at all times - conserve what you have. [Patient Experience,	

Workforce, Resources]	
Specialist staff in one place should mean collaboration in terms of quickly dealing with patient problems. Quick treatment/ diagnosis of Crohn's can reduce the need for surgery, less time off work and a better quality of life! [Workforce, Quality]	
Neutral and other correspondence examples	
Neutral *It has been mooted for some time, so that GRH would become the 'hot' hospital, while CGH would take 'cold surgery'. This seems to have been an accepted version of things to come, so it is no surprise, and for me, there is no good reason to oppose* *All planed surgery should be subject of a centre of excellence, at both hospitals, not just Lower GI* **REACH survey** *It would be sensible to have this service at CGH with gynaecological oncology.* *Whilst there may be a case for centralising at Cheltenham - certainly not at GRH - this could only be considered in the light of decisions made on other issues. There seems to me the danger of progressively demoting Cheltenham as a centre of excellence, but there has also to be regard to the needs of patients in the west of the county.* *After opposing centralisation for the first 2 at Gloucester and Cheltenham is my local hospital I can't agree for the people of Gloucester having the same problem of getting to Cheltenham.* **Other correspondence** *Elective major colorectal surgery should be centralised onto a single site at CGH. This centralisation will help to create a large elective Cancer Hospital, with reference to pelvic surgery.*	

Where do you think we should do planned Lower GI (Colorectal) General Surgery?

- 50.76% (27.50% Easy Read) survey respondents chose Cheltenham General Hospital
- 20.27% (27.50% East Read) of survey respondents chose Gloucestershire Royal Hospital
- 30.30% (45% Easy Read) had no opinion
- Staff:
    - Cheltenham General Hospital (CGH) 56.64%
    - Gloucestershire Royal Hospital (GRH) 13.29%
    - No opinion 30.07%
- Public and Community Partners:
    - Cheltenham General Hospital (CGH) 48.14%
    - Gloucestershire Royal Hospital (GRH) 22.37%
    - No opinion 30.85%

Cheltenham General Hospital	Neutral	Gloucestershire Royal Hospital
As I have mentioned, public views will revolve how location, for example, will affect the individual. CGH is closer to me than GRH so this is obviously my choice. That is naive and there are many many far more important factors that should determine the location. I really don't understand how public consultation on this matter assists the process.	Remain with both sites as both large populations. Travelling to either site difficult if not in either town/ city. Keep both therefore quicker and more local access. Helps reduce carbon and, safety) health risks involved in traveling	GRH is a larger site, has better facilities and is more accessible for visitors. I have had surgery in CGH in the past and felt the facilities were poor and the care was lacking. It is also very difficult for visitors to find somewhere to park.
Having benefited from this excellent service, and still under their care, I would really like the service in Cheltenham to be bolstered. I live at the extreme Northern tip of the county, and Gloucester Hospital would have been a nightmare for family visits, and for me getting home from the multiple operations I have had. Given the fantastic care I had at Cheltenham, I would be keen for it not to be moved	I believe that you are wrong in trying to decide one place against the other hospital. Gloucester Royal is full to capacity and often difficult to reach because of its situation. The best solution would be to build a new hospital at Staverton and put any "centres of excellence" there. This idea, whilst not likely to ever be considered, would be a perfect solution. There is plenty of space at Staverton and the surrounding land. Sites at Gloucester and Cheltenham could be then be sold at a huge profit	I live in Stroud and find it easier to get to GRH and easier to park the car.
1. co-located with other pelvic cancer services (urology, gynae-oncology) 2. co-located with	Whichever site has best capacity of operating theatres and staffing for this proposal	I think it makes more sense to have surgical units for upper and lower GI surgery in one

oncology 3. co-located with gastroenterology inpatient care 4. Protected bedbase from emergency admissions (if going with the emergency hub in GRH) and allows screened admissions only in the covid era 5. Ease of access to HDU / ITU for all planned major resections 6. Separated (geographically) elective v emergency care as recommended by a) GIRFT, b) Current President of the RCS Eng (Prof Neil Mortensen) c) external senate review		location
To co-locate with urology and gynae-oncology. By taking elective lower GI from GRH space would be freed up for other needs.	Again, it doesn't matter which site, so long as the service is there and available and ensure capacity and effective care for Gloucestershire residents. In my mind it would make sense to have a particular specialist treatment at both sites i.e. GRH is centre of excellence for XX and CGH is centre of excellence for YY. So that one or other site does not become defunct.	Greater diversity in Gloucester
A strong case has been made for both. On balance I think CGH.	Care needs to be taken in assessing the user demographic to make a suitable choice. Ideally it would be in the centre of the most common user base.	I think a centre of excellence, a single one would benefit the local and wider community by being situated in Gloucester.

If the 24hr A&E is at GRH, then the planned surgery to be at CGH.	Very important to have separate sites for emergency and elective surgery for better patient experience and outcome	I understand that there can some crossover between Upper and Lower GI* and this suggests to me that collocating them would be wise provided that there is sufficient space and facilities at GRH. *Last year I had emergency Lower GI surgery carried out at CGH by an Upper GI consultant (excellent outcome!)
CGH should be the site for all planned activity	Both hospitals should have their own colorectal services.	I know the GRH team are fantastic, but have had no dealings with CGH.
I believe it would be sensible to try and ensure that CGH takes on planned / elective surgery with lower risks involved, and that GRH is responsible for caring for emergency surgery. However, I also appreciate that this could result in specialist surgical cover required across both sites rather than just covering one and could be confusing for the public if there is general surgery offered at both sites.	Keep both hospitals operating as hospitals for all services. This centre of Excellence "concept" is in my opinion RUBBISH. Stop pretending that you are offering a better service when you are diluting what is already available	If you think upper GI surgery needs to be on the same site as emergency general surgery, surely the same should apply to colorectal surgery. If you are struggling to run the general surgery service on two sites at the moment why would you want to set a service that continues to run general surgery on two sites?
I think that the 'reputation' of Cheltenham Hospital needs to be preserved if emergencies go to Gloucester, even if in a new way, so putting excellent planned	Crucial item for me is that there is an equal balance between what is in Cheltenham and what is in Gloucester....with equal numbers of essential services in each. It must not be	All major General surgery located with acute services makes common sense.

operations in Cheltenham would be good.	Gloucester is the centre with bits in Cheltenham	
Due to other specialities already doing pelvic surgery in this hospital. Surely a 'centre of excellence' would allow surgeons to assist and advise each other when required.	As it is planned surgery the patient can arrange transport beforehand so I don't see any issues	It makes sense for all GI (lower and upper) services to be in one hospital
Would seemingly make best sense to locate this at CGH to create a centre of excellence for pelvic resection; and to keep this surgery service entirely separated from the pressures of the Emergency General Surgery at GRH (as suggested in the consultation booklet)'	we live in Stroud - now my son has transitioned into adult IBD services we have had infusions in GRH, consultant appointment in GRH and MRI in Chelt - the travel relatively easy for us so wherever means staff travelling less.	I would like Gloucester to be a better option for care, this should be improved so that it is more viable than having to travel to Cheltenham to visit people.
Calmer atmosphere. Better patient experience.	Although my own experience has been of having colorectal surgery at GRH, I think location for this is less important than concentrating the expertise at one centre.	[GRH] Better parking for staff and visitor options more mid-way for Forest patient and visitors. Near to train links.
It would appear logical to have all cancer services on one site and given Cheltenham's preeminent role in cancer treatment then all related services should be located there,	I've put no opinion because transport is about the same for both, and planning a service is a complex task that looks at a wide range of information. I trust One Gloucestershire to make a good choice.	Just because it is the nearest hospital to where I live, I should imagine anyone living near to Cheltenham would choose the Cheltenham one as their option
most of the issues are probably cancer related so it makes sense to put this in	At the moment, both CGH and GRH seem to have a Planned Lower GI general surgery	It seems likely that management of complications would be best on the site with

Cheltenham with the existing unit - although the buildings at Cheltenham are in dire need of refurbishment and modernising	facility. I think the decision on which location to invest more excellency should mostly be focused on statistic and medical opinion, such as estimated time of arrival from one location to the hospital; percentage of local and not local patients who come to the hospital; accessibility to the yard; transportation accessibility etc. While Cheltenham could be more easily accessible, in my opinion, GRH offers facilities on Upper GI general surgery, which could contribute to the treatment of exceptional patients who may need assistance with both.	the most robust emergency cover
If the plan is to have the Day Case focussed at CGH it would seem to be sensible to have the rest of the GI provision on the same site	a cold, elective hospital allows access to beds, ITU, and allows all the relevant surgical specialities to work closely together to deliver excellent care. The removal of colorectal surgery from CGH would mean that urology and gynae-oncology may not be able to stay, which would put more pressure on GRH	As above, the premises at Gloucester are superior and those at Cheltenham have fallen way behind. In my view Cheltenham should have constructed a new hospital to replace Cheltenham General in the hospital building boom of the 1990s and early 2000s when a large number of towns and cities constructed new hospitals, such as Worcester, Swindon, Birmingham, Stratford -on-Avon, Hereford, Taunton, etc. etc. Cheltenham missed out then and a new replacement for Cheltenham General is unlikely now

Consultants and staff are fed up. Colorectal worked at Cheltenham before stop fixing things that aren’t broken. Wasting good theatres, what’s the point in not using something we already have. And you have amazing nurses and HCAs with colorectal experience in Cheltenham that will not go to Gloucester.	On your facebook live session the consultant said that 12 out of 15 consultants supported this model, shouldn't you be listening to what the experts think as they provide the service and should know how it works.	Elective days-case/short stay surgery in a dedicated unit in CGH. Resectional lower GI surgery co-located with emergency general surgery in GRH.
This builds on already established reputation and allows other interdependent excellent services to continue to flourish because they have ongoing on site, immediate lower GI surgical support. Removing lower GI surgical support from CGH would diminish urological, gynaecological oncology, gastroenterology and oncology services. Specifically gynaecological oncology simply could not operate in the same way and all ovarian cancer surgery would need to move to GRH to facilitate appropriately supported radical surgery within any governance framework	Either. But a Centre of excellence makes sense.	Needs to be co-located with the emergency general surgery service.

4.2.3 Planned day case, Upper and Lower GI

Preferred option to develop: to develop: A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).

- 73.49% (Easy read: 67.47%) of all survey respondents either **strongly supported** or **supported** the proposal
- 8.52% (Easy read: 13.25%) of survey respondents either **strongly opposed** or **opposed** the proposal
- 17.99% (Easy Read: 19.28%) of survey respondents had **no opinion**

- 79.58% of staff respondents either **strongly supported** or **supported** the proposal
- 71.24% of respondents excluding staff either **strongly supported** or **supported** the proposal

Fit for the Future Survey

Please tell us what you think about our preferred option to develop: A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).				
			Response Percent	**Response Total**
1	Strongly support		38.07%	201
2	Support		35.42%	187
3	Oppose		5.11%	27
4	Strongly oppose		3.41%	18
5	No opinion		17.99%	95
			answered	528
			skipped	96

Fit for the Future Survey Easy Read

What do you think about having the service for General Surgery Day Cases (Upper and Lower GI) at Cheltenham General Hospital? These are operations on the gut which is where you digest your food. People have their operation and go home the same day.				
			Response Percent	**Response Total**
1	Good idea		67.47%	56
2	Bad idea		13.25%	11
3	Not sure		19.28%	16
			answered	83
			skipped	6

Qualitative Themes: Planned day case Upper and Lower GI (colorectal) surgery

The following quotes are from survey responses either supporting or opposing the proposal. The quotes included below are illustrative of key themes in the feedback received regarding Planned day case Upper and Lower GI (colorectal) surgery. Themes in the responses to the proposal relating to Planned day case Upper and Lower GI (colorectal) surgery are (A-Z): Access; Capacity; Efficiency; Facilities; Interdependency; Quality; Resources and Workforce.

Planned day case Upper and Lower GI (colorectal) surgery

Preferred option to develop: A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital (CGH).

- 73.49% (Easy read: 67.47%) of survey respondents either **strongly supported** or **supported** the proposal
- 8.52% (Easy read: 13.25%) of survey respondents either **strongly opposed** or **opposed** the proposal
- 17.99% (Easy Read: 19.28%) of survey respondents had **no opinion**

Supporting the proposal	Opposing the proposal
There aren't enough staff to go around, so we need to make best use of those we have. [Resource/Workforce]	*Don't like the single site option, would like both hospitals to offer as many treatments as possible* [Access].
Cheltenham already has this function so it would be sensible to maintain this service. [Efficiency]	*Why not at both, this involves improving Cheltenham at the expense of Gloucester.* [Access]
This type of surgery is at most risk of cancellation when emergency pressures are high. We should have access to protected facilities so these operations are not cancelled. This will be good for CGH as more planned surgery will be performed there than in GRH. [Patient Experience, Capacity]	*This is a bad decision and the people of the forest of dean and Monmouth deserve better.* [Access]

One of your consultants proposed a model for low risk patients which included patients staying in hospital for one or two nights having their operation in Cheltenham to reduce the risk of cancellation. This sounds like a good idea as long as there is capacity. [Patient Experience, Capacity]	*This proposal is another way of saying that CGH becomes a hospital for day case surgery only, chiefly benign conditions, i.e. not a proper hospital in the sense that is understood by most people. Since there is not room for all inpatient GI surgery on the site, to embrace this option is a sure fire way of ensuring that the malignant bowel surgery would have to be moved elsewhere (GRH), which is probably why it has been packaged up this way. Is CGH envisaged as a proper cancer hospital or not? If it is, then the malignant bowel surgery should take place there and not benign day case procedures instead.* [Capacity]
Would require better facilities at Cheltenham general in my opinion hospital dated and tired in appearance. [Facilities]	*I don't support having only one centre for anything, given the size and demographic of Glos.* [Access]
I have experience of this and know that the process is well embedded in CGH, with highly skilled specialists. Further, this type of surgery is usually directly associated with colorectal surgery e.g. stoma loop reversal, it makes sense for the surgeon who created the loop to reverse it thus maintaining continuity. [Interdependency]	*As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at either site pose difficulties and high costs.* [Access/Transport]
On the focus of Cheltenham General Hospital as an elective centre this fits well. The pelvic centre of excellence with the arthroplasty, gyno and urinary would all work well together although it may reduce the General Surgery pool slightly at GRH.	*It needs to be Gloucester more central for Gloucestershire.* [Access]

[Interdependency]	
Having an excellent readily available service that treats me even if I have to travel is preferred to waiting and perhaps getting a second class service because of a dilution of resources/service simply to accommodate operating on both sites. It is 7 miles not travelling to the moon. [Patient Experience, Quality, Access]	
If planned centre of excellence for lower GI general surgery will be in Cheltenham it is only sensible for day cases upper and lower surgery to be there also. [Interdependency]	
Neutral and other correspondence examples	
Neutral *Concentration in one centre is the most important issue.* *Day case can be done anywhere* **REACH survey** *These day procedures should remain dispersed throughout all the hospitals to reduce demand on a centralised location, freeing up resources for more critical procedures. Dispersal of the service will serve local communities much better and help to ensure the viability of the community hospitals. It seems unnecessary to centralise this service and, (forgive me), appears a bit of a sop to CGH after proposed removal of so many of their services.* *Spreading the workload of minor procedures over many local sites seems sensible and popular with the public who prefer to travel to their nearest site.*	

4.3 Image Guided Interventional Surgery (IGIS) including Vascular Surgery

Preferred option to develop: to develop: A 24/7 Image Guided Interventional Surgery (IGIS) ‘Hub’ at Gloucestershire Royal Hospital and a ‘Spoke' at Cheltenham General Hospital.

- 66.54% (Easy read: 76.54%) of all survey respondents either **strongly supported** or **supported** the proposal
- 15.39% (Easy read: 9.88%) of survey respondents either **strongly opposed** or **opposed** the proposal
- 18.08% (Easy Read: 13.58%) of survey respondents had **no opinion**

- 63.12% of staff respondents either **strongly supported** or **supported** the proposal
- 67.81% of respondents excluding staff either **strongly supported** or **supported** the proposal

4.3.1 IGIS Hub and Spoke

Fit for the Future Survey

A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.				
			Response Percent	Response Total
1	Strongly support		32.69%	170
2	Support		33.85%	176
3	Oppose		8.85%	46
4	Strongly oppose		6.54%	34
5	No opinion		18.08%	94
			answered	520
			skipped	104

Fit for the Future Survey Easy Read

What do you think about having a 24 hour 7 days a week IGIS Hub at Gloucestershire Royal Hospital and an IGIS Spoke at Cheltenham General Hospital? A Hub is the main place something happens, and a Spoke is linked to the Hub. IGIS is Image-guided Interventional Surgery. This is where cameras are used inside the body so the surgeon can see what is going on.				
			Response Percent	Response Total
1	Good idea		76.54%	62
2	Bad idea		9.88%	8
3	Not sure		13.58%	11
			answered	81
			skipped	8

4.3.2 Vascular Surgery

Preferred option to develop: to develop: A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.

- 60.27% (Easy read: 68.35%) of all survey respondents either **strongly supported** or **supported** the proposal
- 19.97% (Easy read: 15.19%) of survey respondents either **strongly opposed** or **opposed** the proposal
- 19.77% (Easy Read: 17.72%) of survey respondents had **no opinion**

- 58.86% of staff respondents either **strongly supported** or **supported** the proposal
- 60.8% of respondents excluding staff either **strongly supported** or **supported** the proposal

Fit for the Future Survey

A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.				
			Response Percent	**Response Total**
1	Strongly support		29.26%	151
2	Support		31.01%	160
3	Oppose		9.50%	49
4	Strongly oppose		10.47%	54
5	No opinion		19.77%	102
			answered	516
			skipped	108

Vascular Surgery

Fit for the Future Survey Easy Read

What do you think about having the Vascular Surgery at Gloucestershire Royal Hospital? Vascular is about blood vessels				
			Response Percent	**Response Total**
1	Good idea		68.35%	54
2	Bad idea		15.19%	12
3	Not sure		17.72%	14
			answered	79
			skipped	10

Qualitative Themes: Image Guided Interventional Surgery (IGIS).

The following quotes are from survey responses either supporting or opposing the proposal. The quotes included below are illustrative of key themes in the feedback received regarding Image Guided Interventional Surgery (IGIS). Themes in the responses to the proposal relating to Image Guided Interventional Surgery (IGIS) (A-Z): Access; Efficiency; Facilities; Interdependency; Quality; Resources and Workforce.

Image Guided Interventional Surgery (IGIS)

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

- 66.54% (Easy read: 76.54%) of survey respondents either **strongly supported** or **supported** the proposal
- 15.39% (Easy read: 9.88%) of survey respondents either **strongly opposed** or **opposed** the proposal
- 18.08% (Easy Read: 13.58%) of survey respondents had **no opinion**

Supporting the proposal	Opposing the proposal
I believe it is good to have different hospitals with different specialisms. This will also promote inter hospital information exchange. I presume Cheltenham would be a spoke and therefore provide back up. [Efficiency]	*Heart attack patients need treatment at closest hospital this would be better than using Bristol but should be available on both sites.* [Access]
The major IGIS is acute related often so should be with the trauma and stroke unit. However, Cheltenham General Hospital as a spoke would allow elective investigations and pelvic and oncology to occur. [Interdependency]	*I would not support anything being moved from Cheltenham to Gloucester.* [Access]
Important to rationalise and make optimum use of very	*Most cases are already performed in Cheltenham and it should be the main Hub because it already has a new purpose built facility costing several*

expensive and latest equipment. [Efficiency, Resources]	*millions. It would be hugely wasteful to remove this service from Cheltenham.* [Facilities, Resources]
Such a move would avoid duplication of expensive equipment. The proposal refers to a 24/7 hub, my support is conditional on this meaning availability 24 hours a day 7 days a week. [Efficiency, Access]	*Vascular services currently at CGH with IGIS, alongside urology, cardiology and cancer services. GRH is run down with tower block wards which are not suitable for all these services.* [Interdependency, Facilities]
If EGS and Acute Medical Take are located at GRH, then it makes good sense to make GRH the hub for IGIS. It would also seem sensible for there to be a 'spoke' at CGH to work alongside oncology, urology and other specialisations there. [Interdependency]	*Extreme nature of emergency IGIS means the time delay going from Cheltenham to Gloucester would be far too risky re. Loss of life to a patient who may, for example's sake, live just across the road from CGH.* [Access, Quality]
Have had heart surgery and this would have helped me at the time and taken away the need to attend Oxford. Great for bringing the specialists to Gloucestershire to work. Open up the service to more charitable funds. [Patient Experience, Access, Resources]	*I do not understand why, following the presumed logic elsewhere in this consultation why the IGIS service needs a 'hub and spoke model'. There is no convincing argument made for this on any rationalisation, financial, staffing or any other basis. Just create a centre of excellence based on sensible criteria and get on with it.* [Efficiency, Resources]
Key point of focus at GRH. It is unclear to me why you would want a spoke at CGH. Resources staff and equipment would be split. Imaging equipment requires ongoing maintenance programme better focused at one location. [Efficiency, Resources]	
Centralised approach is good. The equipment needed to undertake these investigations are often expensive, particularly	

the imaging equipment. Staffing levels are often difficult to maintain and are often difficult to recruit. State of the art equipment will help to attract highly trained staff. [Resources, Workforce]	
I support this on the basis that fewer people would need to travel outside of the county for treatment. We need to start thinking 'Gloucestershire' when considering these matters. If people are having to travel further beyond county boundaries then it makes sense to centralise some services here. That said good to see there would be an IGIS spoke at CGH to support specialties there. [Access]	
Appears to be specialist treatment needing expensive specialist equipment operated by experts. Given this seems better to centralise as one service - some people may travel a little further but far fewer would need to travel out of county at evenings/weekends. Going to hospital unexpectedly (or even planned) is not a good experience so removing a longer journey with some of the complications this can lead to seems a beneficial step. [Access, Patient Experience]	
Neutral and other correspondence examples	
Strongly support the concept but if this is elective work wouldn't it be sensible to base it at cgh and have a spoke at grh? *This set up should be in the best site for the overall plan. IGIS is an increasingly import part of urgent clinical care so it makes sense to create a hub and spoke approach.*	

There is a …rationale for locating imaging-led services at Cheltenham which is the presence there of the Cobalt charity's unique Imaging Centre…which they say 'have increased patient comfort, shorter scanning times and deliver superior image quality'.

Qualitative Themes: Vascular Surgery

The following quotes are from survey responses either supporting or opposing the proposal. The quotes included below are illustrative of key themes in the feedback received regarding Vascular Surgery. Themes in the responses to the proposal relating to Vascular Surgery (A-Z): Access; Capacity; Diversity; Facilities; Interdependency; Patient Experience; Quality; Resources and Workforce.

<table>
<tr><td colspan="2">Vascular Surgery
Preferred option to develop: A 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.
• 60.27% (Easy read: 68.35%) of survey respondents either strongly supported or supported the proposal
• 19.97% (Easy read: 15.19%) of survey respondents either strongly opposed or opposed the proposal
• 19.77% (Easy Read: 17.72%) of survey respondents had no opinion</td></tr>
<tr><td>Supporting the proposal</td><td>Opposing the proposal</td></tr>
<tr><td>Better facilities and car-parking at GRH. [Facilities, Access]</td><td>I think Vascular should remain at CGH. Only a relatively short time ago much investment was made to establish a centralised service at CGH. Going forward with future phases of Fit for the Future there will be a need to have established services at CGH and this is one that could fit and not compromise safety. [Resources, Quality]</td></tr>
<tr><td>Having Vascular surgery at GRH will mean that vascular surgery will be able to support the emergency services better.</td><td>Provide services at both hospitals, provides for the two large population sites and better for outlying areas. Provides back up for either place. Better</td></tr>
</table>

[Interdependency]	*for patients requiring emergency support.* [Access, Quality]
Why not? The importance is that the unit exists and is available 24/7 as and when. [Access, Patient Experience]	*I feel emergency and elective vascular surgery should be split so that emergency work is aligned with the surgical take whilst elective work continues at CGH. This will ensure there is critical care capacity available to support the elective work otherwise there is likely to be an ever increasing pressure on ICU beds at GRH.* [Interdependency, Capacity]
BME communities have higher rates as diversity to Cheltenham and Gloucester - GRH is perfectly placed. [Access, Diversity]	*This should be in CGH where the available beds are, and where there is the state of the art interventional theatre.* [Capacity, Facilities]
Vascular is predominantly a service where patients can be suffering from a life threatening event (AAA) that requires immediate intervention in a theatre designed for this type of surgery. I think splitting Vascular across two sites will provide a sparse clinical cover across two sites rather than strong cover on one site. I can see the intrinsic link between IGIS and Vascular and therefore wherever the IGIS hub is, Vascular should be centralised to and vice versa. [Interdependency, Workforce]	*The wards at GRH are not fit for practice. They are overcrowded, beds too close together increasing the infection risk. The tower block appears generally dirty. Your report reads that if you live in a deprived area (25% of Gloucester population) you will get preferential treatment on your door step and blow the rest of the county. Given that most vascular issues occur in the over 65 age group and these people are spread out across the county if you live at Morton/Bourton area East Gloucestershire, you won't stand much chance of survival.* [Facilities, Access, Diversity]
This should be concentrated at Gloucestershire Royal and it is not asking too much for patients needing such procedures to have them carried out at Gloucester. [Access]	*Vascular surgery carries a burden of heavy emergency list use, often at unpredictable times. This has impacted the emergency theatre provision at GRH such that, even with an extra emergency theatre and consultant anaesthetist on site, access to emergency surgery in a timely fashion has deteriorated for all specialties. CGH would be well placed in terms of facilities and aftercare provision to re-accommodate vascular surgery after the recent experimental transfer to GRH. The fully equipped and recently*

	provisioned IR theatre at CGH is currently lying fallow much of the time and is superior to anything available in GRH. [Capacity, Facilities]
I believe that some thought should be given to maintaining some 'low risk' non urgent vascular capability for some elective vascular surgery at Cheltenham General Hospital. [Access]	*I appreciate that these skills cannot be shared between too sites but for emergencies people living in many of the remote parts of Gloucestershire they need quicker access to a hospital and Gloucester is far from us.* [Access]
Hard to have IGIS at GRH and vascular at CGH so makes sense. [Interdependency]	
You need the technology to do this and therefore would be good to be in Gloucestershire. Need to have the wards set up for this close to the theatres. Will pull in staff and money by having a centre of excellence. Increase the number of specialist nurses. [Resources, Workforce]	

Neutral and other correspondence examples

This service was previously being managed well at CGH but if it not possible to split elective e.g. IGIS and emergency vascular surgery then I believe it would be preferable to keep it on the GRH emergency site and then consider the "spoke" option at CGH for the elective surgery. Splitting this service will have an impact on the intensity / quality of Therapy those patients will receive unless additional funding is provided to support splitting this service across sites.

It depends where other surgical specialties are cited.

REACH survey
"Given the installation of a £2.5 million facility at CGH six years ago it would be hard to justify moving the centre now.

I understand that vascular surgery was recently transferred from CGH to GRH as an 'emergency COVID measure'; staff and accommodation were drastically reduced. I can see no reason why this service should not be reinstated at CGH as soon as possible, It is a nonsense to waste the valuable and well regarded vascular operating theatre.

Other correspondence

The majority of arterial vascular surgery is elective, it would seem entirely reasonable that this should be located at the elective Centre of Excellence at the CGH.

4.4 Gastroenterology inpatient services

Preferred option to develop: A 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.

- 71.96% (Easy read: 68.35%) of all survey respondents either **strongly supported** or **supported** the proposal
- 6.67% (Easy read: 10.13%) of survey respondents either **strongly opposed** or **opposed** the proposal
- 21.37% (Easy Read: 21.52%) of survey respondents had **no opinion**

- 68.08% of staff respondents either **strongly supported** or **supported** the proposal
- 73.44% of respondents excluding staff either **strongly supported** or **supported** the proposal

Fit for the Future Survey

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

		Response Percent	Response Total
1	Strongly support	39.41%	201
2	Support	32.55%	166
3	Oppose	3.92%	20
4	Strongly oppose	2.75%	14
5	No opinion	21.37%	109
		answered	510
		skipped	114

Fit for the Future Survey Easy Read

What do you think about us carrying on doing Gastroenterology at Cheltenham General Hospital after the pilot? Gastroenterology is where tests or treatment are needed for the stomach, bowel, liver and pancreas for things like Crohn's Disease and stomach ulcers

		Response Percent	Response Total
1	Good idea	68.35%	54
2	Bad idea	10.13%	8
3	Not sure	21.52%	17
		answered	79
		skipped	10

Qualitative Themes: Gastroenterology Inpatient Services

The following quotes are from survey responses either supporting or opposing the proposal. The quotes included below are illustrative of key themes in the feedback received regarding Gastroenterology inpatient services. Themes in the responses to the proposal relating to Gastroenterology inpatient services are (A-Z): Access; Capacity; Interdependency; Quality; Resources; Staff experience; Transport and Workforce.

Gastroenterology Inpatient Services

Preferred option to develop: A 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.

- 71.96% (Easy read: 68.35%) of survey respondents either **strongly supported** or **supported** the proposal
- 6.67% (Easy read: 10.13%) of survey respondents either **strongly opposed** or **opposed** the proposal
- 21.37% (Easy Read: 21.52%) of survey respondents had **no opinion**

Supporting the proposal	Opposing the proposal
This has been piloted successfully and seems a sensible balance between the two hospitals. [Access, Quality]	*As with all your proposals to centralise services the problem is that of access for patients and their families. Whilst many have access to private transport a very large minority do not and they are frequently the elderly and less financially secure. For these people centralisation poses a major difficulty in accessing your services unless you propose to offer free transport between the sites. Even for those with private transport difficulties in accessing parking at either site pose difficulties and high costs.* [Access / Transport]
Efficient use of resources, access to specialist staff at all times, no waiting for them to travel from GRH to CGH and vice-versa. The total patient capacity must still remain the same (and hopefully higher!), not reduce as a result. [Access, Capacity,	*Both hospitals need a centre of excellence due to the size of the population and the location of the services.* [Access]

Workforce, Resources]	
I am in support of this if it means that all the specialists are in one place. I do have concerns about the lack of parking facilities at CGH - especially if patients are being asked to travel from further afield to attend this site. [Access, Facilities]	*Despite gastro inpatients being at CGH currently, gastro inpatients are still seen on GRH wards and do not get the care they need from the gastro team. Patients either need to be moved promptly so the care of the patient is not impacted, or have a service at both sites.* [Quality]
Only if lower GI surgery is co-located - rapid senior surgical review with alacrity ensures that decisions for surgery are correctly timed and that non-surgical interventions are not pursued too long; if all one has is a hammer then everything looks like a nail. [Interdependency]	
Got to move something to CGH to balance the shift to GRH. Aligns well to elective services generally centralising to CGH. [Interdependency]	
Links with upper /lower GI as well as colorectal and cancer based surgeries, this is a no brainer as it would all fit together and enable this centre of excellence aim. [Interdependency]	
Gastroenterology experience has been demonstrably improved by the recent pilot. Less violence and aggression on the ward, less non-gastro (general medicine) patients using specialised beds and better staff satisfaction from cohorting our clinical capacity onto a single site. [Quality, Staff experience]	
A centre of excellence would benefit both staff, services delivered and patient care. [Quality, Staff/Resources]	
Neutral and other correspondence examples	
I support the proposals to change and think the information provided presents a strong case. However, throughout the consultation document I	

see little or no reference to: a) How staff are to be retained, trained, recruited and afforded. b) No reference to any improvements to process or service instigated as part of the response to Covid -19 which will be retained as Best Practice moving forward. c) Limited reference to the way that services will be re-modelled in line with international Best Practice. There is limited information given for example on the use of telemedicine, telephone consultation and follow up, health education in primary care, transfer of services into community settings, conversations to higher day case rates, better streaming through outpatients (and ED). The proposals appear to deal with the issue of duplication of services across two sites and consequent rationalisation and whilst this is to be welcomed, of itself, it does little to illustrate how the models of care can or will change. Similarly there is no financial analysis (that I can see) with the documentation provided. In an increasingly stretched NHS, this must be a consideration for services to be long term sustainable.

I feel this service could be led from either hospital and the service continue I the hospital why change for change sake . Save money and develop leadership on either site and share good practice online

REACH survey

Patients always benefit from a joined up approach to care and specialists on the same site makes for a less stressful experience

Other correspondence

Retain Gastroenterology Services at CGH as this fits with the Centre of Excellence model

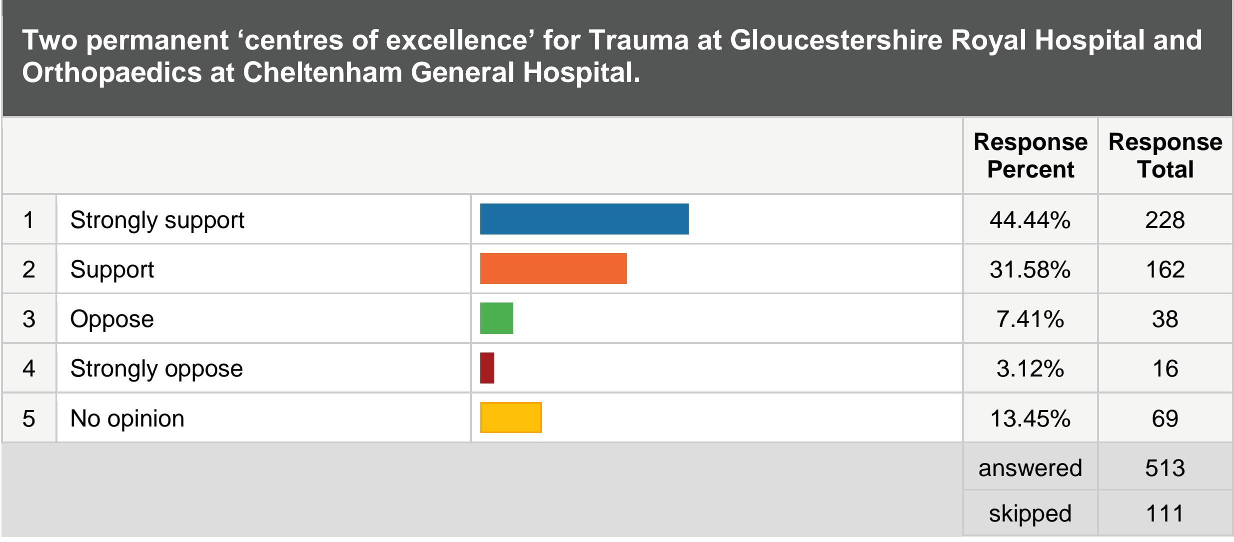
4.5 Trauma and Orthopaedics (T&O) inpatient services

Preferred option to develop: to develop: Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

- 76.02% of all survey respondents either **strongly supported** or **supported** the proposal
- 10.53% of survey respondents either **strongly opposed** or **opposed** the proposal
- 13.45% of survey respondents had **no opinion**
- Easy read had two questions:
  - Trauma: 70.51% support / 12.82% oppose / 16.67% no opinion
  - Orthopaedics: 73.08% support / 14.10 oppose / 12.82% no opinion

- 75.35% of staff respondents either **strongly supported** or **supported** the proposal
- 76.28% of respondents excluding staff either **strongly supported** or **supported** the proposal

Fit for the Future Survey



Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.			Response Percent	Response Total
1	Strongly support		44.44%	228
2	Support		31.58%	162
3	Oppose		7.41%	38
4	Strongly oppose		3.12%	16
5	No opinion		13.45%	69
			answered	513
			skipped	111

Trauma and Orthopaedics (T&O) inpatient services

The Easy Read Survey separated out the Trauma and Orthopaedic proposal into two questions:

Fit for the Future Survey Easy Read - Trauma

What do you think about us carrying on doing Trauma Surgery at Gloucestershire Royal Hospital after the pilot? Trauma Surgery is where people need operations after they have been injured in an accident.

		Response Percent	Response Total
1	Good idea	70.51%	55
2	Bad idea	12.82%	10
3	Not sure	16.67%	13
		answered	78
		skipped	11

Fit for the Future Survey Easy Read – Planned Orthopaedics

What do you think about us carrying on doing Planned Orthopaedics at Cheltenham General Hospital after the pilot? Planned Orthopaedics are operations for things like hip replacements and knee surgery.

		Response Percent	Response Total
1	Good idea	73.08%	57
2	Bad idea	14.10%	11
3	Not sure	12.82%	10
		answered	78
		skipped	11

Qualitative Themes: Trauma and Orthopaedics (T&O) inpatient services

The following quotes from survey responses are from survey responses either supporting or opposing the proposal. The quotes included below are illustrative of key themes in the feedback received regarding Trauma and Orthopaedics (T&O) inpatient services. Themes in the responses to the proposal relating to Trauma and Orthopaedics (T&O) inpatient services (A-Z): Access; Capacity; Efficiency; Facilities; Interdependency; Patient Experience; Pilot; Quality; Resources; Transport; Workforce

Trauma and Orthopaedics (T&O) inpatient services

Preferred option to develop: Two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

- 76.02% of survey respondents either **strongly supported** or **supported** the proposal
- 10.53% of survey respondents either **strongly opposed** or **opposed** the proposal
- 13.45% of survey respondents had **no opinion**
- Easy read had two questions:
  - Trauma: 70.51% support / 12.82% oppose / 16.67% no opinion
  - Orthopaedics: 73.08% support / 14.10 oppose / 12.82% no opinion

Supporting the proposal	Opposing the proposal
Separating trauma and planned surgery proven model, elsewhere, in terms of bed base, theatre capacity and managing infection rates. [Efficiency, Quality]	*Trauma needs unambiguous and fast treatment. I've no idea where/when I can go to CGH so I'd call an ambulance rather than go by car. What a stupid waste of resources.* [Patient Experience]
This is something that I believe is already pretty much established with GRH being the trauma site and CGH being the elective site. [Efficiency]	*I am concerned that having these two sited at different hospitals will result in increased patient transfers due to the overlap of specialities.* [Access/Transport]
This principle is sound - to concentrate emergencies on one site	*Both hospitals have the population to support a centre of excellence- this is*

and orthopaedics on the other and it will help the ambulance service to direct patients to the appropriate site. [Efficiency]	*just stealing Cheltenham hospital services away which has been happening by stealth over recent years!* [Access]
This scenario has been in place for some time and seems to work well. Keeping elective patients away from acute admissions is vital to minimise the risk of prosthetic joint infections.[Efficiency, Quality]	*The pilot study at GRH regarding Trauma has not been publicly scrutinised. I gather it has not been successful due to pressure on beds and operating time, consequently causing delays to surgery. It would not be sensible or responsible to continue this service at GRH. Orthopaedics at CGH on the other-hand has performed better.* [Pilot, Capacity, Patient Experience]
Ok, need to give county spread. But Cheltenham not so easily accessible and very difficult for family and visitors without a car.... Cheltenham has a very limited evening bus service e.g. from Stroud. [Access, Transport]	*From things I have heard about Trauma & Orthopaedics I am not convinced the T&O Pilot study has gone as well as the Hospital Trust has claimed. I should like to see the full report of the Trial, before forming a judgement on this. I am not opposed to most elective orthopaedic surgery being done on one site and most trauma orthopaedics being done on the other, to minimise disruption to elective orthopaedic procedures, but Trauma Orthopaedics is fundamental to a fully functioning A&E Department, not least because it is not always obvious until x-rayed whether an injury is a broken bone or a soft-tissue injury. At least some trauma orthopaedic capacity should be retained on both sites.* [Pilot, Quality]
If elective T&O operations are low risk then basing them on a site away from emergencies makes sense as there will be a reduced chance of cancellation. Trauma is best location near the main A&E. [Capacity, Patient Experience]	*Trauma and orthopaedics should stay together at GRH.* [Interdependency]
As someone who is on the waiting list for a knee replacement and living in Cheltenham being able to keep a permanent 'centre	*No there should be one centre to concentrate all resources in one place, unless one is for emergencies and one for electives. Two sites would dilute*

of excellence' at Cheltenham General would be good. [Patient Experience, Access]	*this.* [Efficiency]
Separating out emergency trauma and elective orthopaedics makes sense as it again puts the planned care in CGH which will be a calmer hospital and more suitable for that type of services, and the emergency services can have their centre of excellence at GRH. Again, having the centres of excellence is a sensible way forward, and the pilot seems to have worked well. [Facilities, Quality]	*Trauma and orthopaedic need to go together. It would be VERY confusing to split them. You've GOT to start treating this as one hospital over 2 sites; not 2 different hospitals. EVRRYTHING trauma and orthopaedic at Gloucester.* [Efficiency]
Much like with previous service responses I believe that by keeping Trauma linked with Orthopaedics will inevitably lead to Orthopaedics losing out because acute patients (trauma) has to take priority for beds, theatre space and staffing requirements. This allows the massive Orthopaedics service to properly deliver aside from the constraints put on them through sharing bed and staff capacity with Trauma. [Quality, Capacity]	*If it is a trauma case, it is quite possibly an ambulance admission and GRH cannot cope now. All ambulances go to GRH and then orthopaedics would have to be transferred to CGH, increased cost, risk, time and staff.* [Capacity, Resources/Workforce]

Neutral and other correspondence examples

Don't know why we need two centres. Probably better to have everyone on one site rather than spreading resources more thinly across two sites.

Because the two are so closely linked, why not have one Centre of Excellence in one place?

REACH survey

The Trust must see the results of the Pilot Study first, before making any further decisions on this. It would be reckless to proceed before any

further facts, information and recommendations have been gleaned and shared with the public. Patient care and health could be compromised and it would be negligent for the Trust to allow GRH to continue when it is currently not coping with demand. Quality of care over quantity of patients seen is of paramount importance.

No if the pilot study has shown delays and pressure on beds then I think it would be very unwise to make Gloucester the place for Trauma services. If they do, then all orthopaedic trauma will end up there, (road traffic accidents for example). This means Cheltenham A&E will no longer be used for this purpose, essentially downgrading the A&E department at Cheltenham and making it a minor injuries unit. Again what sort of A&E will Cheltenham have?

Other correspondence

We would hope that the GHNHSFT will publish comparative outcome data regarding the management of fractured neck of femur, lower limb and ankle fractures, and upper limb fractures for further scrutiny. Data for these key performance groups of trauma patients should be made available for both hospitals prior to the institution of the T&O Pilot Scheme, as well as outcome data during the pilot period. The success or otherwise of this Pilot Scheme should be judged on objective outcome data.

4.6 Impact of our proposals on you and your family

The following quotes from survey responses illustrate the impacts (positive and negative) identified by respondents to the survey: Access; Environmental; Facilities/Car Parking, Outpatients, Patient Experience; Quality; and Safety.

The predominant impact identified from respondents from all areas of the county is **Access** to centralised services; whether at Cheltenham General Hospital or Gloucestershire Royal Hospital. Therefore, a significant number of examples of this impact have been selected below. Frequently respondents have linked Access with either expected improvement in quality of services or deterioration in quality of services. Several respondents highlight **Environmental** aspects of increased travel.

I do not believe they would impact negatively, the distance between the two centres is not very far, if it was an emergency the patient would be blue lighted anyway. I would rather get the best possible care than decisions being made on geography. If as a plus this means that patients may not need to be sent out of county this is huge benefit. [Access, Quality]

My wife and I are both in our 80s and moved from a rural location in 2019 as we anticipate a point at which we will not own a car. We deliberately bought a property within walking distance of CGH. We have already found it necessary to travel to Gloucester for X-ray and my wife was admitted for emergency treatment late on a Saturday evening. I had to return home to collect her essential medication and was able to do so in the car. This would have been particularly difficult without our own transport. [Access]

Any proposal that fails to deliver the full restoration of 24/7 type-1 consultant-led A&E services at CGH, will make it considerably more difficult to access emergency health care for me and my family. [Access]

Removal of services from Cheltenham would make it very difficult for people of North Cotswolds who depend very strongly on Cheltenham. [Access]

Minimal impact currently - may involve slightly longer travel dependent on outcome. Applies to services that would move to GRH. [Access]

As someone of working age with access to independent transport, I think this is a positive move for me. However, I am concerned about the social practical impacts for people who are dependent on public transport, elderly, need support to travel, more financially disadvantaged. [Access]

I live in the Forest of dean so any move to Cheltenham will put 30 minutes extra on my journey. Maybe longer when you consider how difficult it is to park in Cheltenham. [Access]

Difficulty in getting to Cheltenham general hospital, public transport links poor or non-existent. [Access]

We live on the border in Herefordshire but our nearest GP surgery is in Gloucestershire where we access services. Having to travel to Cheltenham is too far. [Access]

I live in Moreton-in-Marsh and I am not able to drive. Gloucester is a foreign country! Oxford or Worcester is easier to reach. Any suggestion of concentrating services at GRH is therefore bad news. Only super specialist services should be located here. [Access]

Any medical treatment should be available at a local hospital. It is wrong to expect patients who are obviously ill to travel to long distances for treatment. Ecologically it is also better for a few medical staff to move between hospitals than for large numbers of patients to travel. [Access, Environmental]

If the services are not at both units this would mean further travel and time. It also means for Carers there days would be more disrupted getting patients to appointments in larger units. [Access]

I have multiple disabilities and cannot drive or travel on public transport. If I ever need any of the services covered in this proposal, I want them to be as close as possible to my home. It is easier for elderly, disabled, and very sick people to travel to their nearest hospital. An unfamiliar environment may be distressing for them, and it may be more difficult for their families to visit if they are further away. I will not be the only person in this category who is not able to either drive themselves or travel on public transport. Therefore, all procedures should be available in all hospitals, not in one centre. This feedback relates to all the services. [Access]

My view is that centres of excellence would be a positive proposal. Negative could be transport/parking etc. issues in either getting to hospital, or for visitors. A free green shuttle between the sites would help with this. But really transport issues are far down the line when compared to top class treatment. [Access, Transport, Environment]

Both hospitals pretty much equidistant for us and are over thirty mins away, so no change for us. [Access]

Obviously because I live in the forest of Dean it would be better for my family to have all resources staff and centres of excellence at Gloucester but Cheltenham needs to have its own centres of excellence. [Access]

As a Gloucester based family it is always easier for us to go to GRH. However, I would prefer to travel a bit further to a centre of excellence. [Access, Quality]

There could be more travel for patients depending on the proposals, but clearly the aim is for people to have world class care and I personally would be prepared to travel a bit more and not be so territorial. It's your health that matters at the end of the day. Also, some of the proposals like IGIS should mean fewer people having to travel out of county which is a good thing. [Access, Quality]

As a resident of Cheltenham I am happy to travel if it means better care. I just want the right people in the right place to look after my family if they are unwell. [Access, Quality]

Car parking is an issue at CGH, assurances need to be made that relatives are able to park, to be able to transport and visit their relatives.
The estate has to be able to support the changes to the centres of excellence along with staffing and support services. [Facilities/Car Parking]

I imagine most opposition to the proposals will come from those who live significantly closer to one hospital or the other. We are fortunate in living more or less halfway between the two. Despite it being easier, therefore, for me to agree to the proposals, I do feel strongly that rationalisation of provision is important. [Access, Efficiency]

As long as the clinic appointments are in the same place I think it will have very little impact on my family. [Outpatients]

I am concerned that scarce resource (pathology, radiology, social work etc.) is diverted to GRH leaving a second rate services that would not be able to safely support any centre of excellence (including oncology) based in CGH. [Quality/Safety]

A possible positive impact would be an increased likelihood of a successful outcome of any treatment in the future. [Quality]

Because we live in the very south of the county to a certain extent these changes will have very little impact on us as we are pretty much as far away from one hospital as the other. The time taken to get to either of them is about the same, and as there is no public transport to either hospital, it doesn't really matter for any of the services at either hospital. However, I know that having centres of excellence can generally improve patient outcomes, which is

why I support the developments of the centres of excellence. At the moment some trauma and emergencies from our area are dealt with at Southmead, so if GRH and CGH can become superior centres of excellence, then perhaps we would be more likely to be treated in county. I would rather battle the traffic into Cheltenham or Gloucester than Bristol. [Access]

Creating a major elective hub at CGH is likely to be beneficial to my family. This would allow good access to intensive care if needed and reduce the risk of hospital acquired infection. [Quality]

My family and I could be affected positively by services being centralised because we would get the treatment we need in time by highly motivated trained staff. [Quality]

All proposals would have a positive impact on me and my family. I don't care where I or my loved ones are treated. If any one of us had an extremely unusual condition requiring us to travel to London for treatment, we would do it. It therefore makes no difference to me whether I have to travel to Cheltenham or to Gloucester for treatment, as long as the service is good, well-staffed with enough of the right staff and capacity available is all I care about. [Quality, Access]

4.7 Limiting negative impact

The following quotes from survey responses illustrate suggestions for limiting negative impacts identified by respondents to the survey [Access; Communications, Integration; Reduce patient transfers; Single Site, Transport, Travel Claims; and Workforce.]

Survey respondents shared the following mitigations to limit potential negative impacts of centralisation of specialist hospital services.

- Retain services on both sites
- Improve Patient Communications
- Improve integration between hospitals, community services and GP practices
- Reduce the number of patient transfers between Acute hospitals
- Build a new Acute Hospital on a Single Site
- Improve public transport
- Speed up payment of eligible Travel Claims
- Encourage more staff to work in Gloucestershire

As far as possible try to maintain urgent/emergency/acute facilities at both sites while splitting care not in those categories into centres of excellence across the two sites. [Access]

I cannot understand why it seems the Trust struggles with employing adequate staff for both hospitals. Gloucestershire is a beautiful county, more and more people are leaving cities and moving into the countryside, like the Cotswolds and Cheltenham is the home of the 'festivals' after all! So providing more staffing and investing in equipment etc should be a priority for both hospitals. Why do staff have to cover both sites? The two hospitals are separate sites and should continue to provide equal facilities because Gloucestershire is such a large growing county. [Workforce]

Work with the transport services. [Access, Transport]

It is important that free public transport is available for patients between the two hospitals, so that (for example) people living in Cheltenham are not financially disadvantaged by having to travel to GRH, if they do not have a car. [Access, Transport]

Make all services available in all hospitals. If this is not possible, then there should be excellent hospital or volunteer transport which is suitable for individual patients with a variety of disabilities including severe allergies (I cannot travel in standard hospital transport or on public transport because of allergies to perfumed products from laundry detergent to standard toiletries.) [Access]

24 transport links (99 bus useful but only mon-fri) between CGH and GRH. Cheaper parking if patient needs transfer from/to CGH/GRH. [Access, Transport]

Easier travel; more car parking spaces and lower charges for parking. Move to a paperless system so there is no need to transfer paper notes and images between sites - practical experience at both hospitals show lost notes are very common. [Access, Transport, Car Parking]

You really need to have a "Southmead" in the Golden Valley area. And you need to consider better bus services to both sites for general public to reduce car parking requirements and problems. [Single site, Transport]

Finding ways to minimise the need to transfer patients between sites is important. Communication about any changes that are made and why they are necessary always helps. [Reduce patient transfers, Communications]

Greater visibility and support given to people needing to claim travel expenses for hospital visits. Citizens Advice Stroud ran a campaign about this 3-4 years ago, surveying the hospitals and surgeries to see how visible the information was and how easy to claim. The

procedure for making a claim and receiving payment was poor. Stressed relatives need immediate assistance. They should not have to wait a month to be reimbursed. [Travel Claims]

Get it Right First Time. Direct to FAS/ COTE bed. Another specialist COTE ward at CGH (although difficult to recruit to this area) Discussion with community partners: keep Community Hospital and Bed Based Rehab beds for patients needing these services to speed transfers out of acute hospital. Blocking beds in the community blocks up our ' back door' and our beds perpetuating the problem of flow. [Integration]

Better 'advertising' of which conditions and situations are for which hospital so we can make decisions without convoluted calls to 111. [Communications]

Try leadership and staff support for both units from one hospital. Sharing good practice teams can meet online. [Workforce]

4.8 Anything else you want to tell us

The following quotes from survey responses illustrate other comments made by respondents to the survey:

Bring back Cheltenham A&E full-time and with full services as soon as Covid restrictions are lifted.

My hope would be that by making these changes the local service will be made better and the cancelling of planned procedures is significantly reduced.

Just think more about travel access, parking facilities and best of all getting appointments and blood tests done promptly. The Cotswolds is treated as a backwater by Glos NHS

More free car parking at GRH and CGH.

If would help if other bodies such as Glos Highways and bus companies could be persuaded to consider better road access and enhanced public transport facilities to reduce difficulties in trying to access two sites.

I would be interested to know what consideration One Gloucestershire have given to inclusion in terms of practical access to the hospital sites e.g. public transport providers, charities with volunteer drivers, support groups in disadvantaged areas.

Given the health inequalities which have been demonstrated through the Covid-19 situation, it is vital to me that these considerations are given a platform in any changes, else we risk worsening inequalities already present. As well as the patient, this can impact visitors, whose support can positively bolster outcomes for a patient.
Also, there is no mention of the impact on ambulance services, but presumably there will be an impact in terms of transfers needed (not just when ambulance first called to patient, but also transfers between GRH and CGH). I am wondering how this has been assessed?
Thank you for appreciating the importance of having an A & E service in Cheltenham to local people, I am really pleased this is reflected in the plan.

Build a new County Hospital between Gloucester and Cheltenham, or focus development on the Gloucester site. Improve access (sheltered pedestrian links) to Gloucester rail and bus stations.

The shuttle bus between CGH and GRH is a great asset in relation to access to services. A commitment to its future would be good to hear. It would also be good to hear that discussions are being held to see whether the bus route could include a stop at Park and Ride at Cheltenham Racecourse. Decision makers should consider evaluation of services changes if implemented and the involvement of patients, carers and VCS in the evaluation.

Keep up the good work. Will be interested in the result of survey. Any plans for head injuries, chest surgery - including cardiac or neurosurgery, so these still go to Bristol of John Radcliffe, Oxford. Guess if you live west of the M5 you want all in GRH, east of the M5 CGH. There are of course major incidents to remember where anything and everything can turn up.

I understand and agree with your reasons for wanting to change things in these two big hospitals, but I would urge you to also consider our more rural hospitals (Cirencester, Stroud etc.) when it comes to where funds go. I would hate these to be underfunded at the expense of these changes.

The public's primary concern about the reconfiguration of specialist services within the hospital relate to the convenience and accessibility of services and the long term sustainability of a Type 1 A&E Department in Cheltenham. Of some of these proposals are implemented it is difficult to see how a full Type 1 A&E Department would be sustainable in the long term. This is despite the reassurances the Hospital Trust has repeatedly been given. It is these proposals which have undermined staff and public confidence in the Hospital Trust's sincerity over the re-opening of Cheltenham A&E and its long term future.

If you centralise more long queue and parks, waste cancelled appointments staff on sick holidays etc. As more money was used in covid 19. We have to think weekly and keep NHS

going for years to come. Electric chargers at hospital while wait for o/patient and visitors. Cars in come for hospital?

Refreshing to see such an in depth review and consultation. How about integration of Social Services and the NHS next?

Whatever decision is made, the correct and additional staff numbers must be allocated. You cannot simply move the patient workload (currently split over two sites with two teams) to one site with only that sites pre-existing team numbers. This will be a recipe for failure / disquiet. Working in a small speciality which centralised 10 or so years ago the benefits are huge for us.

Improving continuity of care, reducing outliers and improving communication with families might be improved if a balance in activity across the hospitals is achieved.

These are excellent consultation proposals but miss one very important heading - THE CUSTOMER CARE EXPERIENCE. Visits to both major hospitals are still very poor experiences. Everyone does their best with awful facilities and it's time we moved from a 1958 experience to 2020.

I would like to see a very positive statement, and concrete proposals for the better care of patients presenting with mental health problems in ED. This has been a long ongoing concern, how will Fit for the Future ensure that mental health is given proper consideration?

I worry about the link and relationship between these proposals and GP services. GP services need to be as much a part of this as the hospitals and the hospitals cannot do this in isolation of community services. I can see part of the proposal is to enable more joined up working but this has to work in practice with collaboration and cooperation across the services. While I have experienced fantastic GP services in Gloucestershire (up to about 10 years ago). Unfortunately I have also experienced some poor GP service provision in Gloucestershire, which has deteriorated over the last 8 to 10 years. My biggest concern is that if the GP services are not joined up with these proposals, this will not be able to succeed.

I have been watching this play out for years and too much time and negative energy has been spent which has hampered the development of all specialties in both hospitals. I am utterly fed up with it.

Inappropriate and dangerous hospital discharges happen regularly, particularly at GRH. I hope these changes will help reduce these. Mental health support is very poor, particularly in GRH, I hope the cost and staff savings can be used to provide better mental health support for patients with mental ill health.

I used to work for the department of health. The fashion for building new hospitals would alternate between big is beautiful and small is beautiful on a 10 year cycle. The result was that all current buildings was out of step with prevailing thinking. Health trusts need to resolve this conundrum and ensure a successful balance between specialist and locally delivered hospital based options.

Just ensure that the investment needed to provide these changes properly and not half hearted is there for all services involved including those that are sometimes overlooked. There is no point picking a service up and moving it to one side of the county or other if you don't use this opportunity to actually improve it.

A future proof plan for reduced waiting times, reduced hospital stay, access to cutting edge skills and equipment along with optimal training of junior staff and attracting the best must be a positive move.

Invest in your nursing staff as you do with every other professional group. Pay them more and develop their skills. This is the only way you will be seriously considered as addressing the recruitment and retention crisis.

I find taking part in the survey stimulating and support the developments.

Do not ignore the publics opinion we have a right to choose where we have our care.

5. Other correspondence/written responses

9 written responses were received during the consultation (A-Z).

- Cheltenham Borough Council [Access, Capacity, Interdependency + commitment to Cheltenham General Hospital A&E]
- Cllr Martin Horwood, Liberal Democrat, Cheltenham Borough Council [Capacity, Access, Pilot + timing of consultation]
- Leckhampton with Warden Hill Parish Council [Capacity, Access, Pilot + timing of consultation]
- REACH: Restore Emergency At Cheltenham General Hospital campaign (including REACH survey interim report) [Capacity, Access, Interdependency, Facilities, Quality, Pilot + commitment to Cheltenham General Hospital A&E] – Summary of REACH Survey responses below.
- Tewkesbury Borough Council [Access + commitment to Cheltenham General Hospital A&E]
- 4 x members of the public [#1: Quality, Resources, Workforce, Facilities, Staff Experience, Pilot. #2: Workforce. #3: Quality, Patient Experience. #4: Efficiency, Resources, Capacity, Workforce]

10 email responses were received from members of the during the consultation from members of the public

[#1. Efficiency, Resources. #2: Access, Resources. #3: Patient Experience, Access, Resources, Facilities, Integration (use North Cotswolds Community Hospital). #4: Integration (use North Cotswolds Community Hospital), Access. #5: Access, Integration (use North Cotswolds Community Hospital). #6: Access. #7: Access + commitment to Cheltenham General Hospital A&E Department. #8: Access, Patient Experience. #9: Interest in Stroke services. #10: Copy of Member of the Public Letter 4: Efficiency, Resources, Capacity, Workforce]

5.1 REACH Survey – summary interim results

The REACH Report on Interim Results (17 December) has been shared with the Fit for the Future consultation team and can be found in full in the online appendices.

The REACH survey asked different questions to those in the Fit for the Future Survey and Fit for the Future Easy Read Survey.

The REACH survey number of responses or demographics of respondents have not been shared with the Fit for the Future consultation team at the time of writing.

Summary results (EXTRACTS from the REACH Interim Report] regarding each specialist services are proposals are as follows:

Acute Medical Take: NHS Preferred option to develop: A 'centre of excellence' for Acute Medicine (Acute Medical Take) at Gloucestershire Royal Hospital.
REACH survey question: Do you agree with the Trust's preferred option of centralising acute emergency medical patients on to the GRH site?
EXTRACT: The public response has been overwhelming, indicating that the people do not support centralisation of the acute medical take or emergency admissions at GRH.

Emergency General Surgery: NHS Preferred option to develop: A 'centre of excellence' for Emergency General Surgery at Gloucestershire Royal Hospital**.**
REACH survey question: Do you agree with the Trust's preferred option of centralising acute emergency general surgical patients on to the GRH site?
EXTRACT: Public opinion is again not in favour of centralising emergency general surgery onto the GRH site. Only a small minority support One Gloucestershire's preferred option.

Planned Lower GI (colorectal) general surgery: NHS Preferred option to develop: A 'centre of excellence' for Planned Lower GI (colorectal) general surgery at Cheltenham General Hospital (CGH) or Gloucestershire Royal Hospital (GRH).
REACH survey question: Do you agree with the Trust's preferred option of centralising planned lower gastrointestinal/colorectal patients onto a single hospital site?
EXTRACT: Public opinion on this issue was split. Notably a significant minority of people were neutral on this topic, as they believed that this should be available at both sites, or that answering this depended on the outcome of the emergency surgery debate. It would appear that the public would ideally prefer to have services as close as possible to home, whether this might be for emergency or elective care.
Supporters of this proposal, however, indicated that this should be centralised in Cheltenham as part of the Cancer Centre.

Location of Planned Lower GI (colorectal) general surgery: NHS No preferred option.

REACH survey question: If you do agree that it would be sensible to centralise planned lower gastrointestinal/colorectal patients onto a single hospital site, which hospital would best deliver this service?

EXTRACT: Supporters of centralising colorectal planned patients onto one site overwhelmingly indicated that Cheltenham should be the preferred site for such a proposal. Many respondents cited the importance of co-locating colorectal surgery with the Cancer Centre and patients with other cancer requiring colorectal expertise e.g .gynaecological and urological cancer patients. Some patients were neutral on this question, but this may reflect the respondents to the previous related question, who were not persuaded about centralisation.

Planned day case Upper and Lower GI (colorectal) surgery: NHS preferred option to develop: A 'centre of excellence' for planned day case Upper and Lower GI (colorectal) surgery at Cheltenham General Hospital.

REACH survey question: Do you agree with the Trust's preferred option of centralising planned day case upper and lower gastrointestinal patients onto the CGH site, as opposed to continuing day surgery in community hospitals and the two main hospitals?

EXTRACT: Public opinion clearly opposes the centralisation of daycase surgery at CGH. The public wants to have daycase surgery performed as close to home as possible, with the community hospitals. This would seem perfectly reasonable, as the delivery of daycase surgery in community as well as acute hospitals is entirely appropriate patients.

Image Guided Interventional Surgery (IGIS): NHS preferred option to develop: A 24/7 Image Guided Interventional Surgery (IGIS) 'Hub' at Gloucestershire Royal Hospital and a 'Spoke' at Cheltenham General Hospital.

REACH survey question: Where do you believe that the main interventional radiology centre or "hub" should be located in?

EXTRACT: A clear majority of the public replies indicate that the main centre or hub for interventional radiology should be at Cheltenham. The respondents indicating "no opinion" generally said that this service should be provided at both hospitals. The Proposal from One Gloucestershire is for a "hub and spoke" model. Public opinion indicates that the main centre or "hub" should be at Cheltenham with a smaller service or "spoke" at Gloucester.

Vascular Surgery: NHS preferred option to develop a 'centre of excellence' for Vascular Surgery at Gloucestershire Royal Hospital.

REACH survey question: Where do you believe that the main vascular interventional radiology/surgery centre should be located in?

EXTRACT: The overwhelming public response is that the interventional vascular centre should remain at Cheltenham, maximising the use of the state of the art hybrid interventional operating theatre at CGH.

INTERVENTIONAL CARDIOLOGY [question not included in the Fit for the Future Survey and Fit for the Future Easy Read Survey]

REACH survey question: Where do you believe that the main cardiac interventional radiology/surgery centre should be located in?

EXTRACT: The public response was evenly split between having interventional cardiology at both sites or at Cheltenham alone.

INPATIENT VASCULAR SURGERY [question not included in the Fit for the Future Survey and Fit for the Future Easy Read Survey]

REACH survey question: Where do you believe that the main vascular inpatient surgery centre should be located in?

EXTRACT: The overwhelming public response is that inpatient vascular surgery should remain at Cheltenham, so that the state of the art hybrid vascular theatre can be used properly. The public do not believe that spending more money to replicate this facility at Gloucester represents value for taxpayers' money.

Gastroenterology inpatient services: NHS preferred option to maintain a permanent 'centre of excellence' for Gastroenterology inpatient services at Cheltenham General Hospital.

REACH survey question: Where do you believe that the gastroenterology inpatient service should be located in?

EXTRACT: The vast majority of respondents indicated that the single site gastroenterology inpatient site should be located in Cheltenham. Many cited that this is sensible, as it would be sited alongside the cancer centre in Cheltenham. Those who expressed no opinion indicated their preference for this service to continue on both sites.

Trauma and Orthopaedic inpatient services: NHS preferred option to maintain two permanent 'centres of excellence' for Trauma at Gloucestershire Royal Hospital and Orthopaedics at Cheltenham General Hospital.

REACH survey question: Do you believe that One Gloucestershire should be considering any proposals until the results of the "Pilot Study" are made public for proper scrutiny?

EXTRACT: There was overwhelming public opinion that the results of the "Pilot Study" on Trauma and Orthopaedics should be presented for scrutiny prior to considering any proposals for a permanent reorganisation. The public believe that One Gloucestershire should be transparent and share the data about trauma surgery outcomes for proper scrutiny.

REACH survey question: Last but not least do you agree that the “Pilot Study” arrangement with Trauma based in Gloucester and planned orthopaedic surgery based in Cheltenham should continue as a permanent reorganisation, without the formal results of the "Pilot Study" being revealed?
EXTRACT: The public believe that the proposal to make a permanent reconfiguration along the lines of the “Pilot Study” should not be enacted until the results of the “Pilot” have been fully evaluated. Fewer than 5% of the respondents believe that it would be appropriate to proceed on such a basis.

5.2 Other comments received during the consultation

(Not directly related to the Fit for the Future consultation proposals)

During the consultation, members of the consultation team spoke to participants about matters unrelated to the Fit for the Future proposals. Other subjects included the national and local response to the Coronavirus pandemic, including practical questions about Covid-19 testing and vaccination; the timing of the consultation taking place during a pandemic; feedback about services such as primary care (GP) services and mental health services.

The final subject to report was the significant number of messages of thanks to health and care staff and other frontline workers for their efforts to maintain services during the pandemic.

6. Addressing themes from the Consultation

This Interim Output of Consultation Report is one of a number of key documents that decision makers utilise (and which are made available to the public), when assessing service change proposals. To support 'conscientious consideration'[13] decision makers should be able to provide evidence that they have taken consultation responses into account. As part of this process, the Decision Making Business Case (another of the key documents utilised by decision makers), will include significant content from the consultation. In addition to summarising the consultation process it will also include:

- A summary of consultation findings
- Analysis of consultation responses including any alternative suggestions to the proposals
- New evidence from the consultation and the impact of this on the proposals
- An updated Integrated Impact Assessment that includes feedback from the consultation

This information is a crucial part of determining the final proposals that are included in the Decision Making Business Case (DMBC) for consideration by decision makers. Further work will be completed to ensure decision makers are able to take a proportional view based on the quantitative and qualitative responses.

Sections 3 and 4.7 have already identified key themes and mitigations to limit potential negative impacts that will be need to be addressed by the DMBC. The table below lists some of the specific topics, identified from all sources of consultation responses that will need to be considered and responded to as part of the post-consultation, pre-decision making process. As with all consultations there are a range of issues identified commensurate with the differing views of those responding to the consultation.

Theme	Topic
Access	• Establish Centres of Excellence on both sites (GRH & CGH) • Improve communication regarding location of services • Ambulance response times and capacity • Car parking • Public transport including Park & Ride and Inter-site" 99" bus service • Travel expenses claim process • Practical travel support to access services for those disadvantaged groups and impact on health inequalities • Additional services provided in-county to avoid out-of-county travel

[13] One of the Gunning Principles that have formed a strong legal foundation from which the legitimacy of public consultations is often assessed.

Capacity	• GRH capacity including beds and Emergency Department • Making the most of the CGH site • Impact of population growth on proposals • Impact of COVID-19 on separation of emergency and elective surgical services • Use of virtual technologies to support services
Facilities	• New hospital • Use of the hybrid theatre at CGH • Use of community hospitals to support services
Integration	• Increased co-operation with other regional hospitals • Partnership with community and primary care and the voluntary sector • Integration of Social Services and the NHS • Care of patients presenting with mental health problems in Emergency Department
Interdependencies	• Access to theatres • Colorectal surgery and emergency general surgery co-located • Separation of elective and emergency vascular surgery • Co-location of colorectal surgery with gynaecology and urology at CGH • Interventional radiology hub at CGH and spoke at GRH • Centralise all IGIS at GRH, no requirement for a spoke at CGH.
Pilot	• Publication of Trauma and Orthopaedic pilot evaluation information
Quality	• Training hospital • More information on infection control • Plans to improve services once re-located • Medical cover at CGH

7. Questions and Answers

Throughout the consultation a range of questions have been received from a variety of sources e.g. online discussion groups, Information Bus Tour, survey free text responses. The following questions (and responses) are representative of frequently asked questions.

Question	**Response**
Acute Medicine (Acute Medical Take)	
How are you going to ensure GRH will be able to cope with the increase in patients?	FIT FOR THE FUTURE is a long term strategic plan, which would take a number of years to implement. We are also investing in new facilities at both hospitals which will increase the number of patients we can look after. As part of the programme we are reviewing bed numbers across both sites to ensure that they align with the proposed change in services. If approved additional acute medicine beds would be provided at GRH.
If you move Acute Medicine, surely you will end up closing the A&E department?	We have made a public commitment to maintain the A&E department at CGH. The department will continue to provide Consultant Led A&E services 8 a.m. to 8 p.m. and a Nurse Led service from 8 p.m. to 8 a.m. This model of care has been in place at Cheltenham A&E since 2013. Under the FIT FOR THE FUTURE proposals, the same day emergency care service at CGH (which is provided by acute medicine and is consultant led) would extend from 8am to 6pm, Mon to Fri to 8am to 8pm Mon to Fri.
Are you closing the Acute Care Unit (ACU) in Cheltenham?	Under the FIT FOR THE FUTURE proposals this service would move from CGH and form part of an expanded Acute Medical Unit at GRH.
Presume staffing a single acute centre is easier than two making the care it can provide more consistent and 'guaranteed'. Is this the case?	Yes this is correct and a key driver for the change. Moving the acute medical take to one site would mean we have greater flexibility to cover staff rotas and provide a sustainable service.
Aspiration to excellence is essential but not	Our proposals are focused on creating

if this is considered zero sum - i.e. we can aspire to be a centre of excellence in A and therefore B will not be excellent. How are you proposing to ensure this does not happen?	Centres of Excellence at both hospital sites; for planned care and cancer at CGH and for emergency care, paediatrics and obstetrics at GRH. Through the centralisation of specialist services we would be able to utilise our resources (staff, buildings and equipment) in a more effective, efficient and sustainable way.
There are currently services which are already considered excellent: does the Trust know what these are and do the various plans consider that aspiring to excellence in one domain might strip an already considered excellent service of its status?	The FIT FOR THE FUTURE proposals aim to build on our services which are already considered excellent, for example cancer care at CGH and paediatrics and obstetrics at GRH, by using the same approach of centralisation of highly specialist services which allows us to utilise our resources (staff, buildings and equipment) in a more effective, efficient and sustainable way. There are no plans to change those services but rather learn from their experience to ensure that we have excellent services for the population we serve.
We know that to give patients a good experience at the 'front door' we have to have an efficient 'back door'. How are you going to support the hospitals 'back door' as this is as important as the 'front door'?	FIT FOR THE FUTURE focuses specifically on specialist services provided by the GHFT which includes the admission and discharge of affected patients. However, the Trust continues to work in collaboration with our local integrated care system to improve end to end care pathways across a wide range of services; this work is ongoing and complementary to the FIT FOR THE FUTURE programme.
We know that moving older patients and particularly patients with dementia multiple times is not good for their recovery. How can we make this better for this cohort of patients?	We are fully aware of this risk and do our utmost to minimise any unnecessary ward moves in patients with delirium and dementia unless the clinical situation or operational pressures make this imperative Our Staff are trained in supporting the care of patients living with dementia and aim to work in partnership with carers and relatives. We use a butterfly symbol to make all members of the team aware that a

	patient needs extra support. The butterfly symbol may be on the patient's medical notes and/or on their hospital identity wristband. We also support 'John's campaign.
What plans do you have to ensure patients are not moved multiple times between sites, or indeed, wards at each site?	As part of FIT FOR THE FUTURE programme we are identifying the number of beds required on both sites in order to support the proposed changes. We are also developing protocols to ensure that the best care is provided on both sites and that patients are not moved unnecessarily. In addition our Cinapsis system is helping GPs to have conversations with Consultants to determine if a patient needs to be seen in A&E, or admitted and if so which hospital to refer to.
Currently, the acute medicine facilities are woeful. What investment are you putting in to improve the acute medicine facilities?	Separate to FIT FOR THE FUTURE the Trust has a capital development plan to improve the space and layout of the Same Day Emergency Care and Acute Medical Unit facilities at GRH.
What are you offering Cheltenham to ensure it doesn't suffer as a town because you have made Gloucester your focus?	Our proposals are focused on creating Centres of Excellence at both hospital sites; for planned care and cancer at CGH and for emergency care, paediatrics and obstetrics at GRH. Through the centralisation of specialist services we would be able to utilise our resources (staff, buildings and equipment) in a more effective, efficient and sustainable way. Separate to FIT FOR THE FUTURE the Trust has a capital development plan to provide two new theatres and a day surgery suite at CGH. FIT FOR THE FUTURE proposes no change to the availability of outpatient services at CGH and we have made a public commitment to maintain the A&E department at CGH. The

	department will continue to provide Consultant Led services 8 a.m. to 8 p.m. and a Nurse Led service from 8 p.m. to 8 a.m. This model of care has been in place at Cheltenham A&E since 2013. Under the FIT FOR THE FUTURE proposals, the same day emergency care service at CGH (which is provided by acute medicine and is consultant led) would extend from 8am to 6pm, Mon to Fri to 8am to 8pm Mon to Fri. It is anticipated that FIT FOR THE FUTURE proposed changes would impact approx. 20-30 people a day i.e. these patients would need to travel to or be taken to GRH for their acute care.
Will the centralisation of the Acute Medicine take improve access to mental health services?	Similar to centralising acute medicine onto one site, the mental health team supporting acute medical patients would be able to concentrate their team that supports these patients onto one site giving them greater flexibility to deliver these services.
Are you going to increase the bed capacity at Gloucester so that it can cope?	FIT FOR THE FUTURE is a long term strategic plan, which will take a number of years to implement as it will require changes to estate (including ward and theatre capacity), workforce and equipment. As part of the programme we are reviewing bed numbers across both sites to ensure that they align with the proposed change in services.
How are you involving support services e.g. Pathology and Pharmacy in the planning?	Support services requirements have been factored into the design of our proposals and were included in the process of developing and appraising the FIT FOR THE FUTURE solutions.
Dropping off close to entrances is difficult, particularly A&E and finding a parking space is difficult at GRH. What are your plans, if	As part of the capital development programme at GRH, access to the A&E department will be improved. Whilst there

any, to improve and increase the access and parking facilities at GRH?	are currently no plans to increase parking spaces we regularly review the provision of public transport to help improve access to our hospitals.
Why has Cardiology not been considered in any of these plans?	Interventional Cardiology is included in this consultation (as part of the Image Guided Interventional Surgery (IGIS) service. Non interventional cardiology could be included in any future phase of FIT FOR THE FUTURE.
There are far too many elderly patients as outliers across the hospital; another care of the elderly ward would be beneficial. Are you considering the use of beds at CGH?	As part of FIT FOR THE FUTURE programme we are modelling the number of beds required on both sites to support the proposed changes. This modelling focuses on activity by specialty rather than existing bed numbers. The aim will be to avoid patients having to be admitted as 'outliers' to the wards of other specialties.
Gastroenterology inpatient services	
Has the recent pilot trialling this been successful?	Yes very. The service has been able to provide a better patient experience as patients are treated by the right specialists at the right time. Clinicians have been able to concentrate on sub-specialty work and have increased the number of endoscopy sessions and clinics. The pilot has worked well for junior doctor who have been able to undertake the specialist training required and improves staff retention and recruitment.
What are the results / outcomes of the recent pilot trailing this?	As above
Despite gastro inpatients being at CGH currently, gastro inpatients are still seen on GRH wards and do not get the care they need from the gastro team. Will you move patients to CGH to get the specialist care they need and care is not impacted?	Although the Gastro ward is based at CGH, there is an on call consultant and registrar at GRH to give timely opinion to patients coming into ED at GRH and also patients who require assessment and short term treatment can be seen at GRH. However if a longer stay for a more complex condition is required the patent will be transferred to the specialist ward at CGH.
Will there be some gastroenterology	As above

presence at GRH also?	
Would it not be better suited at GRH where other acute medical care is taking place?	As explained above there are clinicians at both sites, the transfer to CGH is only for those who need specific and complex gastrointestinal specialty care.
Do both hospitals not need a centre of excellence due to the size of the population and the location of the services? Will CGH be able to cope with demand for this service?	Gloucestershire Hospitals is a very large Trust but the number of patients who require treatment as an in-patient in gastroenterology is relatively small and co-locating the In-patient team on one site enables the provision of the best service.
Will colorectal surgery is also be located at CGH? Without this it will leave Gastroenterology exposed.	There are two options for colorectal surgery, one at CGH and one at GRH. In either option there would be a daily senior gastroenterology clinical team at both sites and so liaison with the colorectal team would continue whichever site colorectal is based.
Will you consider having continuing support for Gastroenterology services at Cirencester hospital?	Endoscopy and outpatient clinics, where most treatment is carried out will remain unchanged and continue to be provided at community hospitals.
Will Emergency Gastroenterology patients be admitted to ED at CGH once it's reopened? Otherwise you don't have a 'centre of excellence. You will have patients on both sites.	The ED at CGH is closed temporarily as a result of the COVID epidemic and the plan is to restore the previous service. The plan is for patients to be able to access the service at both sites.
Will Pathology be taken into account with these decisions? - especially Blood Transfusion	It is essential when services are re-organised that all support services are included as no service can run without input from colleagues. Before making the changes task and finish groups are implemented to involve all services that will be affected so that we have the assurance that they are able to provide the support. The pilot has run for 2 years and the service is running well.
Will this be a Proper centre of excellence? If you want to have a centre of excellence EVERYTHING to do with that area of medicine needs to be there, no half	The Specialist ward at CGH will be a centre of excellence for patients with complex conditions and the team will be co-located to provide this. However it is important that

measures.	those who require out-patient or short stay assessment and treatment have access to treatment nearer to home at CGH, GRH and Community Hospitals.
Describe centre of excellence as this term is being overused in the survey?	When specialist care is needed our aim is to increasingly deliver this through 'Centres of Excellence', centralised services where we can consolidate skills and equipment to provide the very best care. Sometimes these centres may be outside Gloucestershire, but where possible as an Integrated Care System we think it would benefit patients to develop our specialist services so we can provide specialist care in our county.
Will this service be easily accessible?	Yes patients would be assessed at both CGH and GRH EDs and out-patient clinics and endoscopy clinics would be maintained at all sites including community hospitals.
Is this not already in place?	The pilot was started 2 years ago but consultation is being sought to make this move permanent.
General Surgery (emergency general surgery, planned Lower Gastrointestinal [GI] / colorectal surgery and day case Upper and Lower GI surgery)	
How would you support those that need emergency surgery at CGH?	The proposal is for all emergency surgery to be located at GRH. If an ambulance is called the paramedics would review and would take the patient directly to GRH. If patients 'walk in' to CGH ED and need to be reviewed or referred to the surgical team there are existing Standard Operating Processes in place depending on how poorly the patient is.
Are patients that require emergency general surgery fit to travel between sites?	As above.
Why can there not be this service offered at CGH too?	There are a number of very high risks involved with continuing to provide emergency general surgical services at both sites, they are: • There are not enough junior (trainee) doctors to cover rotas on both sites

	and there is negative feedback from trainees about their workload. • In a 7 month period in 2019 15% of shifts (390) for emergency surgery were not covered. Gaps in rotas have increased by 46% in three years. • At times senior doctors are in theatre an unavailable to review you if you are waiting for specialist assessment in the ED or surgical assessment unit. This leads to delays. All these issues would be resolved by moving to one site.
Will the bed capacity at GRH be able to cope with this? How will you ensure surgical patients are not outliers on other wards?	Bed capacity is being modelled; services would not be moved permanently before bed capacity is established.
Will GRH A&E be able to cope with the increase in emergencies?	The service has moved as part of the COVID changes and already we have seen the ED process improve with higher percentage of patients seen quickly. This is because there is a dedicated senior team of clinicians that are not rostered to be in theatre and can give a specialist opinion. There is also a surgical assessment unit to provide timely assessment and treatment, which means patients often don't need to be admitted to a bed.
Will there still be surgical cover at CGH even after centralisation?	There will still be surgery carried out at CGH, urology, gynae-oncology, elective orthopaedics, breast surgery and day surgery. Elective colorectal surgery is being discussed as part of the programme with options for centralisation at either CGH or GRH. There will still be an out of hours theatre team on call at CGH, to provide care for patients who need to return to theatre with complications. There are Standard Operating Processes in place to ensure a patient is reviewed by or referred to the surgical team depending on

	how poorly the patient is.
By making this change will you be able to protect planned surgery and reduce the number of cancellations especially those cancelled on the day?	Yes, particularly for those who are planned to have day case surgery as in times of very high demand sometimes it is necessary to use beds in the day surgery ward at GRH for in-patients. By moving this work to CGH where a new designated day surgery ward and two new theatres are to be built, this should reduce cancellations and improve patient experience.
How many will this change affect per year – i.e. how much emergency general surgery is performed each year?	In the year Feb 2019 to Jan 2020, 5,782 people underwent emergency general surgery. Of these 1,753 were carried out at CGH. An impact assessment has been undertaken to assess the travel impact, it shows: • For 74 patients who had emergency surgery at CGH the transfer to GRH would be positive • For 1,342 patients who had emergency surgery at CGH the transfer to GRH would be neutral • For 337 patients who had emergency surgery at CGH the transfer to GRH would be negative
How are you going to increase the bed availability at GRH to manage this?	FIT FOR THE FUTURE is a long term strategic plan, which would take a number of years to implement. We are also investing in new facilities at both hospitals which will increase the number of patients we can look after. As part of the programme we are reviewing bed numbers across both sites to ensure that they align with the proposed change in services.
How are you going to ensure CGH theatre staff maintain their skills in emergency surgery?	Many staff work on both sites already and often this is done to gain experience in different fields. When the final decisions are made all affected staff would be involved in discussion to assess the best area for them to work with regard to their personal situation and training and experience.

How will you minimise the number of times patients are moved between each hospital or between wards at each hospital?	For people undergoing elective (planned) surgery, the site would be specified. For those who are emergency admissions; if they arrive by ambulance they would be taken to GRH directly. The patients that may need to travel are those who 'walk in' to ED at CGH and after assessment are found to require hospital admission. These patients will be transferred to GRH.
Will there be enough parking at GRH for the increase in people going there?	There is more car parking available on the GRH site as the Trust gained permission to build a multi storey car park. On the GRH site there are a total of 11 car parks providing 1,854 car parking spaces, of which 532 are public, 1208 staff and 87 spaces available for blue badge holders (DDA). On the CGH site there are a total of 11 car parks providing 741 car parking spaces, of which 192 public, 437 staff and 40 Oncology patient car parking spaces with 56 spaces for blue badge holders.
What are the financial implications of this move?	There are no changes anticipated to income or workforce and so the financial impact is neutral
How are you going to measure if this change has been successful in improving patient and staff experiences and outcomes?	There are a wide range of quality, outcome, patient and staff performance measures that are monitored to assess the impact of any changes. In addition there are currently 5 items on the GHFT Risk Register with regard to emergency general surgery which would be monitored; they are: • A risk of unsafe surgical staffing caused by a combination of insufficient trainees and excessive work patterns. • A risk of patient safety caused by insufficient senior surgical cover resulting in delayed senior assessment and treatment. • A risk to safe service provision caused by an inability to provide an

	appropriate training environment leading to poor trainee feedback which could result in a reduction in trainees and therefore adversely impacting on the workforce. • A risk of sub-optimal care for patients with gall-bladder disease and other sub-specialty conditions caused by a lack of ability to create a sub-specialty rota which could result in inequitable care and different clinical outcomes. • A risk of sub-optimal care caused by the limited day time access to emergency theatres resulting in an increased length of stay and poor patient experience.
Why can't you build a new hospital in the middle?	Over a billion pounds would be required and although Gloucestershire County Council does have this as a goal for the future, it would take 12-15 years to deliver. It in meantime we need to provide the best care with the resources that we currently have.
Will you consider the support services when you make this change for example Pathology?	This is a really important point, no service can move without the support of other services. During the months before the start of the pilot weekly task and finish meetings were held with all associated services, pathology, pharmacy, therapy, theatre, nursing, radiology and the emergency department to ensure that SOPs were in place and rotas etc. had been amended to reflect the changes.
How will you ensure resilience when you have an outbreak of Norovirus or Covid and have to shut wards?	This would not change, sadly these outbreaks can and do occur at either site. There is a dedicated infection control team who advise on a daily basis with the optimal way to segregate and treat patients who have or are exposed to these infections.
Have you been working with the ambulance service when looking at these changes?	Yes, we have been working closely with the ambulance trust to ensure that all options

	are deliverable.
What will there be about CGH to attract anybody to work there, if surgery is removed from Cheltenham altogether?	There are no proposals to remove surgery from CGH altogether. Surgery for urology, gynae-oncology, elective orthopaedics, breast surgery and day surgery will be based at CGH. Elective colorectal surgery is being discussed as part of the programme with options for centralisation at either CGH or GRH.
Which hospital is safer, Gloucester or Cheltenham?	Both are safe, all service moves are carefully considered and safety is of paramount importance. If the executive team and external agencies are not reassured that a proposal is safe, it would not be considered.
Haven't you already made the decision about where you are going to locate services?	There is a preferred option for emergency surgery which is at GRH and for day surgery at CGH. These recommendations come after significant work to assess the best options by assessing the patient benefits of co-locating services. As there was not a preferred option for elective colorectal surgery, either CGH or GRH, both were included in the consultation; the feedback of which is carefully considered before decisions are made on any permanent changes.
Image Guided Interventional Surgery (IGIS) including Vascular Surgery	
Are you going to invest in the theatres at GRH to provide an environment at least comparable to that already in Cheltenham?	Yes. We would convert theatre capacity at GRH to a 'hybrid theatre' facility to allow complex endovascular procedures to be undertaken. The existing hybrid facility at CGH would be converted to a standard theatre.
How are you going to ensure there are enough beds at GRH to manage the extra demand?	FIT FOR THE FUTURE is a long term strategic plan, which would take a number of years to implement. We are investing in new facilities at both hospitals which will increase the number of patients we can look after; for example 41 additional beds at GRH as well as improved day case theatre facilities at CGH.
Are you planning to invest in the ward space	Absolutely. It would be important to ensure

for this patient group if this change goes ahead?	services are allocated a sufficient number of beds to manage their patient throughput, and that these beds are within an appropriate environment which supports the delivery of excellent care.
Why did you invest in a hybrid theatre in Cheltenham to then decide to move the service?	In 2007 the decision was taken to centralise Vascular Surgery. At that time an options appraisal was undertaken to consider the benefits of centralisation at either CGH or GRH. CGH was selected as the preferred location. The proposal we are now consulting on to relocate the Vascular arterial centre (regional hub) to GRH is in consideration of the current and proposed configuration of services. Critical to this is the relationship with general surgery, the benefits of centralising emergency general surgery at GRH, and the requirement for general surgery staff to form part of the on-call surgical rotas for Vascular Surgery. The Hybrid facility in CGH was installed in 2013, and the technical equipment within it is now reaching its planned end of life.
Will the proposed change mean that planned vascular surgery is less likely to be cancelled?	The proposals are to relocate the vascular arterial centre and inpatient bed base to GRH. This would mean that complex endovascular surgery and vascular surgery patients requiring an overnight stay in hospital would take place in the safest environment, with other emergency services available to assist at the same location 24/7 should complications arise. Approximately one third of surgical interventions undertaken in vascular surgery are conducted as day cases. Elective day case procedures would be undertaken at CGH in the new Day Surgery unit, allowing these vascular patients to benefit from the Centre of Excellence for Elective Care.
Do these proposals cover all of vascular or are you going to split emergency and	These proposals would move all emergency vascular work to GRH. Any vascular

planned between the two hospitals?	procedure requiring an overnight stay would also be undertaken at GRH, as well as complex surgery and endovascular surgery requiring the hybrid theatre facility. Approximately one third of our vascular procedures are undertaken as day cases and these would be conducted at the new Day Surgery unit at CGH.
Why are you centralising vascular at GRH and leaving cardiology at CGH?	Interventional cardiology is part of the FIT FOR THE FUTURE Phase 1 scope and it is proposed this is located at GRH with vascular surgery. The wider cardiology service is expected to form part of the FIT FOR THE FUTURE Phase 2. All configuration scenarios will be considered during this process and appraised in order to determine the preferred configuration.
Trauma and Orthopaedics (T&O) inpatient services	
1. Trauma and orthopaedic need to go together. It would be VERY confusing to split them. You've GOT to start treating this as one hospital over 2 sites; not 2 different hospitals. EVERYTHING trauma and orthopaedic at Gloucester. How will this work across 2 sites with transferring patients and ambulance admissions? And 2. Because the two are so closely linked, why not have one Centre of Excellence in one place? 3. Why are these separated at two sites? Are they not related, so should be together on one site?	The orthopaedic service has always been divided into two categories, trauma and elective (planned) surgery. Although there are some similarities the two work quite differently and have completely separate wards (even on the same site). The reason for this is that for many orthopaedic operations, for example joint replacements need ultra clean environments to prevent infection, so the elective wards are ring-fenced for this group alone and patients have stringent tests for MRSA, MSSA and COVID 19 before admission. Separating facilities for emergency care (from planned care) would ensure that, if you have a life or limb threatening emergency, the right facilities and staff would always be available to give you the best possible chance of survival and recovery. Conversely separating the elective (planned) surgery would mean a smaller chance of cancellation at short notice. It would also be impossible to have the

	whole service on one site as the infrastructure does not allow this. 8 laminar flow theatres would be required on one site.
I think it makes sense to have trauma on one site but there needs to be adequate orthopaedic cover for the other site. Will this happen?	This is a very important point. The pilot was started at the end of 2017. The majority of the out of hours team will be working with the unscheduled or Trauma site. However it is essential that the elective site is also fully covered. There is a separate doctor rota at the elective site together with a team of dedicated nurses, therapists, pharmacists, radiographers and extended scope practitioners. In the early days of the pilot we also started a daily ward round for elective patients as we felt there was a gap in service provision.
Will sites be able to cope with capacity?	Yes, the service is very large and was previously spread across the site so was able to refine the service within the existing footprint.
Are both sites fit for purpose?	Yes, but centralising the service onto separate sites is really just the beginning; it provides the foundation to build for the future. For example the service has continued to evolve with Enhanced Recovery after Surgery work and rationalisation of surgical equipment in elective surgery and the implementation of a Trauma Assessment & Treatment Unit within Trauma services
Has the recent pilot trialling this been successful?	Yes, many things have improved for example: Trauma: • Now there is a review of every trauma patient 24/7. • There is always a senior orthopaedic surgeon available to respond to patients in ED. • The feedback from junior doctors regarding training is much improved Elective: • There are significantly fewer

	cancellations • There are increased volumes of hip and knee surgery (until theatre refurb in 2019 and COVID in 2020) • Changes have facilitated improvements in ERAS. However the service continues to evolve and improve with the provision of Trauma Assessment & Treatment Unit and responding to the needs of the patients and staff.
Will Pathology to be taken into account with these decisions - especially Blood Transfusion?	This is a really important point, no service can move without the support of other services. During the months before the start of the pilot weekly task and finish meetings were held with all associated services, pathology, pharmacy, therapy, theatre, nursing, radiology and the emergency department to ensure that SOPs were in place and rotas etc. had been amended to reflect the changes.
Only makes sense if full A&E restored at Cheltenham?	There is a national trauma network in place. For Gloucestershire the Trauma Centre is in Bristol but Gloucestershire Royal Hospital (GRH) is designated a Trauma unit. Therefore the only patients attending Cheltenham General Hospital (CGH) for a trauma injury will be those who 'walk in' or those that the ambulance teams have assessed can be managed at CGH. There are well established operational policies in place to manage any patients that need to be transferred from CGH to GRH for admission.

8. Evaluation

8.1 Considerations and learning points for future engagement and communication activities

Our approach to evaluating the effectiveness of our consultation activities locally is to apply a well-known quality improvement methodology, using an iterative process: Plan, Do, Study, Act (PDSA cycle) https://improvement.nhs.uk/documents/2142/plan-do-study-act.pdf

We have applied the following evaluation framework.

Engagement (and Consultation), Experience and Inclusion Evaluation Framework developed by The Science and Technologies Facilities Council has developed a useful engagement evaluation framework, https://stfc.ukri.org/files/corporate-publications/public-engagement-evaluation-framework/ We have adapted this to support the STUDY element in our Engagement, Experience and Inclusion PDSA Cycle		
Dimension	Definition	Response
Inputs	Engagement (and Consultation), experience and inclusion inputs include the time, skills and money that are invested into delivering engagement activities.	A comprehensive Fit for the Future communications and consultation plan was developed to support the consultation activity. This plan, assured by NHS England/Improvement and independently by The Consultation Institute, set out the approach to communications and consultation. In response to pandemic restrictions, the plan was developed to support a 'socially distanced' consultation. This included the development of more online methods such as the new Get Involved in Gloucestershire online participation platform; independently chaired Gloucestershire Media @GlosLiveOnline discussions and Gloucestershire Hospitals NHS Foundation Trust Facebook Live produced clinical discussions. The plan was evaluated using an Engagement and Equality Impact Assessment https://www.onegloucestershire.net/wp-content/uploads/2020/10/Equality-and-Engagement-Impact-Assessment-FINAL-1.pdf
Outputs	Engagement (and consultation), experience and inclusion outputs are the activities we	Over 75 engagement events were held. The majority of events were held on line. The Information Bus Tour were socially distanced face to face events. Approximately 5000 information booklets were produced and distributed in local communities.

	undertake and the resources that we create.	A door to door drop of 297,000 delivered information to households in Gloucestershire. This resulted in over 1,700 requests for information. This was a key method for ensuring that people not able to access materials on-line were able to engage with the consultation. Feedback received did include comments on the Fit for the Future communications and consultation process itself. Feedback received was a mixture of positive and negative comments. An example of learning from feedback of this kind from the earlier Fit for the Future engagement was the suggestion to use of QR codes on future publications to allow people to link quickly to website materials. A QR code was added to the Fit for the Future consultation materials.
Reach	Reach has two main elements: The number of people engaged, this includes attendance at events, completion of surveys, social media interaction etc. The types or diversity of people engaged.	Total face-to-face contacts was more than 1000 (public) and more than 350 staff. More than 700 Fit for the Future surveys completed. There were 22 Facebook posts with a reach of over 90,000. 38 tweets generated over 30,000 impressions and over 750 engagements. We do not routinely collect demographic information about individuals participating in events/drop-ins etc. Demographic information was collected through our survey, but these questions were optional and consequently were not always completed. However, the demography of the county is considered during consultation planning and events/meetings targeted to reach a wide range of communities of interest and those groups identified though the independent Integrated Impact Assessment.
Outcomes	Outcomes are the way that audiences respond to the engagement, experience and inclusion activity – completed event evaluation forms,	The consultation has been independently Quality Assured by The Consultation Institute. A Consultation Institute Advisor worked with the Fit for the Future programme, acting as a critical friend; each stage of the consultation planning and activity was formally signed-off by a Consultation Institute Assessor, ensuring a totally independent element in the consultation process. The six stages, or gateways, of the Quality Assurance process are: • Scope and Governance • The Project Plan • Consultation Document Review • Mid-Point Review*

	independent observation reports	• Closing Review • Final Report *The Mid-Point Review considered the efficacy of the consultation activities to date and those planned for the second half of the consultation period to identify any potential gaps in opportunities for participation. Prior to the Mid-Point review Covid-19 Lockdown#2 necessitated the postponement of some Information Bus Tour Dates, alternative locality online 'Cuppa and Chats' were arranged to provide opportunities for geographically based participants to discuss the consultation proposals. The Information Bus Tour recommenced after the end of Lockdown#2
Processes	Processes are the way we work to plan, develop and deliver our engagement, experience and inclusion activities. They include our approaches to quality assurance and following good practice.	See above The Consultation Institute Quality Assurance process. Inclusion Gloucestershire: Assisted with the development of Easy Read materials. Gloucestershire County Council's Digital Innovation Fund Forum: Informed early planning for online activities and assisted with awareness-raising of the consultation to potentially digitally excluded groups. Friends from the Friendship Café in Gloucester City: Supported awareness raising and survey completion within diverse communities. Healthwatch Gloucestershire (HWG): HWG Readers Panel reviewed an early draft of the full consultation booklet and made suggestions for changes, which were incorporated into the final version. A HWG representative will be a member of the independent Oversight Panel for the second Fit for the Future Citizens' Jury. Aneurin Bevan Health Board (ABHB): ABHB facilitated the translation of the summary consultation booklet into Welsh, and facilitated an Information Bus visit to Chepstow Hospital in Monmouthshire to enable residents living close to the Wales England Border, who might access services in Gloucestershire the opportunity to find out more about the consultation.

		Know Your Patch (KYP) Coordinators: KYPs allowed us space on agendas to share information at online meetings during October and November 2020 to promote the consultation. District/Borough Councils and Retail partners: Supported the 'socially distanced' visits of the Information Bus (outside of Lockdown 2) to locations with maximum footfall across the county. District and Borough Councils also hosted members' seminars to discuss the Fit for the Future consultation. Local media: Gloucestershire Live, BBC Radio Gloucestershire and GFM Radio Others: Many other groups and individuals have helped to raise awareness of the consultation such as Trust Governors, staff-side representatives, hospital volunteers and community and voluntary sector organisations such as homelessness support charities.

8.2 ACT (following Fit for the Future engagement)

The following actions were undertaken following feedback received during the FIT FOR THE FUTURE engagement to support future communications and engagement associated with FIT FOR THE FUTURE Programme:

Inclusion Gloucestershire participants identified the following areas for us to consider to improve engagement further (extract from Inclusion Gloucestershire Engagement Report):

- Less information, less jargon and easy read copies of all information.
- From our experience, people who represent the seldom heard groups tend to need more time and preparation to support them to engage. It would have been helpful to have had at least two weeks research time prior to each area workshops.
- Workshops to be held later in the morning to enable people who use public transport to use their bus passes.
- Workshops to be held in the actual areas and at times that people can attend. For example: Tewkesbury was held in Highnam for 09.00am, Stroud and Berkley Vale held in Nailsworth for 09.00am and North Cotswolds was held in Cirencester for 09.00am.
- Some people from the BME communities were not able to engage in the workshops due to a language barrier. Going forward it might be more beneficial to liaise with community leaders to hold specific workshops within the BME communities with community support for interpreters. We know that there are many barriers for people from the BME communities accessing health care. For many, they don't know how to ask for the health care that they need or struggle to understand treatment options.

- For One Gloucestershire to go out to community groups such as the Inclusion Hubs for those who need to go at a slower pace and for a wider group of people to be included in the process.

8.3 ACT (following Fit for the Future consultation)

The following actions will be undertaken following feedback received during the Fit for the Future consultation to support future communications and engagement:

- The consultation targeted the **visually impaired** people through representatives from the Sight Loss Council, the Macular Society and RNIB. The following suggestions were shared with the consultation team in order for them to reach more people with Visual Impairment:
    - Place adverts in Talking newspapers
    - Use BBC local radio
    - Focus on promotion of telephone line and ability to order large print copies of the booklet
    - Focus on voice based/telephone based contact as most of people with visual impairment don't use desktops/laptops and rely on mobile phones.

- The consultation targeted the **homeless people;** the consultation team now has established good links with homelessness charities in Gloucestershire, these networks should be maintained and development further through links with the Gloucestershire Hospitals NHS Foundation Trust Homeless Specialist Nurse.

- The consultation targeted **travelling communities;** the consultation team now has established good links with the County Council Traveller Welfare Officer. Plans to improve communications for travelling communities about local NHS services are planned for 2021.

- The consultation used more **online participation methods** than ever before. These proved to be very popular with groups who may not have engaged with consultations before and facilitated easier access to more people who may not have previously been willing or able to attend face to face events. The One Gloucestershire Communications and Engagement Sub Group will review the current online methods available and consider opportunities for maximising their use for future engagement and consultation activities; in particular use of a range of online platforms will be explored to maximise choice and access.

9. Copies of this report

This report is available on the One Gloucestershire website at:
https://www.onegloucestershire.net/yoursay/
and on the online participation platform Get Involved in Gloucestershire
https://getinvolved.glos.nhs.uk

Print copies of the report can be obtained from the NHS Gloucestershire Clinical Commissioning Group Engagement and Experience Team by calling:

Freephone 0800 0151 548

or email: GLCCG.participation@nhs.net

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Print date: January 2021